



**DISSERTATION**

**ASSESSING KNOWLEDGE, ATTITUDE AND CHALLENGES FACED BY  
REGISTERED NURSES IN CLINICAL MENTORING OF NURSING STUDENTS  
AT KIGALI TEACHING UNIVERSITY HOSPITAL IN RWANDA**

By

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**DECLARATION**

This Research project is my original work and has not been presented for a degree in any other University or any other award.

Student's Name: KAGABO INNOCENT

Sign.....Date .....

I conform that the work reported in this Research proposal was carried out by the candidate under my supervision.

Name:

Sign.....Date.....

## **DEDICATION**

I dedicate this work to my Dear wife UWAMAHORO Immaculée, my beloved children: Axel, Arsène, and Arlène.

This study is dedicated to the creator our Heavenly Father, Almighty God, who gave me the physical and mental health to undertake and accomplish this task.

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Finally, honor and Glory be to the Almighty God gave me good health, wisdom, knowledge and hop in this study.

## **ABSTRACT**

**Background:** Clinical mentorship lies at the heart of nursing education and its importance cannot be overemphasized. It is very critical for enhancing knowledge, skills, and attitudes of nurse students while in clinical placement and is an evidence-based strategy for developing skilled nurses.

**Aim:** The purpose of this study was to investigate the challenges faced by Registered Nurses in mentoring of nursing students during clinical placement at Kigali University Teaching Hospital.

**The research methodology:** was a descriptive cross sectional survey that used quantitative methods to gather information from the study population.

The study participants were registered nurses and midwives from Kigali University Teaching Hospital. A sample of 95 nurses and midwives were selected from a total population of 413 in Kigali Teaching University Hospital. The data were coded, entered and analyzed using statistical package for social sciences (SPSS). Presentation of data was done in form of descriptive statistics, frequency distribution and percent.

**Findings:** showed that the nurses and midwives were familiar with clinical mentorship, 90% of respondents said yes and 10% of respondents said no about knowledge of clinical mentorship.

The most challenges faced by Registered nurse and midwives were shortage of nursing staff, over workload, and lack clear policies about clinical mentorship.

**The recommendation of study:** was to facilitate the establishment of mentoring relationships between clinical setting and schools organizations. This study concludes that the challenges practicing nurses face when mentoring students based on dual role of nurses to take care for patients and in same time to educate the allocated nursing students.

**Key words:** Challenge, Registered Nurses, Knowledge and Attitude, Clinical mentoring, Nursing Student, Teaching Hospital.

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## **LIST OF ACRONYMS AND ABBREVIATIONS**

<b>ART:</b>	Antiretroviral Therapy (HIV)
<b>CMHS:</b>	College of Medicine of Health Sciences
<b>ICU:</b>	Intensive Care Unit
<b>MOH:</b>	Ministry of Health
<b>MOHSS:</b>	Ministry of Health social service
<b>OPD:</b>	Outpatient Department
<b>RN:</b>	Registered nurse
<b>SMS:</b>	Short message service
<b>SPSS:</b>	Statistical Package for the Social Sciences
<b>UK:</b>	United Kingdom
<b>USA:</b>	United States of America
<b>UTHK:</b>	University teaching Hospital
<b>WHO:</b>	World Health Organization

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## **CHAPTER ONE: INTRODUCTION**

Mentoring nursing students is a complex and skilled activity that requires educational preparation and skills (Sue, 2015). In a study conducted by Esther in 2010, findings shown that 57% of Clinical teaching lies at the heart of nursing education and its importance cannot be overemphasized. While in Cameroun, 58.9% of mentors acknowledged always facing challenges in clinical teaching and supervision (Eta, Afanga, Atashili, and Cruz, 2011).

Amongst the challenges related to the clinical nurse educator, the lack of opportunities to update knowledge and skills were the most frequently described followed by not being prepared for clinical teaching and the lack of working materials (Sue, 2015).

The design and implementation of a mentoring program for nursing takes time and resources thus support from organizational leadership and administration is essential to the success of a mentoring program (Alliance for excellent education, 2012).

The role of mentors may vary depending on the program objectives, but they need to exhibit role modeling behaviors, support their mentees, and have the ability to give constructive feedback. When these behaviors are not consistently exhibited, the outcome of mentoring may not be as expected. To overcome this issue, excellent communication skills and the ability to listen rather than teach all the time is another challenge faced by mentors (Esther, 2010). Problems with communication and feedback may increase when the mentor and mentee are poorly matched. While all of these challenges can be overcome with a good selection and training of mentors, the time challenge may be a real obstacle to successful mentoring.

### **1.1 Background of study**

Clinical mentoring lies at the heart of nursing education and its importance cannot be overemphasized. The main purpose of clinical mentoring is however, to produce competent, registered nurses who are able to render quality nursing care, which is based on sound knowledge and practiced skills. Clinical mentoring in the clinical area therefore enables the student to correlate theory and practice, because it is in the clinical practice wards where the students come into contact with the real patient. It is only through clinical mentoring that nursing students acquire clinical skills needed to practice nursing (Croasdale, 2015). In the same line of thought, Newton, Billet and Cherene, (2012 ) argued that clinical competences are imparted by effective mentors who have to spend most time with students in the clinical

area as they are in the best position to judge students' capabilities and to guide and assist them in developing and achieving their learning objectives. This was further collaborated in a study by Rencel, Sabog, and Lawrence, (2015) at College of Nursing, Sultan University among nursing students who showed that 90% of participants perceived that effective clinical teaching depends on effective clinical instructor. Attitudes are expected by some researchers to correlate with knowledge, there is also a greater agreement that attitudes correlate with behavior (Kraus, (2012) as cited in Pavol, (2007).

Recently mentorships is known as Group mentoring or mentoring circles move away from the traditional on-one model and move into groups of mentees in which the mentor and mentees mentor each other. These groups have facilitators to keep the conversations focused and on track.

Mentoring is critical for nursing professional because these processes are not formally known by school or hospital; the school must make mentorship as programme.

Mentoring undergraduate students is a complex and skilled activity that requires educational preparation and skills (Sue, 2015).The mentor can acquire knowledge and skills on mentorship through formal training, reading books and other literature sources, internet searches, conferences and meetings and also through a mentor. Studies show that there has not been a systematic training of mentors. In an evaluation by David, (2010), on evaluation of faculty mentoring program, 86% of mentors had not received formal training on mentorship.

In a study by Sobia (2013) to identify mentoring views and experiences of psychiatrists worldwide, 26% viewed a mentor as a guide, 7% as an advisor, 5% as a supervisor and 3% as a role model. On the familiarity with the importance and role of mentoring, there were no significant differences found between mentors in the developed and developing countries.

Therefore the attitude of the students can greatly influence the mentoring relationship. In a study on students' view of mentorship, analysis of data suggested that the students found mentorship to be a valid means of support particularly in the early stages of their training (Eamshaw,2013).In similar study by David (2013), 74% of the students felt that they were benefiting from the mentorship program.

The results of study conducted University of Nairobi showed there was a statistically significant relationship between the students' attitude towards mentorship and their participation in mentorship. Literature suggests that students' attitude towards mentorship plays a role in their participation in program activities. Attitude of both the mentee and the mentor plays a role in the success of mentorship and its impact to the student's life. Mentorship practices are greatly influenced by the design of the mentorship program and

policies and guidelines. A successful relationship between a mentor and a mentee requires adequate time for the connection to grow through face to face meetings on a regular basis (Beecroft, 2013). In some institutions certain days of the week and times are set aside for teachers to work on mentorship. According to Jean (2012), relationship and a sense of bonding occur over time therefore the duration and consistency of a mentoring relationship is very important.

Despite the importance of mentorship to the nursing profession, in Rwanda, nursing students are often mentored by clinical nurse who usually have little or no prior formal teaching and pressing clinical responsibilities, which create challenges to them undertaking their role and discharging their responsibilities effectively (Kujan, 2015).

## **1.2 Problem statement of the study**

International and local (Africa) studies reported to have the some challenges in their mentoring relationship. For example in Kenya Universities, findings from Esther, (2013) shown that 44 % of those who had been mentored encountered the numerous challenges in their mentoring relationship. Similarly in South Africa same challenges were experienced by student nurses who felt they had not good interpersonal relationships with the clinic managers during clinical mentorship (Barker, 2016).

A study conducted in Cameroun, UK, USA and Jordan showed that 36% of respondents said that teaching institution's Organizational can challenge to effective clinical mentoring to nursing students (Zaid, Fowler,Hala,Norrie Summers Land Dowsett 2014). These findings are in line with findings from a study conducted in Rwanda which suggested a number of challenges such as challenges of language barriers, unqualified nursing staff, and poor communication, which limited registered nurses and midwives to implement the clinical mentorship effectively (HRH, 2013). Educational system of Rwanda should address these challenges by design, management, operations and evaluation of the nursing program. Several key points should be considered within Nursing schools is to establish clinical mentorship program and guidelines and they harmonize how they should mentor their nursing students during clinical placement. These guidelines are adapted by institutions in planning and management of mentoring programs.

Despite the recognition of the importance of mentorship for the career development, little is known about the current state of mentorship activities in nursing schools. There has been a

consensus that mentorship is an important aspect of learning. However there has been no critical appraisal of literature for its research base (Maggs, 2014). More particularly mentors in schools do not know how to do the job because it is not only a demanding one but also quite different from anything done before. In a study done to evaluate new graduate nurses' perceptions of mentoring, Inadequacy of both the mentor and mentee in their roles was apparent especially in the area of socialization and career. This raises a need for conducting a research on challenges faced by nurses and midwives regarding mentorship in clinical practice at Kigali Teaching University Hospital during clinical placement.

### **1.3 General Objective**

To investigate the challenges faced by Registered Nurses in mentoring of nursing students during clinical placement at Kigali University Teaching Hospital.

### **1.4 Specific objectives**

- i. To investigate knowledge of registered nurses about clinical mentoring of nursing students at Kigali University Teaching Hospital.
- ii. To describe attitude of registered nurses about clinical mentoring of nursing students at Kigali University Teaching Hospital.
- iii. To explore challenges faced by registered nurses in clinical mentoring of nursing students at Kigali University Teaching Hospital.

### **1.5 Research Questions**

- i. What is knowledge of nurses about clinical mentorship of students at Kigali Teaching Hospital?
- ii. What is attitude of nurses about clinical mentorship of students at Kigali Teaching Hospital?
- ii. What are challenges faced by registered nurses in clinical mentoring of nursing students at Kigali University Teaching Hospital?

### **1.6. Significance of the Study**

#### **1.6.1. Practice**

As previously stated, clinical mentoring is an important component of nurses training in Rwanda (MOHSS, 2013). The study further might create awareness amongst registered

nurses about the importance of their role as clinical mentors, as well as enable them to reflect on the clinical mentorship approaches and techniques they utilize during clinical mentoring of nursing student thus in return improve the quality of health care provided to the clients within health care facilities.

