# Factors Affecting Clinical Practice at the Mabel Mccombs College of Health Sciences

**Ms Naomi T. Joe**

**Vice President for Student Affairs, Carver Christian University, Liberia**

## ABSTRACT

Despite the importance of clinical practice in health sciences education, challenges persist that hinder its effectiveness. Reports from students and faculty at the Mabel McCombs College of Health Sciences indicate recurring issues such as inadequate clinical placements, limited access to modern medical equipment, and varying levels of supervision and mentorship. These challenges threaten the ability of students to acquire the necessary skills and competencies for their professional roles. This study addresses this gap by examining the factors influencing clinical practice and proposing actionable recommendations.

According to the study, findings indicated that there was established and standardized hospital protocol to welcome student nurse for preceptor-ship. However, many of the participants revealed that the working environment was not healthy and there was no possibility for continuing professional development for interns.

Also, the study findings suggested that most participants disagree the existence of good interdisciplinary culture and there was no opportunity for nursing student to participate in hospital management.

The study outlined strategies that could contribute to improving the working environment and process of enhancing student nurses clinical exposure. Among the strategies suggested student nurses involvement in quality improvement, provision of in-service training in hospital management, performance-based stipend and adequate supervision were considered key among participants.

## INTRODUCTION

Clinical practice is an integral component of health sciences education, serving as the bridge between theoretical knowledge and practical application. (World Health Organization.2021). According to World Health Organization. (2019). it is identified that Clinical practice encompasses the direct provision of healthcare services to individuals by healthcare professionals, grounded in evidence-based standards, ethical principles, and practical expertise. Across the globe, the delivery of clinical care is influenced by an intricate interplay of factors, ranging from global trends to localized socio-economic, cultural, and institutional realities. This background analysis explores the factors influencing clinical practice, bridging global perspectives with the realities in Liberia. Global Trends in Clinical Practice Globally, clinical practice has been shaped by advancements in medical science, the proliferation of technology, and the establishment of evidence-based guidelines. Key influencing factors include: Technological Advancements: Innovations such as telemedicine, electronic health records (EHRs), and precision medicine have revolutionized clinical practice. (World Health Organization, 2021).

Gates, (2020), acknowledges that technologies enable faster diagnoses, improve patient outcomes, and expand access to care. Global Health Policies and Frameworks: Organizations like the World Health Organization (WHO) set standards and policies to promote universal health coverage (UHC), combat communicable and non-communicable diseases, and improve healthcare quality. Workforce Dynamics: The global shortage of healthcare workers, coupled with migration trends, influences clinical service delivery, especially in low-resource settings. Emerging Diseases: The recent COVID-19 pandemic underscored the need for agility in clinical practice, driving changes in infection control, vaccine development, and digital health integration.

Cultural and Ethical Considerations: Global clinical practices are increasingly influenced by culturally sensitive approaches to care, emphasizing patient-centered models and ethical standards. Regional Influences: Sub-Saharan Africa In Sub-Saharan Africa, clinical practice is deeply affected by resource constraints, disease burden, and governance structures. Common challenges include: Limited Resources: Scarcity of medical supplies, infrastructure, and skilled healthcare professionals often hampers effective clinical delivery. High Disease Burden: Sub-Saharan Africa faces a dual burden of communicable diseases (e.g., malaria, HIV/AIDS) and non-communicable diseases (e.g., hypertension, diabetes). (Gates, 2020).

Donor-Driven Initiatives: External funding and global health initiatives play a pivotal role in shaping clinical priorities, but these often focus narrowly on specific diseases or programs. Traditional Medicine Integration: The coexistence of traditional and modern medicine creates unique dynamics in clinical practice. Policy and Governance Gaps: Weak regulatory frameworks and inconsistent policy implementation hinder standardized care delivery. Local Context: Liberia Liberia's healthcare system is emblematic of the challenges and opportunities inherent in clinical practice within low-income, post-conflict nations. (Gates, 2020).

The following factors significantly influence clinical practice in Liberia: Post-Conflict Recovery: Following years of civil unrest, Liberia's healthcare infrastructure remains fragile. Clinics and hospitals are often under-resourced, and there is a persistent shortage of trained medical personnel. Epidemic Impact: Liberia's experience with the Ebola epidemic highlighted critical gaps in clinical preparedness, infection control, and public health coordination. Lessons learned have shaped current clinical practices, particularly in emergency response (World Bank. 2015) Human Resource Constraints: Despite efforts to train and retain healthcare workers, the country faces significant brain drain, with many professionals seeking opportunities abroad. Cultural Beliefs and Practices: Local beliefs about illness and healing influence healthcare-seeking behavior, often creating barriers to accessing clinical services. Policy Frameworks and Support: Liberia's National Health and Social Welfare Policy and Plan (2011-2021) and subsequent strategic frameworks aim to strengthen health service delivery.