### **1.6.2. Education:**

The results may inform nurse educators of better ways to supervise students. The results may also provide baseline information for future research in the same area.

Improved quality clinical mentoring of nursing students will ultimately lead to improvement in nurses training, which in turn will lead to quality nursing care. Moreover, it is expected that the research findings could be used to identify and rectify the factors which negatively influence clinical mentoring of nursing students. Also, this could be integrated into curricula of undergraduate nursing education, specifically the development of clinical placement modules and continuous professional education programmes such as seminars and workshops of registered nurses.

### **1.6.3. Administration**

The results of this study may help to raise awareness on the part of the nursing staff and nurse educators to understand the expectations of students when they are allocated to the wards for clinical experience. In addition, the findings of this study may be used by hospital management to develop policies, plans, and strategies to improve the quality of clinical teaching as long as it collaborates with high learning institutions in regards of clinical practice.

### **1.6.4. Research**

As no studies have yet been done in Rwanda, the findings from this study may build on foundation of clinical mentoring, specifically the body of knowledge that is growing in Africa, and can influence further research on clinical mentoring, specifically within Rwanda.

### **1.7. Scope of the Study.**

The study will be conducted at University Teaching Hospital in Rwanda which is located in Kigali. The study was conducted from February to May, 2017, registered nurses and registered midwives who were allocated from September 2016.

This study will be conducted where nursing students are likely allocated in different units of hospital. The content scope covered the concepts such as the challenges faced by registered

nurses in clinical mentoring include perception of registered nurses in clinical mentoring, and collaboration of hospitals and nursing schools.

### **1.8. Organization of Study.**

The study is subdivided into five chapters. Chapter one Introduction includes overview of chapter contents, background of the study which contains specific objectives of study. Other components of study are: problem statement, objectives of study, research questions, and significance of the study, limitations, scope and organization of the study. Chapter two includes the following components: overview of chapter contents, theoretical literature, empirical literature, critical review and research gap identification, theoretical framework, conceptual framework and summary. Chapter four and five present research findings, analysis of data, discussion, conclusion, and recommendation.

### **1.9. Operational definitions**

#### **1.9.1. Clinical mentorship**

Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes. Clinical mentors need to be experienced, practicing clinicians in their own right, with strong teaching skills.” (World Health Organization, 2016). For this study, mentor is Registered Nurses who are allocated at Kigali Teaching Hospital (UTHK) to mentee students.

#### **1.9.2. Challenge**

The situation of being faced with something that needs great mental or physical effort in order to be done successfully and therefore test a person’s ability. For this study, challenges refer to the critical barrier that if removed the nurses implement well clinical mentorship (The Online Medical Dictionary), (2012). For this study registered nurse refers to identify the barrier faced by Registered Nursing working at Kigali Teaching University Hospital during clinical practice.

#### **1.9.3. Registered nurse**

Refers to persons who have graduated from a recognized nursing school and registered with the Rwandan Nursing Council as Registered nurse and who can practice nursing independently (MOHSS, 2014). For this study registered nurse refers to those qualified professional nurses working at Kigali Teaching University Hospital and is frequently met the nursing student during taking care to the patients.

#### **1.9.4. Nursing Student**

Refers to persons registered at a recognized training institution as student nurses to undergo pre-registration nursing and post registration nursing programme (MOHSS, 2014). The South Polit and Beck, (2012) defines a student as a person who is undergoing active learning and is studying to qualify to enter a specific profession. The Online Medical Dictionary, (2012) defines nursing students as an individual who is enrolled in a nursing school for a formal educational degree in nursing. For this study, a student nurse refers to a person who is undergoing training at a nursing school and who is allocated at Kigali Teaching Hospital (UTHK) to acquire clinical skills.

#### **1.9.5. Teaching hospital**

A teaching hospital is a hospital that provides clinical education and training to nurses, doctors and other health professionals, (MOHSS, 2014). For this study it refers to Kigali University Teaching Hospital, where nursing students from different Higher Learning Institutions which they have Memorandum of Understanding.

## **CHAPTER TWO: LITERATURE RIVIEW**

### **2.1. Introduction**

This chapter will discuss the review of literature regarding the challenges faced by registered nurses during clinical mentorship of nursing students in hospital settings and the scope of mentoring to explain the knowledge and attitude of registered nurses during mentoring. A brief description of models of mentorship will be provided alongside details about the role of registered nurses working in hospital settings. Barriers to practice, difficulties during the mentoring period, and solutions to these problems will be identified. The literature review was covered through different data bases including Hinari, google schooler, Bio med etc.

### **2.2. Scope of clinical mentorship**

Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development of mentees to deliver sustainable high-quality clinical care.

Clinical mentoring should be seen as part of continued professional development required to create competent care providers (WHO, 2013).

Driven by the learning needs of mentees, it occurs in face-to-face consultation, as well as through ongoing phone and e-mail consultations. After initial didactic coursework, which imparts knowledge on a particular subject, the clinician responsible for providing quality care and treatment is provided mentoring at facility level to implement clinical standards (guidelines),

addressing knowledge, attitudes, and behavior and there by competency (Bardach, 2014).

Clinical mentoring and supportive supervision are complementary activities that are necessary to build the health service delivery systems. They both generally aim at a common set of outcomes

But differ in the emphasis and approach given by each. Supervision tends to emphasize health facility management. It is often more hierarchical and managerially oriented (WHO, 2014).

Supervision is key in many organizational settings, and the goals are pre-determined by the system. It may be more critical and evaluative than the more non-judgmental approach associated with mentorship (Bardach, 2014).

Clinical mentorship places more emphasis on the enhancement of the professional skills and competencies of the healthcare provider (mentee). Although clinical mentoring and supportive supervision overlap considerably, the activities are different enough that often they will be implemented by different teams: clinical mentorship focuses on the professional

development of mentee-therefore clinical mentors need to be experienced, competent clinicians; district supervisory and management teams often have full-time administrative/managerial duties and do not have the time or experience to be effective clinical mentors (WHO, 2014).

### **2.3. Models of clinical mentorship**

#### **Hospital Based Clinical Mentorship**

One or more clinicians (mentees) from primary health clinics are placed in a district or referral hospital with an experienced clinical mentor or mentoring team. The frequency and scheduling of the clinical mentoring should be determined based on the availability of both the clinical mentor and the mentee and the logistics involved. This model should also include one or more clinical mentor follow-up visits to the mentee's health facility (Bardach G, 2014).

#### **PHC-BASED CLINICAL MENTORSHIP (ON-SITE MENTORING)**

Clinicians within the district are assigned to mentor healthcare workers in designated facilities.

Selection of a clinical mentor is based on the person's competency in the specified technical test (i.e. initiation of antiretroviral therapy (ART)). One or more clinical mentoring teams may be created whose primary function is to conduct clinical mentoring visits throughout the district.

A clinical mentor may be assigned one or two nearby facilities to mentor on regular basis.

Due to differences between clinical mentors 'positions and variations between districts, frequency and length of mentoring visits to assigned facilities (WHO, 2014).

#### **OPTIONS FOR SUPPLEMENTING FACE-TO-FACE CLINICAL MENTORING**

Telephone conversations and text messaging (SMS)

Telephone conversations and text messaging (SMS) between clinical mentors and mentees Should be encouraged for clinical questions, case reviews, and referrals (if mentor provides care at the referral centre) SMS may also be used by clinical mentorship programmers to disseminate clinical pearls 'widely among district clinicians (Johnson, .2015).

### **Tele-medicine**

Clinical mentorship can also be supported through telemedicine. Internet-based approaches can be effective in certain settings; internet access is increasingly available in facilities and case presentations via web-based sites can be done where there is suitable technology.

### **Call centers**

Call centers are an important element of mentee support, and all participants in clinical mentorship programmes should be encouraged to use the national phone lines for clinical support.

### **Twinning**

Twinning is an effective way to provide technical assistance and strengthen the clinical Mentorship between two institutions, sharing expertise and experience to the benefit of both over a longer period (Johnson, 2015).

## **2.4. Monitoring and evaluation of clinical mentorship**

The clinical mentor should be assessed on his/her competencies by the designated mentorship supervisor/coordinator the following areas: effective and supportive communication with mentee, other clinic staff and patients. Communicating well-defined performance standards, which are set according to national and/or provincial practice guidelines. Determining if performance standards are being met. Identifying barriers preventing achievement of standards and making recommendations to address them implementing interventions to improve performance and effective feedback to the mentee.

Disseminating clinical practice guidelines and information to enhance patient outcomes conducting routine monitoring and evaluation of mentee and clinical mentorship programme. (Bardach, 2014).

The mentee will be assessed by the clinical mentor throughout the clinical mentoring process. Clinical practice should be assessed through records review, interviews and client chart review. Core competencies may be used to evaluate the mentee's own perception of his/her competence and confidence, as well as by the mentor to evaluate the performance of the mentee. The mentee should maintain a logbook of patients should be included, varying by age, gender and type of clinic visit (Johnson, 2015).

## **2.5. Challenges of registered nurses at teaching university hospital**

According to Nurses Board of Victoria, (2013), lack of information and lack of support from nursing schools are challenges faced by nurses and midwives who work in Teaching University Hospital. The lack of information came from both novice and experienced nurses; however the issues tended to be different. For the novice participants the requirement for information was more around knowing what was expected of them, what the students could do and knowing the universities processes. These relate to a lack of adequate preparation for being a clinical teacher and although they are required to attend a clinical teachers' workshop before going on their first clinical placement some did not for various reasons. For the experienced participants it was more about changes of policy and how they were supposed to deal with student issues in a new and changed way. The same authors stated that all registered nurses were supplied with an updated clinical handbook at the start of each year which contained the information which they could use as a reference later or if unable to attend the nursing Schools 'workshop for preparation of clinical placement. Additionally, one nurses commented on a lack of support from the academics at the university.

A requirement of the Nurses Board of Victoria (NBV) (2013) is that a registered nurse supervises no more than 8 students. Students are not all in one area and can be spread over several areas in a venue. Comments were made by the participants that at times this meant that they were spread quite thinly in how they could allocate their time to each student David, (2010). In some cases two students in two separate areas were undertaking work that required the clinical teacher's presence but it was impossible to be in both places, which then becomes an equity issue (Bardach G, 2014). Being required to assess a student in a two week placement compounded

this problem. In particular this was an issue when the nurse had a failing student who required more of their time. This meant that the other students had less time with their clinical teacher. Venue staff might also question where the clinical teacher is, not realizing there are occupied in another ward or area.

## **2.6. Problems faced during clinical mentoring**

The literature has recorded several problems that nurses meet with regard to clinical mentoring. Carlson, Kotze, & van Rooyen (2013) reported in their study "accompaniment needs of first year nursing students" the following as some of the problems nurses face in their clinical placements;

shortage and/or absence of equipment to fulfill nursing duties and meet the needs of the patients conflict in the expectations of nursing colleges and the hospital administrative personnel lack of awareness among senior professionals of the needs and problems of first year nursing students in the clinical health care environment. It was also reported that guidance and support by nursing personnel in the clinical learning environment was lacking. Spouse (2011) adds that busy ward settings combined with inadequate staffing levels lead to inadequate and irregular supervision. He further states that students are left alone in practice to find their way around and learn through trial and error. When students are not receiving good supervision they feel hurt, frustrated and humiliated and this negatively affects their learning (Nylund & Lindholm, 2013). This finding has been supported by Haskvitz and Koop (2014) who assert that students trust that they will be provided with the information and opportunities to practice what they have learned in the classroom. They further state that when students are not meeting the established objectives in the clinical environment, the possibility for error increases, frustration and the students' stress levels escalate and patients' safety is jeopardized. Some of the problems are ineffective supervisory behaviors, which include rigidity by the supervising member.

## **2.7. Empirical literature review**

The study conducted by Bardach (2014) found that more than half of the mentors who took part in their study reported constraints on their role, which included an increased workload and lack of time. Similar findings have been identified in other studies (Nettleton and Bray, 2008; Watson, 2010). Other challenges that impact on the quality of the mentorship pre-registration students receive include mentors being overwhelmed by their responsibilities and feeling inadequately, as well as not having protected time away from other clinical duties to mentor students.

Additional challenges highlighted in the literature were difficulties in completing practice assessment documentation McCarthy and Murphy, (2012) and inadequate support from university lecturers and from the workplace (Nettleton and Bray, 2012).

The study conducted by Veeramah in 2012) showed that the most frequently cited barriers were lack of time (70%), conflict between the competing demands of providing patient care and being a mentor (67%), and lack of opportunities to study the necessary assessment documentation (22%). The results of the study conducted by Ata et al; 2011 revealed that the

major challenges faced by mentor could be grouped into two: those related to their students and those related to the mentors themselves or their environment. The most frequent challenges related to the students included lack of preparedness (46.4%), students not taking clinical learning seriously (46.4%), dissatisfaction with duration of students' placement (32.2%) and dissatisfaction with the number of supervisees (26.9%). Amongst the challenges related to the mentor, the lack of opportunities to update knowledge and skills (66.1%) was the most frequently described followed by not being prepared for clinical teaching (42.9%) and the lack of working materials (17.9%).

Kujan (2015) studied challenges of effectiveness to clinical learning of nursing students and grouped them into three components including academic barriers, administrative barriers and environmental barriers.

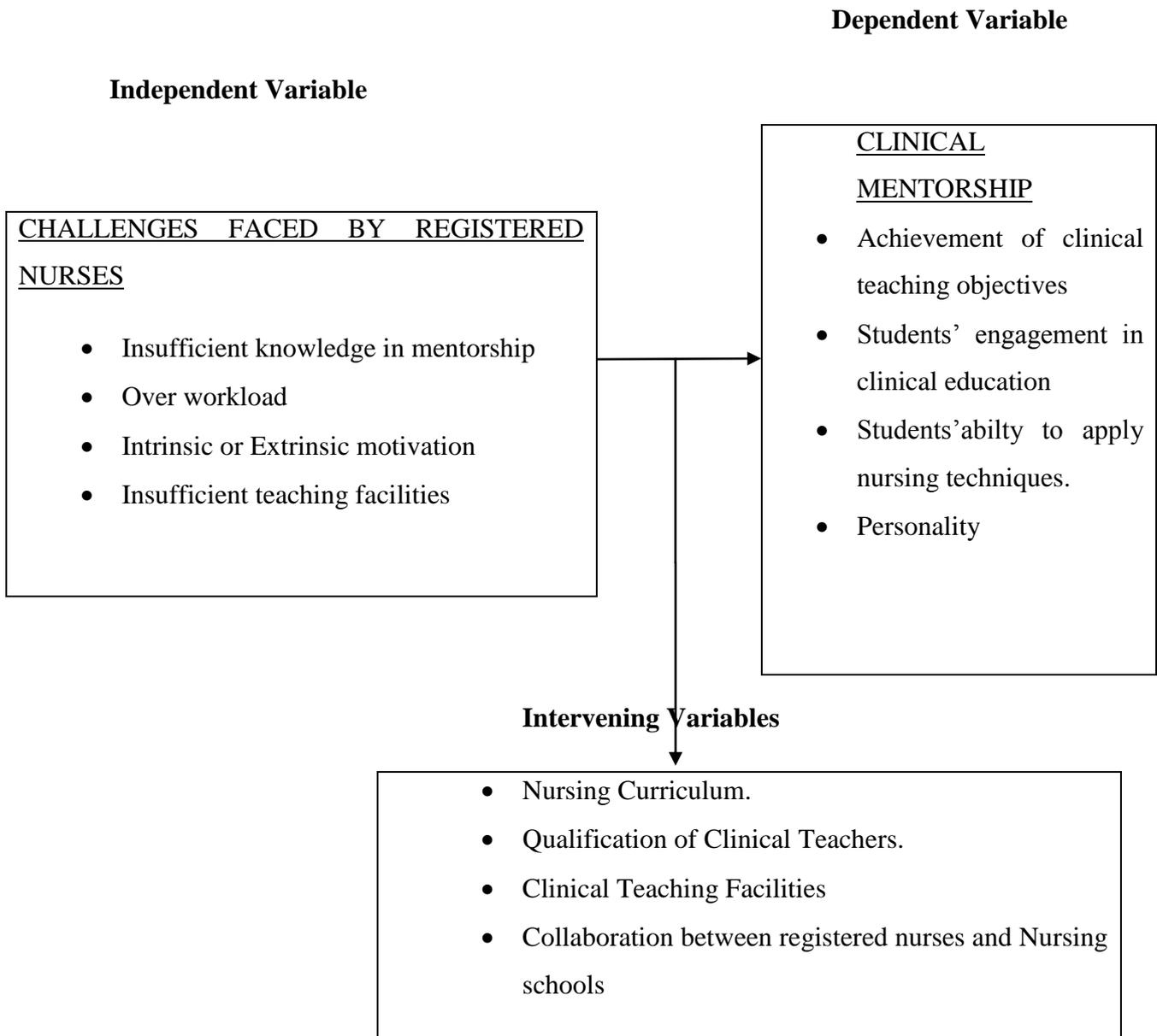
## **2.8. Conceptual Framework**

A conceptual framework has been used to guide this study. The framework has been drawn and adapted from current social learning literature. Specifically, the work of Bandura has been applied to this study. Bandura's Social Learning Theory suggests three interacting concepts such as challenges faced by registered nurses, clinical mentorship, and Nursing School (Grusec, 2013). Bandura Social Learning was used in interpersonal system of the conceptual framework and identifies the challenges faced by Registered Nurses during clinical mentorship, and how the Nursing School interacts with nurses via observation, imitation, and modelling. The social learning theory stipulates that the students learn through observing nurses' behaviour, attitude and of outcomes of those behaviours the theory is prescribed (Grusec, 2013).

Insufficient knowledge of nurses has impact on achievement of clinical teaching objectives, over workload, intrinsic or extrinsic motivation, insufficient teaching facilities are most challenges faced during clinical mentorship implementation. Other challenges intervening in clinical mentorship are nursing curriculum, qualification of clinical teachers, and collaboration between registered nurses and Nursing Schools Spouse (2011).

Mentorship has been the model adopted by many countries to support nursing education of students in clinical placement. Social Learning Theory establish a good mentor-student relationship, and help the researcher to identify the challenges faced by registered nurses during clinical mentorship is an integral part of the experienced nurse's role either formally when mentoring nursing students on clinical placement, or informally when helping less

experienced colleagues to develop their practice Nylund & Lindholm. (2013).The implications of Bandera's social cognitive theory are that nurse educators take care to role model positive behaviors, attitudes, and emotional reactions when teaching learners. D'Souza (2013). Nurse educators must also provide a learning that allows learners to extract meaning from it and use social persuasion based on attainable success to help learners creates and develops high self efficacy belief. Other implications of Bundara's social cognitive theory are that nurse educators must remove real or imagined social resource constraints to increase incentives to produce competent performances, help learners use self-reflection and self-evaluation to alter their thinking anbehavior toward high self-efficacy, and provide learning incentives and adequate resources, as well as remove social constraints (Grusec, 2013).



**Figure1:** The social learning theory adapted from D'Souza (2013)

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.0. Introduction**

This chapter discusses the research methodology to be used on examining the impact of challenge of registered nurses faced during clinical mentoring of students in clinical placement in Kigali University Teaching Hospital. The chapter discusses the research design, target population, sampling techniques and sample size, data collection instruments, and data analysis procedures.

### **3.1. Research design**

The current study used a non-experimental and cross sectional design to explore the challenges by registered nurses and nursing students in clinical mentorship. A quantitative design is a formal, objective and systematic process to describe and test relationships and to examine cause and effect interactions among variables (Burns & Grove, 2011). Descriptive research are studies which have as their main objective the accurate portrayal of the characteristics of persons, situations or groups and /or the frequency with which certain phenomenon occur (Polit & Beck 2014). Experimental designs are often used in nursing, and nursing education, because the research problems faced by these entities may not be appropriate for experimental designs (Polit & Beck, 2013). A cross-sectional approach will be used to collect the survey data.

### **3.2. Research approach**

A research design is the structural framework or blueprint of a study. It guides the researcher in the planning and implementation of the study while optimal control is achieved over factors that could influence the study (Burns & Grove, 2011). The design was based on the purpose of this study, which was to describe registered nurses and midwives' opinion of their clinical mentorship and challenges faced during clinical placement. To accomplish this, a quantitative, descriptive and contextual design was utilized. In this study, this approach was used to describe the opinions of registered nurses and midwives of their clinical mentorship and challenges faced in Kigali Teaching University Hospital. It included nurses and midwives in various units most used for allocation of nursing students from different higher learning institutions, the nurses and midwives gave their opinions about challenges faced during clinical mentoring in Kigali Teaching University Hospital.

### **3.3. Research setting**

The study was conducted at Kigali Teaching Hospital that is located in Nyarugenge District. The Hospital has got different specialties and it is having staff equipped with numerous

specializes in different areas. These include; medical Doctors, Nurses and midwives, paramedical staff, etc. The study was conducted in Internal medicine, surgical ward, pediatric, ICU, maternity outpatient department.

### **3.4. Population**

According to Ary, Cheserd Sorensen (2012), population refers to the larger group to which a researcher wishes to generalize, it includes all Registered Nurses of each ward of hospital.

The numbers of registered nurses who will be working in these clinical setting are 413. The target population, 95 registered nurses and midwives who work in internal medicine, surgical ward, and pediatric ward, intensive care unit these wards, outpatient department, and maternity ward will be chosen purposively because the nursing students are likely allocated in these wards for learning interest.

In this study all registered nurses and midwives who were on day shift on 3<sup>rd</sup> to 6<sup>th</sup> April 2017 and who are present and accepted to participate were the accessible population. They were 90.

### **3.5. Inclusion criteria**

The study included all nurses working at Kigali University Teaching Hospital who had completed a course in nursing that is recognised by the National Council of Nurses in Rwanda who; were permanent employees in the selected Kigali University Teaching Hospital; were available during the data collection period; agreed to participate in the study.

### **3.6. Exclusion criteria**

The associated nurses are excluded because they don't have competence to mentor nursing students.

Unit manager are excluded because are not work directly with the patient on bed side the patient.

### **3.7. Sampling strategy**

The researcher will use a non-probability sampling; all registered nurses and midwives who will work on duty day will be chosen to constitute sample size. Non-probability sampling is that sampling procedure which does not afford any basis for estimating the probability that each item in the population has of being included in the sample. Convenience and purposive sampling were used also to select the registered nurses and midwives who worked in different wards of Kigali Teaching University Hospital were the students were likely allocated.

Polit and Hungler (2012) refer to convenience sampling as the selection of the most readily available people as participants in a study. Burns and Grove (2011) articulate this by stating that in convenience sampling, participants are included in the study, because they happen to be in the right place at the right time. With regard to the purposive aspect of the sample, Burns and Grove indicated, that purposive sampling involves the conscious selection by the researcher of certain participants to include in the study.

### **3.7.1. Sample Size**

According to Polit and Hungler (2011), a sample size is defined as a set of a subset of the units that compose the population. The sample sizes of this study was 95 registered nurses and midwives. The 95 were distributed questionnaires but only 90 registered nurses were both return and fully complete the questionnaires. Unavailability due to duty roster night and day workload, the nurses are shifted in other wards that are why will not receive the all questionnaires.

The researcher stratified the ward or unit according to the case of patient: surgical ward, internal medicine ward, pediatric ward, ICU, maternity ward, and outpatient department where the nursing students were likely allocated.

The researcher has used the Yamane's Simplified Formula for determining sample size.

$413 \div (1 + 413 \cdot (0.5)^2) = 95$  where n= sample size=the population size, e=margin of error (Yamane, 1967).

### **3.7.2. Reliability of the instrument**

Reliability refers to the consistence and stability of an instrument over time and conditions (Polit & Beck 2014). Reliability is expressed as a form of correlation coefficient with 1.00 indicating perfect reliability and 0.00 indicating no reliability. A reliability of 0.80 is considered lowest acceptable coefficient for a well-developed measurement tool. However for a newly developed instrument, a reliability of 0.70 is considered acceptable (Burns & Grove, 2011). Stability reliability and internal consistency will be reported in this section. Both of them had a coefficient of above 0.80 and therefore, acceptable.

## **3.8. Data collection**

### **3.8.1. Data collection instrument**

The researcher preferred this tool because it makes use of large samples over a short period of time, and the questionnaires have been validated by using the questionnaires used by

researcher called Dr Georina Westraadt her thesis (see appendix). This tool contains closed ended questions, because the closed ended questions are easier to analyze since they are in an immediate usable form, easy to administer because each item is followed by statement. The closed ended questions stimulate respondents to think without wasting the time for writing.

### **3.8.2. Data Collection procedure**

To conduct this study and to gather reliable information, the researcher used the quantitative approach in this study by collecting secondary data and primary data .The primary data will be directly collected from registered nurses who work on bedside with the nursing students from different educational setting, the questionnaires were distributed to the nurses on day duty because their availability ,during night duty the nurses are overloaded ,it should compromise the patient quality care during responding the questionnaires. The secondary data was collected from different sources like textbooks, thesis, and internet in order to provide enough and adequate information about the nursing staff' knowledge about challenges faced by registered nurses in clinical mentoring of nursing students at Kigali Teaching University.

The data collection started after being provided ethical clearance from CMHS/IRB (No 022/2017) and permission from the Management of Kigali Teaching Hospital (EC/CHUK/274/2017

### **Content validity**

#### **3.8. 3. Validity and reliability of the instrument**

Since the instrument was used by permission of the designers and administered without any substantial changes, this section reports on the original work on validity of instrument (Saarikoski & Leino-Kilpi, 2012)

Validity refers to the ability of the instrument to measure accurately what it is supposed to measure (Burns & Grove, 2011). It is the extent to which an instrument has an appropriate sample of items for the construct being measured (Polit & Beck, 2014). Content validity was

obtained through extensive literature review in the field of clinical mentorship and challenges faced by registered nurses (World Health Organisation, 2014; McCarthy and Murphy, 2012).

**Table3. 1: Content validity**

S/N	Specific objectives	Conceptual Framework	Questionnaires
1.	To explore knowledge and attitudes of registered nurses about clinical mentoring of nursing students at Kigali University Teaching Hospital.	Insufficient knowledge in mentorship. Over workload Intrinsic or Extrinsic motivation	SectionB: Q1-Q15  Section C:Q16-Q29
2.	To describe challenges faced by registered nurses in clinical mentoring of nursing students at Kigali University Teaching Hospital.	Insufficient teaching facilities	Section D: Q30-Q50

### **Face validity**

Face validity refers to whether the instrument looks as though it is measuring the appropriate construct (Polit & Beck, 2014). It was reported that nine experienced nurse teachers from the University of Turku, Finland who had ongoing relationship with clinical teaching formed the expert panel. The level of consensus was about 80-90% (Saarikoski, 2012).

### **Concurrent validity**

In concurrent validity the researcher compares the results which have been obtained through a new instrument with those of similar existing instrument which has already been validated. If a high correlation is found, the new instrument possesses concurrent validity (Uys & Basson, 2010).

### **Construct validity**

Construct validity is the degree to which an instrument measures the construct under investigation. Exploratory factor analysis was used in identifying the challenges faced by nurses and midwives during mentoring. Exploratory factor analysis examines

interrelationships among large numbers of variables and disentangles those relating to identify cluster of variables that are closely linked (Burns & Grove, 2011).

#### **Stability reliability.**

Stability reliability also known as test-retest reliability is the assessment of an instrument by correlating the scores obtained on repeated administrations (Polit & Beck, 2014). Stability reliability was evaluated after the revisions made by expert panel. Test-retest reliability was done on 95 nurses and midwives who had just ended their clinical placement and were asked to evaluate the learning environment and supervision of their last clinical ward placement. After four weeks the nurses and midwives were asked to evaluate the same issues they had evaluated previously. The total instrument test-retest reliability was 0.81 (Saarikoski, 2012).

#### **Internal consistency**

Internal consistence is the degree to which the sub-parts of an instrument all measure the same attribute or dimension as a measure of an instrument's reliability (Polit & Beck, 2004). Internal consistency of Challenges mentoring faced by nurses and midwives during was done twice by its designers; in the pilot study and in the main sample. The total Cronbach's alpha was 0.86 (Saarikoski, 2012).

### **3.9. Data Analysis**

Data analysis is the process of organizing individual pieces of data into meaningful information; statistical procedures aid researchers in summarizing, organizing, evaluating, and interpreting and communication numerical information. According to Brink and Wood, (2011), the method of data analysis differed according to the type of study, the sampling procedures and the complexity of data collection methods. The items on the instrument will code so that it would be possible to analyze them with the aid of a computer, using SPSS 21 version. This entailed calculating frequencies, and percentage. Data was displayed in the form of line tables. Data analysis and the research results are fully discussed.

### **3.10. Ethical Consideration**

When conducting research in institutions the researcher should follow certain procedures to obtain permission for the study and to get cooperation from the individuals who were affected by it. Permission to conduct the research was obtained from the University of Rwanda, College of Medicine and Health Sciences. The researchers ensured that the conditions set by the School of Nursing and Midwifery when permission was given. Permission was also obtained from the Kigali University Teaching Hospital authorities, as explained, and from the nursing authorities who will involve in the study.

The researcher committed to submit the research findings and to assist the University Teaching Hospital in implementing the recommendations where possible. The respondents participating in the study have to be protected from any discomfort that the study might cause them and the researcher seriously considered those aspects. An informed consent was obtained from the respondents who participated in the study. They were told the purpose of the study, what was accomplished and the significance. They were assured that participation was voluntary. The respondents were informed that they had the right to participate in or to withdraw from the study at any time. They were told that they should feel free to respond to the items in the data collection instrument.

Absolute anonymity was ensured as the respondents were asked not to write their names on any part of the questionnaire. The identity of the respondents could not be linked to their responses or to the individual information supplied. After the study was completed, the data collection instruments were destroyed to protect the respondents, one of the missions of Teaching Hospitals is to teach the students allocated in various units, and some of the respondent did not perform this mission, that is why I ensured the respondents keep confidentiality. Finally, the findings from this study will be disseminated and the report will be given to Kigali Teaching Hospital and CMHS/IRB.

### **3. 11. Data management**

Collected data was handled by the researcher only. Once raw data had been entered into SPSS, the completed questionnaires were scanned and saved on a CD. The hard copies of the completed questionnaires were destroyed by fire and the CD given to the research supervisor for storage according to UR policy. The electronic data was stored on the researcher's personal computer laptop which could only be accessed via a password known only to the researcher. Once data analysis was completed and the final report written, the SPSS files were copied to a second CD disc and stored three years by the researcher's supervisor according to UR policy. The data saved on the researcher's computer was deleted and the recycle bin emptied (Burns & Grove, 2009).

### **3.12. Data dissemination**

Data dissemination was done by reporting the findings to Kigali Teaching Hospital and also report was handled to the University of Rwanda. Lastly, data were served as a part of publication of the study in the recognized journal.

## **CHAPTER FOUR: RESEARCH FINDINGS**

### **4.0. Introduction**

This chapter presents and analyses the findings of the study through primary data from the units of University Teaching Hospital Kigali. Also the chapter focuses on the demographic characteristics of respondents, presentation of the findings and discussion. The presentation of the findings was done according to the study objectives and research questions which were formulated to guide this study. Data were presented and analyzed by using frequency, tables, and percentages which were collected through means of questionnaires. Indeed, the chapter deals with the use of SPSS version 21 through quantitative data analysis.

Furthermore, respondents of this study were registered nurses from different wards of University Teaching Hospital of Kigali, allocated to different units of UTHK.

Thus, in order to test the study objectives, data were analyzed in line with answers given according to the research objectives.

Further 95 registered nurses were used to fill questionnaires for the collection of the primary data. Therefore, a total of 90 questionnaires, which were supposed to be filled were meaning that the return rate was 100%.

### **4.1 Demographic information**

Table 4.1 describes demographic information of participants. Respondents between 20-30 years are presented in large proportion 51(56.7%) followed by those between 31-40 years with 31(34.4%), and more than 40 were 8(8.9%). Gender was asked and of respondents female are 57(63.3%), and male are 33(36.6%). When asked their qualification, the majority 53(58.9) have advanced diploma in midwifery, advanced diploma in general nursing 16(17.8%), bachelor's degree in midwifery 1(1.1%), bachelor's degree in general nursing 19(21.1%), master's degree 1(1.1%) . Professional registration was asked and General nurse were 53(58.9%),Midwife 17(18.9)When asked the years of professional experience who reported less than five years were 56 (62.2%), five to ten years were 21 (23.3%) more than ten years were 13(14.4%) .Among participants 22(24.4%) reported working in Medical ward, Surgical ward were 22(24.4%), Pediatric ward 17(18.9%), Outpatient clinic 6(6.7%), ICU 13(14.4%), Maternity 10(11.1%)

**Table4 1: Demographic information**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Age of respondents</b>		
20-30 years	51	56.7
31-40 years	31	34.4
More than 40	8	8.9
<b>Gender</b>		
Female	57	63.3
Male	33	36.6
<b>Participants qualification</b>		
Advanced diploma in midwifery	53	58.9
Advanced diploma in general nursing	16	17.8
Bachelor's degree in midwifery	1	1.1
Bachelor's degree in general nursing	19	21.1
Master's degree	1	1.1
<b>Participants professional registrations</b>		
General nurse	68	75.6
Midwife	17	18.9
Nurse educator	4	4.4
Nurse manager	1	1.1
<b>Years of professional experience</b>		
Less than five years	56	62.2
Five to ten years	21	23.3
More than ten years	13	14.4
<b>Clinical unit of work</b>		
Medical ward	22	24.4
Surgical ward	22	24.4

Paediatric ward	17	18.9
Outpatient clinic	6	6.7
ICU	13	14.4
Maternity	10	11.1

**Source: Primary Data**

#### **4.2. Knowledge about clinical mentorship**

Table 2 describes nurse's knowledge about clinical mentorship. When asked if they are familiar with nursing clinical mentorship, of them 81(90.0%) responded yes and 9(10. %) responded no. Among those who said that they are familiar with nursing clinical mentorship who come to know about nursing clinical mentorship through reading 16 (19.8%),training/workshop were 55(70.4%)and heard people talk about it were 8(9.9%). When asked if their teaching institution apply nursing clinical mentorship programs, of them 72 (80.0%) said yes 13 (14.4%) said no while 5 (5.5%) were not sure. When asked where clinical mentorship programs mainly take place in, the majority reported Hospitals /Health care facilities 79 (87.8%), class room were 11(12.2%)

The main purpose of clinical mentorship to students was assessed in this study and the majority 48 (53.3%) responded both means to develop clinical skills and ease transition from being a student to a professional as well. 36 (40.0%) students responded that the purpose of clinical mentorship was to develop clinical skills while 6(6.7%) responded the ease transition from being a student to a professional.

When asked who was a mentor for their understanding, 45 (50.0%) said that a mentor was considered as a facilitator of student success; 26 (28.9%) said he was a teacher, student advocate and performance and 19(21.1%) said he was a Professional role model.

When asked if educators were responsible for the designation or assignment of a mentor for each student of them 67(74.4%) said yes while those who said no were 23(25.65).

Respondents were asked the role/s of mentors in the clinical setting, of them 60(66.7%), teaching clinical skills to students were 10(11.1%) and teaching nursing professional values to students were 20(22.2%). When asked what clinical mentors should show or possess, knowledge was reported by 66(73.3%), effective communication skills and collaboration 17(18.9%), reasoning and problem solving skills 6(6.7%) care, compassion and professionalism 1(1.1%). When asked responsibility/ies of mentors. Follow specific course policies as outlined by faculty was reported by 47(52.2%), Provide direct supervision of the

student 41(45.6%) appreciate the level of knowledge and limitations of a student 2(2.2%).When asked if a mentor would demonstrate effective problem solving skills and show compassion and care in professional practice who said yes were 86(95.6%) while 4 (4.4%) said no. When asked if a mentor would demonstrate effective problem solving skills and show compassion and care in professional practice 68(75.6%) reported yes while 22(24.4%) said no. among respondents, who reported that the school or student can develop a practicum schedule based on the preceptors established work schedule were 79(87.8%) while 11(12.2%) said no. When asked if Effective and timely communication is key to successful mentor-school relationships of them 89(98.9%) responded yes while 1(1.1%) said no. Positive outcome(s) of mentorship programs towards healthcare institutions were assessed and who responded increased recruitment of new nurses 36 (40.0%), increased retention of those already in the workforce 30(33.3%), improved outcomes for patients were 24(26.7%)

**Table.4 2: Nurses knowledge about clinical mentorship**

<b>Variable</b>	<b>Frequency</b>	<b>Percent</b>
<b>Are you familiar with nursing clinical mentorship?</b>		
Yes	81	90
No	9	10
<b>If your response to the question above is ‘Yes’, how did you come to know about nursing clinical mentorship?</b>		
Reading	16	19.8
Training/workshop	55	70.4
Heard people talk about it	8	9.9
<b>Does your teaching institution apply nursing clinical mentorship programs?</b>		
Yes	72	80.0
No	13	14.4
I am not sure	5	5.6
<b>Clinical mentorship programs mainly take place in?</b>		
Hospitals /Health care facilities	79	87.8
Class room	11	12.2
<b>The main purpose of clinical mentorship to students is to?</b>		
Develop clinical skills	36	40.0
Ease transition from being a student to a professional	6	6.7

Both	48	53.3
<b>A mentor is</b>		
A facilitator of student success	45	50.0
Teacher, student advocate & performance evaluator	26	28.9
Professional role model	19	21.1
<b>Are teaching faculty (educators) responsible for the designation or assignment of a mentor for each student?</b>		
Yes	67	74.4
No	23	25.6
<b>What is/are the role/s of mentors in the clinical setting?</b>		
Teaching clinical skills to students	60	66.7
Teaching nursing professional values to students	10	11.1
Effective coaching in integrating knowledge and practice	20	22.2
<b>Clinical mentors should show or possess</b>		
Knowledge	66	73.3
Effective communication skills and collaboration	17	18.9
Reasoning and problem solving skills	6	6.7
Care, compassion and professionalism	1	1.1
<b>Which is/are responsibility/ies of mentors?</b>		
Follow specific course policies as outlined by faculty	47	52.2
Provide direct supervision of the student	41	45.6
Appreciate the level of knowledge and limitations of a student	2	2.2
<b>Should a mentor demonstrate effective problem solving skills and show compassion and care in professional practice?</b>		
Yes	86	95.6
No	4	4.4
<b>Should a mentor demonstrate effective problem solving skills and show compassion and care in professional practice?</b>		
Yes	68	75.6
No	22	24.4

<b>The school or student can develop a practicum schedule based on the preceptors established work schedule</b>		
Yes	79	87.8
No	11	12.2
<b>Effective and timely communication is key to successful mentor-school relationships?</b>		
Yes	89	98.9
No	1	1.1
<b>Which of the following can be positive outcome(s) of mentorship programs towards healthcare institutions?</b>		
Increased recruitment of new nurses	36	40.0
Increased retention of those already in the workforce	30	33.3
Improved outcomes for patients	24	26.7

**Source: Primary Data**

#### **4.3. Attitude of registered nurse during clinical mentorship**

Table 4.3 describes attitude of respondents toward clinical mentorship. When asked if they think that nursing clinical mentorship programs are useful to students who reported yes were 75(83.3%) no were 15(16.7%). Among participants the majority 88(97.8%) believe that nursing clinical mentorship programs will enhance students' practical skills and nursing values while 2 (2.2%) do not. From their view, to undertake the role of being a mentor, who reported that the nurse should have an educational qualification of a diploma were 29(32.2%), bachelor's degree 48 (53.4%), a master degree 13(14.4%) From their view, to undertake the role of being a mentor, the nurse should have a work/clinical experience of no experience required was reported by 16(17.8%), six months 12 (13.3%), less than a year 2(2.2%) more than a year 12(13.3%) more than two years 48(53.3%) When asked the most important aspect/s in the selection of a mentor, of the 49(54.4%) responded a minimum of two years of clinical experience, leadership skills 32(35.5%), a desire for professional growth 7(7.8%), highly developed communication skills 2(2.2%). Of them 86(95.6%) think that clinical mentorship programs are useful for mentors while 4(4.4%) said that it is not useful. When asked how important is having theoretical and scientific knowledge to undertake the role of a mentor, the majority 86(95.6%) respondent very important while 4(4.45) respondent important. When asked beliefs about using preceptors who have a qualification other than

nursing, in teaching and mentoring nursing students is appropriate who said yes were 44(48.9%) who said no were 46(51.1%). Among respondents the majority 81(90.05) reported that having an adequate teaching skill necessary for being a good mentor while 9(10.0%) reported that it is not necessary

The totality 90(100.0%) reported that nurse should educators be involved in enhancing the teaching skills of mentors. The totality 90(100.0%) of respondents agreed that mentors should be involved in providing evaluation and feedback to students. From their view, responded who reported that incentive or payment for the clinical mentor in his/her role of teaching and mentoring students is Very important 53(58.9%) were important 27(30.0%) not important 10(11.1%)

The majority 69(76.7%) think Teaching institutions should take the upper hand(s) in the implementation of nursing clinical mentorship programs, who said hospital were 16(17.8%), Government 5(5.6%). The main challenge for implementing nursing Clinical mentorship in Kigali Teaching hospital reported by respondents was shortage of nurses (preceptors) 74(82.2%). Lack of funding and/or incentives for preceptors was reported by 11(12.2%), inability or unwillingness to apply was reported by 5 (5.6%).

**Table 4 3: Nurses attitude towards clinical mentorship**

<b>Variable</b>	<b>Frequency</b>	<b>Percent</b>
<b>Do you think that nursing clinical mentorship programs are useful to students?</b>		
Yes	75	83.3
No	15	16.7
<b>Do you believe that nursing clinical mentorship programs will enhance students' practical skills and nursing values?</b>		
Yes	88	97.8
Non	2	2.2
<b>In your view, to undertake the role of being a mentor, the nurse should have an educational qualification of</b>		
A diploma	29	32.2
A bachelor's degree	48	53.4

A master degree	13	14.4
<b>In your view, to undertake the role of being a mentor, the nurse should have a work/clinical experience of</b>		
no experience required	16	17.8
six months	12	13.3
less than a year	2	2.2
more than a year	12	13.3
more than two years	48	53.3
<b>Which of the following do you think is the most important aspect/s in the selection of a mentor</b>		
A minimum of two years of clinical experience	49	54.4
Leadership skills	32	35.6
A desire for professional growth	7	7.8
Highly developed communication skills	2	2.2
<b>Other than their benefits for the students, do you think that clinical mentorship programs are useful for mentors?</b>		
Yes	86	95.6
No	4	4.4
<b>How important is having theoretical and scientific knowledge to undertake the role of a mentor</b>		
Very important	86	95.6
Important	4	4.4
<b>Do you believe that using preceptors who have a qualification other than nursing, in teaching and mentoring nursing students is appropriate</b>		
Yes	44	48.9
Non	46	51.1
<b>Is having an adequate teaching skill necessary for being a good mentor</b>		
Yes	81	90.0
Non	9	10.0

<b>Should nurse educators be involved in enhancing the teaching skills of mentors?</b>		
Yes	100	100.0
Non	0	0
<b>Should mentors be involved in providing evaluation and feedback to students</b>	100	100.0
Yes		
Non	0	0
<b>In your view, how important is an incentive or payment for the clinical mentor in his/her role of teaching and mentoring students</b>		
Very important	53	58.9
Important	27	30.0
Not important	10	11.1
<b>Who do you think should take the upper hand(s) in the implementation of nursing clinical mentorship programs</b>		
Teaching institutions	69	76.7
Hospitals	16	17.8
Government	5	5.6
<b>What do you think will be the challenge/s for implementing nursing Clinical mentorship in Kigali</b>		
<b>Teaching hospital</b>	74	82.2
Shortage of nurses (preceptors)	5	5.6
Inability or unwillingness to apply	11	12.2
Lack of funding and/or incentives for preceptors		

**Source: Primary Data**

#### **4.4. Challenges faced by registered nurses during clinical mentorship of students**

Table 4 describes challenges faced by registered nurses during clinical mentorship of students. When asked dissatisfaction with duration of student's placement who reported yes were 47(52.2%) those who reported no were 43(47.8%). Among them 19(21.1%) reported shorter length of patient stay in hospital while 71(78.9%) did not report it as a challenge.

Among respondents 30(33.3%) reported lack of patient co-operation as challenge while 60(66.7%) did not report it as challenge. No pre-planned schedule for classes was reported by 40(44.4%), and 50(55.6%) did not report it. Dissatisfaction with number of supervisees was reported by 54(60.0%) those who did not report it were 36(40.0%). Student's irregularity was reported by 30(33.3%), and of them 60 (66.7% ) have not reported it. Those who responded lack of respect to staff was 21(23.3%), of them 69(76.7%) did not. Lack of respect to staff was reported by 21(23.3%), those who did not report it were 69(76.7%).Of them 33(36.7%) reported lack of orientation before clinical placement and 57(63.3%) did not report it. Students lack basic knowledge and skill was reported by 45(50.0%), of tem 45(50.0%) did not report it. Among respondents late coming on the part of the students was reported by 22(24.4%) and 68(75.6%) did not report it. Students lack basic working materials was reported by 45(50.0%) of them 45(50.0%) did not report it. When asked that student's objectives are not clear of them 19(21.1%) said yes of them 71(78.9%) said no. The majority 74(82.2%) reported increased workload (research/administrative work) those who did not report it were 16 (17.8%). Students do not follow desired decorum (e.g.: improper dress, use of cell phones) was reported by 18(20.0%) who did not report it were 72(80.0%). No separate incentive/reward for taking clinical teaching was reported by 46(51.1%) those who did not report it were 44(48.9%). Poor health policies was reported by 28(31.1%) while 62(68.9%) did not. Among respondent who said that lack of financial resources is a challenge were 49(54.4%), of them 41(45.6%) did not report it. Staff shortages was reported by 71(78.9%) while 19(21.1%) did not report it. Language barrier was reported by 57(63.3%) while 33(36.7%) did not report it.

**Table 4:4 Challenges faced by registered nurses during clinical mentorship of students**

<b>Variable</b>	<b>Frequency</b>	<b>Percent</b>
<b>Dissatisfaction with duration of students 'placement</b>		
Yes	47	52.2
No	43	47.8
<b>Shorter length of patient stay in hospital</b>		
Yes	19	21.1
Non	71	78.9
<b>Lack of patient co-operation</b>		
Yes	30	33.3
No	60	66.7

<b>No pre- planned schedule for classes</b>		
Yes	40	44.4
No	50	55.6
<b>Dissatisfaction with number of supervisees</b>		
Yes	54	60.0
No	36	40.0
<b>Students' irregularity</b>		
Yes	30	33.3
No	60	66.7
<b>Lack of respect for staff</b>		
Yes	21	23.3
No	69	76.7
<b>Lack of orientation before clinical placement</b>		
Yes	33	36.7
Non	57	63.3
<b>Students lack basic knowledge and skill</b>		
Yes	45	50.0
Non	45	50.0
<b>Late coming on the part of the students</b>		
Yes	22	24.4
No	68	75.6
<b>Students lack basic working materials</b>		
Yes	45	50.0
No	45	50.0
<b>Students not willing to learn</b>		
Yes	27	30.0
No	62	70.0
<b>Students objectives are not clear</b>		
Yes	19	21.1
No	71	78.9
<b>Increased workload (research/administrative work)</b>		
Yes	74	82.2
No	16	17.8

<b>Students do not follow desired decorum (e.g.: improper dress , use of cell phones)</b>		
Yes	18	20.0
No	72	80.0
<b>No separate incentive/reward for taking clinical teaching</b>		
Yes	46	51.1
No	44	48.9
<b>Poor health policies</b>		
Yes	28	31.1
No	62	68.9
<b>Lack financial resources</b>		
Yes	49	54.4
No	41	45.6
<b>Staff shortages</b>		
Yes	71	78.9
No	19	21.1
<b>Language is a barrier for clinical teaching</b>		
Yes	57	63.3
No	33	36.7

**Source: Primary Data**

## **CHAPTER FIVE: DISCUSSION**

Much has been published about mentoring in recent years, but this may be the only study designed to generate a theory of mentoring. As many models and theories have been used to develop mentoring programs for registered nurses (RNs), their evaluation and facing the challenges encountered during clinical mentoring. While most studies find mentoring for nursing students, without a consistent use of theoretical frameworks, these programs may not result in significant benefits. This chapter will cover a discussion of research findings, study limitations, and implications for future research. The discussion of research findings will include an evaluation and comparison of the newly developed theory with published literature and existing models and theories of mentoring as well as implications for practice.

### **5.1. Nurses knowledge about clinical mentorship**

The main purpose of clinical mentorship to students was assessed in this study and the majority 48(53.3%) responded the clinical mentorship help them to develop the clinical skills and was ease transition from being a student to a professional as well. 36 (40.0%) responded that it develop clinical skills while 6 (6.7%) said that it was an ease transition from being a student to a professional. Mentoring has been found to improve retention, reduce stress, and facilitate the acquisition of skills and knowledge for nursing students, novice nurse , and medical students (Buddenberg-Fischer &Herta, 2016; Castiglioni, Bellini, & Shea, 2014;). Furthermore, the above authors stated that mentoring is part of nursing student orientation programs in many organizations, but its potential impact on teaching role and professional development may not be fully understood as a result of poor conceptual and operational definitions. It is imperative that this concept is clearly described and understood and it is also important to understand the process of mentoring, related concepts, and relationships between these concepts. However, this concept is poorly understood and inadequately studied in the advanced nursing practice context (Shea, 2014). Without a good understanding of the concept and the process, mentoring programs may not produce the expected outcomes and their evaluation and generalization may be difficult if not impossible.

In the current study, 45 participants (50.0%) considered the mentor as a facilitator of student success while 26 (28.9%) considered that the mentor was a teacher and an advocate. 19 participants (21.1%) considered the mentor as a professional role model. It is likely that the presence of a mentor brings wider benefits to the student including self-development through

reflective practice, expansion of professional skills throughout facilitation, assessment and feedback. This is in the same line with Masny,Ropka, Peterson, &Fetzer, (2015) who claimed that mentoring can facilitate skill learning, knowledge acquisition, and professional development through the use of these concepts. Furthermore, the observation of skills performed by experts, constructive feedback, practice, and confidence in own capabilities are also necessary to successfully learning. (Grusec, 2013).

## **5.2. Nurses attitude towards clinical mentorship**

Numerous studies and articles discuss the role of mentors and the goals of mentoring, but very few discuss the details the specific attitude of nurses during clinical mentorship.

Mentoring is often offered as part of orientation or internship programs for new nurses and nursing students. The main goal of this study is to discover the different attitude of nurses during clinical mentorship.

In this study, the researcher found that the majority 88(97.8%) believe that nursing clinical mentorship programs will enhance students' practical skills and nursing values while 2 (2.2%) do not. From their view, to undertake the role of being a mentor, who reported that the nurse should have an educational qualification of a diploma were 29(32.2%), bachelor's degree 48 (53.4%), a master degree 13(14.4%) From their view, to undertake the role of being a mentor, the nurse should have a work/clinical experience of no experience required was reported by 16(17.8%), six months 12 (13.3%), less than a year 2(2.2%) more than a year 12(13.3%) more than two years 48(53.3%) while other research describe the role of mentoring focus on activities aimed at increasing mentees confidence, re-negotiating relationships, and gaining clinical independence have been identified by the Nurses participating in this study as taking place during the *developing the relationship* stage of mentoring. Mentors help nursing students to assimilate new knowledge, learn new communication patterns, and allow themselves to be novices again. Activities related to the nursing students' role development are considered important, but poorly described in mentoring literature. Wolak and colleagues (2016) discussed the themes of mentor availability and providing support and knowledge as two important findings of their study. Although superficially explored in their study, these themes are supported by the findings of this study.

Most discussions about *attitude of nurses* are found in literature discussing graduate nursing students get the new knowledge because the behaviors of nurses are positive .While in this

study the researcher found that the majority 90(100.0%) reported that nurse should educators be involved in enhancing the teaching skills of mentors. The totality 90(100.0%) of respondents agreed that mentors should be involved in providing evaluation and feedback to students. From their view, responded who reported that incentive or payment for the clinical mentor in his/her role of teaching and mentoring students is Very important 53(58.9%) were important 27(30.0%) not important 10(11.1%)

### **5.3. Challenges faced by registered nurses during clinical mentorship of students**

The challenges met in this study are based on lack basic working materials, lack basic knowledge and skill, lack of financial resources, Staff shortages, these challenges are main obstacles to implement the clinical mentorship of nursing students allocated in different units of Kigali University Teaching Hospital. According to Richmond, (2006) the role of mentors may vary depending on the program objectives, but they need to exhibit role modeling behaviors, support their mentees, and have the ability to give constructive feedback. Furthermore, the above author claimed that when these behaviors are poor consistently exhibited, the outcome of mentoring may not be as expected. Similarly, Barker, (2016); Lee & Fitzgerald, (2012) stated that excellent communication skills and the ability to listen rather than teaching all the time was another challenge faced by mentors. Problems with communication and feedback may increase when the mentor and mentee are poorly matched. Although a variety of methods such as personality tests and profiles can be used to improve mentor-mentee compatibility, mismatching can still occur (Barker et al 2016). While all of these challenges can be overcome with a good selection and training of mentors, the time challenge may be a real obstacle to successful mentoring (Lee & Fitzgerald, 2014; Richmond, 2016). Mentoring can be time consuming for both mentors and mentees. In today's healthcare environment plagued by high costs and limited budgets, registered nurses may not have the time to mentor and be mentored. Although face-to-face meetings between mentor and mentee are almost always recommended, many mentoring participants may not have the time to meet (Lee et al 2015). Using alternative ways to communicate may prove to be a viable alternative or addition to face-to-face meetings. Challenges associated with mentoring need to be thoroughly evaluated when mentoring programs are developed to minimize barriers and maximize benefits.

## **6. CONCLUSION AND RECOMMENDATIONS**

### **6.1. Conclusion**

The objectives of this study were to explore knowledge and attitudes of registered nurses about clinical mentoring of nursing students at Kigali University Teaching Hospital and to describe challenges faced by registered nurses in clinical mentoring of nursing students at Kigali University Teaching Hospital. The challenges practicing nurses faced when mentoring students based on dual role of nurses caring for patients and educating the allocated nursing students. Other challenges identified included insufficient training about clinical mentorship, lack of appropriate basic materials for mentoring. Thus, nurses were not motivated for the tasks of clinical mentorship and consequently, the implementation of clinical mentorship was not effective. However, the researcher founded that the schools and clinical setting had a great role to play in overcoming some of the challenges. Partner, (2015) identified collaboration between the school and the clinical setting as a key factor in the mentorship of students. Therefore, strategies to overcome the challenges and coping mechanisms should be used while awaiting collaboration from the training institution to completely overcome the challenges.

### **6.2. Recommendation**

Based on the dissertation findings, there are several recommendations for administration, practice, education, and research that would minimize and remove the mentorship obstacles. The researcher contends that following through with these recommendations would help make mentorship more visible. These recommendations would also facilitate the establishment of mentoring relationships between clinical setting and schools organizations. These recommendations would allow individuals working in these areas to demonstrate their commitment to mentoring. Each recommendation is equally important and is not prioritized in any particular order. Furthermore, suggestions are not limited to these particular strategies. Individuals are encouraged to remove their own challenges to enhance the mentorship process within their organizations.

#### **6.2.1. Administration**

Organizations should create and implement mentorship-specific policies that include the following suggestions

Schools and clinical setting organizations should find innovative sources of funding to establish and sustain mentoring initiatives.

Kigali University Teaching Hospital should institute an organization-wide mentoring program in order to support registered nurses in the mentoring process by way of implementing programs on the unit, pairing dyads, and evaluating the process.

Managers' transformational leadership skills should be developed in order to have greater success creating and sustaining a mentoring culture. This initiative could be provided within the context of a formal leadership development program.

Because of the various competing priorities in nurse managers' roles, they must be allowed time to develop mentoring on their units. This strategy can include mandating a few hours a month towards mentorship initiatives to encourage its promotion.

Electronic mentoring initiatives using cell phones and computers should be considered for development by organizations. Many people communicate by phone and email, and these methods of communication should be encouraged for those in mentorships.

### **6.2.2. Practice**

Managers should use several strategies to promote mentoring in daily activities. When hiring new employees, managers should inquire about individuals' interests and commitment to mentorship. Managers should also verbalize that mentorship is a priority on the unit so new staff are aware of the expectations.

Managers should communicate and promote mentoring in informal and formal interactions with their staff. They should also promote the benefits of mentoring when they recruit program participants or when seeking funding. It would be beneficial for managers to use existing nursing unit evidence to highlight the benefits they have seen on their unit and among their staff.

Managers should remove barriers to mentorship for their staff. For example, it is recommended that staff have protected time to establish and foster mentoring relationships. Allowing employees paid time away from the nursing unit to build the relationship is beneficial. Also, given the current budget constraints, managers need to seek out alternate sources of mentorship funding.

Managers should consider the uniqueness of employees when establishing and recognizing mentorships.

Reward and recognition for informal and formal mentorships need to be implemented by administration and managers in order to demonstrate and encourage commitment to mentoring. Multigenerational and cultural aspects should be considered when planning recognition.

### **6.2.3 Nursing Education**

Faculty should engage in strategies to facilitate nursing student mentorships.

Nursing programs should include mentorship-specific content in their curriculum for their nursing students. Curriculum content could contain education regarding mentorship, including but not limited to providing strategies on finding mentors and establishing mentorships at the undergraduate and new nurse graduate level.

Faculties of nursing should establish, support, and promote informal and formal peer mentoring programs at the undergraduate level. For instance, senior nursing students are to be provided with opportunities to mentor more junior students. Faculty members are also encouraged to support and promote mentoring of undergraduate students by RNs who work in the students' area of interest. Faculty members should arrange for inter-professional educational experiences at the undergraduate level as these partnerships may assist in fostering inter-professional mentorships upon graduation.

### **6.2.4 Research**

Research is needed in the area of mentorship commitment.

Mentorship commitment is seen as essential to ensuring integration and maintenance of mentoring among nurses. Seeing as there is limited literature on this topic, more investigation is warranted on areas including but not limited to perceptions of greater organizations' perspectives on committing to mentorship and tool development that measures mentorship commitment.

Research is needed in the area of inter-professional mentorship.

Researchers need to investigate contributing and facilitating factors, barriers, and outcomes of inter-professional mentorship.

Research is needed in the area of identifying more challenges faced by RNs during clinical mentorship.

Researchers and faculty members should promote more investigation into nurse manager leadership styles on mentoring implementation and maintenance. For example, information is

needed on the impact of nurse manager leadership styles for motivating the nurses during nursing students mentoring. Data on such effects would be useful to have, so that appropriate mentoring supports could be put in place.

Researchers should examine staff perceptions of nurse managers' and the greater organizations' roles in creating mentoring environments nursing students. As well, the greater organizations' perspective in this area could also be studied.

Researchers should examine staff members' support of mentoring and development of mentorship models.

Researchers should examine positions such as mentorship coordinators' perceptions of their roles in improving nurse's behaviors during clinical mentorship.

Researchers should study how positions such as mentorship coordinators and managers could collaborate to create a mentoring culture on the unit.

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# **APPENDIXES**

**APPENDIX No1**

**QUESTIONNAIRE FOR REGISTERED NURSES CONCERNING THE CHALLENGES FACED BY REGISTERERD NURSES IN MENTORING STUDENTS AT CHUK**

My name is KAGABO Innocent ,Student in University of Rwanda , Masters Programme of Educational Leardership and Management ,College of Medecine and Health Sciences,School of Nursing and Midwifery ,I need to conduct the research entitled “**ASSESSING THE CHALLENGES FACED BY REGISTERED NURSES IN CLINICAL MENTORING OF NURSING STUDENTS**” I am requesting to respond these following questionnaires by your voluntary.

**SECTION A: DEMOGRAPHIC DATA**

**Indicate your response by making the appropriate box with a X**For office use

1. Indicate your age.....
2. Indicate your gender by ticking in provided space

Female

Male

3. Indicate your highest nursing qualification

- General Nursing A1
- Midwifery A1
- General Nursing Ao
- Midwifery Ao
- Master’s degree
- Doctorate degree

4. Indicate your professional registrations

- General Nurse
- Psychiatric nurse
- Midwife

- Nurse educator
- Nurse Manager
- Other

If your response was “other”, please specify

5. How many years professional experience do you have?      Years

6. Indicate the clinical unit in which you work

- Medical ward
- Surgical ward
- Pediatric ward
- Outpatient clinic
- ICU
- Other N

If your response was “other”, please specify

**SECTION B: ASSESSING THE NURSES’KNOWLEDGE ABOUT CLINICAL MENTORSHIP.**

This section seeks information about nurses’ knowledge towards clinical mentorship, in Kigali Teaching Hospital. Please circle the number in front of the option you choose

N°	Questions	Responses
Q1	Are you familiar with nursing clinical mentorship?	1. Yes 2. No
Q2	If your response to the question above is ‘Yes’, how did you come to know about nursing clinical mentorship?	1. Reading 2. Training/Workshops 3. Heard people talk about it
Q3	Does your teaching institution apply nursing clinical mentorship programs?	1. Yes 2. No 3. I am not sure

Q4	Clinical mentorship programs mainly take place in?	<ol style="list-style-type: none"> <li>1. Hospitals/Healthcare facilities</li> <li>2. Classrooms</li> </ol>
Q5	The main purpose of clinical mentorship to students is to?	<ol style="list-style-type: none"> <li>1. Develop clinical skills</li> <li>2. Ease transition from being a student to being a professional</li> <li>3. Both</li> </ol>
Q6	A mentor is? (circle all that apply)	<ol style="list-style-type: none"> <li>1. A facilitator of student success</li> <li>2. Teacher, student advocate &amp; performance evaluator</li> <li>3. Professional role model</li> <li>4. Resource person</li> </ol>
Q7	Are teaching faculty (educators) responsible for the designation or assignment of a mentor for each student?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Q8	What is/are the role/s of mentors in the clinical setting? (circle all that apply)	<ol style="list-style-type: none"> <li>1. Teaching clinical skills to students</li> <li>2. Teaching nursing professional values to students</li> <li>3. Effective coaching in integrating knowledge and practice</li> </ol>
Q9	Clinical mentors should show or possess? (circle all that apply)	<ol style="list-style-type: none"> <li>1. Knowledge</li> <li>2. Effective communication skills and collaboration</li> <li>3. Reasoning and problem solving skills</li> <li>4. Care, compassion and professionalism</li> </ol>

		5. Leadership
Q10	Which is/are responsibility/ies of mentors? (circle all that apply)	<ol style="list-style-type: none"> <li>1. Follow specific course policies as outlined by faculty</li> <li>2. Provide direct supervision of the student</li> <li>3. Appreciate the level of knowledge and limitations of a student</li> <li>4. Maintain professionalism</li> </ol>
Q11	Should a mentor demonstrate effective problem solving skills and show compassion and care in professional practice?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Q12	Is clinical mentorship a form of adult learning?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Q13	The school or student can develop a practicum schedule based on the preceptors established work schedule?	<ol style="list-style-type: none"> <li>1. True</li> <li>2. False</li> </ol>
Q14	Effective and timely communication is key to successful mentor-school relationships?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Q15	Which of the following can be positive outcome(s) of mentorship programs towards healthcare institutions? (circle all that apply)	<ol style="list-style-type: none"> <li>1. Increased recruitment of new nurses</li> <li>2. Increased retention of those already in the workforce</li> <li>3. Improved outcomes for patients</li> </ol>

**SECTION C: ASSESSING THE NURSES' ATTITUDE ABOUT CLINICAL MENTORSHIP.**

This section seeks information about nurses' attitude towards clinical mentorship, in Kigali Teaching Hospital. Please circle the number in front of the option you choose

N <sup>o</sup>	Questions	Responses
Q16	Do you think that nursing clinical mentorship programs are useful to students?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Q17	Do you believe that nursing clinical mentorship programs will enhance students' practical skills and nursing values?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Q18	In your view, to undertake the role of being a mentor, the nurse should have an educational qualification of?	<ol style="list-style-type: none"> <li>1. A diploma</li> <li>2. A bachelor's degree</li> <li>3. A master degree</li> <li>4. No qualification is needed</li> </ol>
Q19	In your view, to undertake the role of being a mentor, the nurse should have a work/clinical experience of?	<ol style="list-style-type: none"> <li>1. no experience required</li> <li>2. six months</li> <li>3. less than a year</li> <li>4. more than a year</li> <li>5. more than two years</li> </ol>
Q20	Which of the following do you think is the most important aspect/s in the selection of a mentor? (circle all that apply)	<ol style="list-style-type: none"> <li>1. A minimum of two years of clinical experience</li> <li>2. Leadership skills</li> <li>3. A desire for professional growth</li> <li>4. Highly developed communication skills</li> </ol>
Q21	Other than their benefits for the students, do you think that clinical mentorship programs are useful for mentors?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
Q22	How important is having theoretical and scientific knowledge to undertake the role of a mentor?	<ol style="list-style-type: none"> <li>1. Very important</li> <li>2. Important</li> <li>3. Not important</li> </ol>

Q23	Do you believe that using preceptors who have a qualification other than nursing, in teaching and mentoring nursing students is appropriate	1. Yes 2. No
Q24	Is having an adequate teaching skill necessary for being a good mentor?	1. Yes 2. No
Q25	Should nurse educators be involved in enhancing the teaching skills of mentors?	1. Yes 2. No
Q26	Should mentors be involved in providing evaluation and feedback to students?	1. Yes 2. No
Q27	In your view, how important is an incentive or payment for the clinical mentor in his/her role of teaching and mentoring students?	1. Very important 2. Important 3. Not important
Q28	Who do you think should take the upper hand(s) in the implementation of nursing clinical mentorship programs? (circle all that apply)	1. Teaching institutions 2. Hospitals 3. Government
Q29	What do you think will be the challenge/s for implementing nursing clinical mentorship in Kigali Teaching hospital (Rwanda)? (circle all that apply).	1. Shortage of nurses (preceptors) 2. Inability or unwillingness to apply 3. Lack of funding and/or incentives for preceptors

**SECTION D: CHALLENGES FACED BY REGISTERED NURSES DURING CLINICAL MENTORSHIP OF STUDENTS**

Q30	Dissatisfaction with duration of students' Placement.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q31	Shorter length of patient stay in hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q32		Yes <input type="checkbox"/>

	Lack of patient co-operation	No	<input type="checkbox"/>
Q33	No pre-planned schedule for classes	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q34	Dissatisfaction with number of supervisees	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q35	Students' irregularity	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q36	Lack of respect for staff	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q37	Lack of orientation before clinical placement	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q38	Students lack basic knowledge and skill	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q39	Late coming on the part of the students	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q40	Students lack basic working materials	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q41	Students not willing to learn	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q42	Students objectives are not clear	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q 43	Increased workload (research/administrative work)	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q 44	Students do not follow desired decorum (e.g.: improper dress , use of cell phones)	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

Q 45	No separate incentive/reward for taking clinical teaching	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q46	Poor health policies	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q 47	Lack financial resources	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q 48	Staff shortages	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q49	Language is a barrier for clinical teaching	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Q50	Lack of orientation to the clinical teaching task	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

## APPENDIX 2



COLLEGE OF MEDICINE AND HEALTH SCIENCES

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**SCHOOL OF NURSING AND MIDWIFERY**

Kigali, on 30 / 01 /2017

Ref. No: 22/UR-CMHS/SonNM/17

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**TO WHOM IT MAY CONCERN**

Dear Sir/Madam,

**Re: Request to collect data**

Referring to the above subject, I am requesting for permission for **KAGABO Innocent**, a final year student in the Masters of Science in Nursing at the University of Rwanda/College of Medicine and Health Science to collect data for his/her research dissertation entitled **"Assessing the Challenges Faced by Registered Nurses in Clinical Mentoring of Nursing Students at Kigali Teaching University Hospital in Rwanda."**

This exercise that is going to take a period of 2 months starting from 13<sup>th</sup> February 2017 to 12<sup>th</sup> April 2017 will be done at **University Teaching Hospital of Kigali (UTHK)**.

We are looking forward for your usual cooperation.

Sincerely,

*for*  
**Dr. Donatilla MUKAMANA, RN, PhD**  
**Dean, School of Nursing and Midwifery**  
**College of Medicine and Health Sciences**



A handwritten signature in blue ink, written over the official seal.

## APPENDIX 3



### CENTRE HOSPITALIER UNIVERSITAIRE UNIVERSITY TEACHING HOSPITAL

#### Ethics Committee / Comité d'éthique

February 24<sup>th</sup>, 2017

Ref.: EC/CHUK/274/2017

#### Review Approval Notice

Dear Kagabo Innocent,

*Your research project: "Assessing the challenges faced by registered nurses in clinical mentoring of nursing students at Kigali Teaching University Hospital."*

During the meeting of the Ethics Committee of University Teaching Hospital of Kigali (CHUK) that was held on 24/02/2017 to evaluate your protocol of the above mentioned research project, we are pleased to inform you that the Ethics Committee/CHUK has approved your protocol.

You are required to present the results of your study to CHUK Ethics Committee before publication.

PS: Please note that the present approval is valid for 12 months.

Yours sincerely,

John Nyanigira  
The Secretary, Ethics Committee,  
University Teaching Hospital of Kigali

<<University teaching hospital of Kigali Ethics committee operates according to standard operating procedures (Sops) which are updated on an annual basis and in compliance with GCP and Ethics guidelines and regulations>>.

B.P. :655 Kigali- RWANDA [www.chk.rw](http://www.chk.rw) Tél. Fax : 00 (250) 576638 E-mail : [chuk.hospital@chukigali.rw](mailto:chuk.hospital@chukigali.rw)

**APPENDIX 4**



**UNIVERSITY OF  
RWANDA**

**COLLEGE OF MEDICINE AND HEALTH SCIENCES**

**CMHS INSTITUTIONAL REVIEW BOARD (IRB)**

Kigali, 09/01/2017  
Ref: CMHS/IRB/022/2017

**KAGABO Innocent**  
School of Nursing and Midwifery, CMHS, UR

Dear KAGABO Innocent

**RE: ETHICAL CLEARANCE**

Reference is made to your application for ethical clearance for the study entitled *“Assessing The Challenges Faced By Registered Nurses In Clinical Mentoring Of Nursing Students At Kigali Teaching University Hospital In Rwanda.”*

Having reviewed your protocol and found it satisfying the ethical requirements, your study is hereby granted ethical clearance. The ethical clearance is valid for one year starting from the date it is issued and shall be renewed on request. You will be required to submit the progress report and any major changes made in the proposal during the implementation stage. In addition, at the end, the IRB shall need to be given the final report of your study.

We wish you success in this important study.

*KJS*

Professor Kato J. NJUNWA  
Chairperson Institutional Review Board,  
College of Medicine and Health Sciences, UR



*J.B. Gahutu*  
IRB Vice-Chair

**Cc:**

- Principal, College of Medicine and Health Sciences, UR
- University Director of Research and Postgraduate studies, UR

## APPENDIX 5

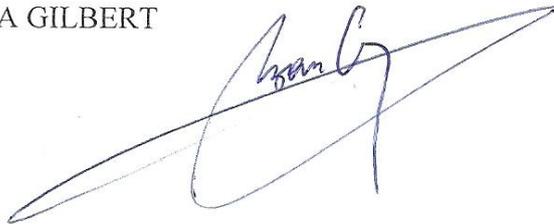
### DECLARATION

I KAGABO Innocent, hereby declare that this dissertation is my original work it has not been previously submitted except for references made to other peoples' work and it has been acknowledged. To the best of my knowledge and belief this work has not been submitted for any other researcher, it was undertaken under the guidance and supervision of Mr. Gilbert BANAMWANA.



Mr. KAGABO Innocent

Mr. BANAMWANA GILBERT



## APPENDIX 6

### CONSENT FORM FOR RESEARCH PARTICIPATION

Dear Registered Nurse;

I am a student at the University of Rwanda, College of Medicine and Health Sciences, in the School of Nursing and Midwifery, Masters of nursing in education, leadership, and management. I am conducting a study, which I invite you to take part in. The objective of this research is to **assess the challenges faced by registered nurses in clinical mentoring of nursing students.** The data collected in this study would contribute to improvement of Registered nurse in mentoring students in this hospital. You will be asked to respond your personal opinions about mentoring of students in Kigali teaching hospital. Your participation in this study will not cause you any risk to you. Your information will only be used for scientific purposes.

Please contact the researcher on 0788682697 for any concern

I certify that I Ilwase Delphine agree to the terms of this agreement.  
Signature  Date 10<sup>th</sup>/02/2017

Thank you

Student Researcher: KAGABO Innocent

Signature  Date 10/02/2017

## APPENDIX 7

KAGABO Innocent

Kibungo-Ngoma

E-mail: [kagabo2020@yahoo.fr](mailto:kagabo2020@yahoo.fr)

Contact: 0788682697

December 21<sup>st</sup>, 2016

**To: The IRB Chairperson/ CMHS/UR**

Sir,

**Re: Application for fee Waiver of protocol review**

I humbly wish to address to you this letter requesting for fee waiver of protocol review in CMHS Institution Review Board (IRB).

In fact Sir, I am a student in Masters of Sciences of Nursing, specializing in Education Leadership and Management, in the School of Nursing and Midwifery, College of Medicine and Health Sciences, University of Rwanda. I would like to conduct my dissertation as an academic requirement titled "Assessment of the challenge faced by registered nurses in clinical nursing students hygiene at a University Teaching Hospital in Rwanda" and I kindly request for the fee waiver of protocol review as my research will not be funded and it is not easy for me to pay for the protocol review fee.

I will be very grateful for your positive consideration of this request.

Sincerely Yours,

KAGABO Innocent

Supervisor approval

  
Mr. Gilbert BAWAMANA  
21/12/2016  