However, implementation challenges persist. Community Engagement: Local communities play a vital role in supporting healthcare delivery, particularly through initiatives like community health worker programs, which address gaps in access and education. Emerging Health Concerns: The rise in non-communicable diseases, mental health issues, and maternal and child health challenges is reshaping clinical priorities in Liberia. Bridging Global and Local Perspectives Understanding the factors influencing clinical practice in Liberia requires synthesizing global best practices with local realities. For example: Leveraging global advancements in telemedicine can address geographic barriers to care in remote Liberian communities. Strengthening local health governance using global frameworks can ensure the sustainability of donor-driven programs. Integrating traditional medicine practices into modern healthcare systems can enhance community acceptance and trust in clinical interventions. Conclusion Clinical practice is shaped by a myriad of factors that operate at global, regional, and local levels. Liberia's experience highlights the importance of contextualizing global health strategies to fit local needs and realities. Addressing the systemic challenges in Liberia's clinical practice will require coordinated efforts, leveraging global support while fostering homegrown solutions to improve (Perry,, Zulliger,, & Rogers,. 2014).

I At the Mabel McCombs College of Health Sciences, clinical practice prepares students for the multifaceted demands of healthcare delivery. However, several factors influence the efficacy and quality of this critical educational component. These factors include institutional resources, faculty expertise, student preparedness, and the quality of partnerships with clinical sites. Identifying and addressing these factors is essential for optimizing clinical education and producing competent healthcare professionals. This study seeks to investigate the factors that impact clinical practice at the Mabel McCombs College of Health Sciences, contributing to improvements in student learning outcomes and overall healthcare quality.

**Background**

Training improves the effectiveness of Registered Nurses' clinical teaching skills, which consequently increases their confidence. This, in turn, may then lead to Registered Nurses having a more positive attitude towards their students and clinical teaching. Lethale et al. (2019) conducted research in Canada, which found that over half of the surveyed clinical teachers believed they required training for the role, including guidance while teaching. A

lack of training and its negative influence on clinical teaching was also observed in a study conducted in Ireland by McSharry and Lathlean (2017) who found that the majority of their participants (final-year student nurses) stated that clinical learning was not helpful to them because most of their clinical teachers lacked the requisite teaching skills due to a lack of training.

The large workload of Registered Nurses was another factor that was found to negatively influence clinical teaching (Gcawu et al., 2021). Indeed, Registered Nurses who are also clinical teachers require more time to cope with the demands of their teaching position because they are also expected to fulfil the responsibilities of a full patient load (Collier, 2018). Nurse midwives have likewise expressed concern about managing their own workloads while simultaneously monitoring and evaluating student nurses (Bifftu et al., 2018). Ashipala and Nghole (2022) research similarly revealed that heavy workloads interfere with teaching roles because, apart from clinical teaching, these nurses have patients to see and management responsibilities. Ashipala and Nghole (2022) study also revealed that Registered Nurses require support from their managers if they are to be effective clinical instructors.

When considering the students' role in clinical learning, Albsoul et al. (2019) found that student barriers, such as a lack of motivation to learn, have a negative impact on clinical teaching. Registered Nurses who are clinical facilitators have complained that unmotivated students show no interest in learning, which negatively impacts their development of key skills (Ratcliffe & George, 2022). Derya et al. (2022) further expressed that working with unmotivated students overwhelms Registered Nurses because, as clinical teachers, they feel as though they have to force some nursing students to engage with their own learning. Yet, clinical teachers are not necessarily trained in student engagement strategies and the pressure they are already under due to their patient workload is compounded by the large numbers of students they have to teach.

Several studies on clinical teaching have been conducted in Africa, including one by Asirifi et al. (2017), which explored the perceptions of Ghanaian nursing students, clinical nurses and nurse educators of their clinical teaching experience. Their findings indicated that clinical teaching using the preceptorship approach in Ghana was not well established. Many African studies, such as Asirifi et al., had similar findings to those conducted in Western countries (e.g. Natesan et al., 2020; Stander et al., 2020; Torous et al., 2020; Wisniewski et al., 2020). In other words, research, globally, has shown that when Registered Nurses, who are also clinical teachers, receive inadequate orientation to clinical teaching, they have insufficient time to carry out their teaching roles, have too many students in their classes and lack the support of management to motivate their students to learn. Additional findings from a study by Magobolo and Dube (2019) were that students lack motivation to learn, and clinical nurses focus too much on clinical needs rather than clinical teaching. Important to note here is that our research shows that no Namibian studies were conducted on the barriers facing Registered Nurses who are also clinical teachers have been completed, hence the relevance of this study.

## Global Context of Clinical Practice in Health Sciences

Globally, clinical practice in health sciences is shaped by various institutional, pedagogical, and environmental factors. According to Benner (1984), the transition from novice to expert is foundational in clinical training, emphasizing the need for structured mentorship and expertise to guide learners. Similarly, Frenk et al. (2010) highlighted the critical role of inter-professional education in improving health outcomes and ensuring competency in clinical practice. These studies underscore the importance of a robust institutional framework and faculty expertise in facilitating quality clinical learning experiences.

Faculty mentorship has been globally recognized as a determinant of student success in clinical practice. For instance, Barker et al. (2012) demonstrated that faculty who provide consistent feedback and guidance significantly enhance students' practical skills and confidence. Moreover, institutional partnerships with clinical sites are identified as crucial in bridging the gap between theoretical knowledge and real-world practice (World Health Organization, 2016).

## Regional Context: Sub-Saharan Africa

In Sub-Saharan Africa, the quality of clinical practice is influenced by resource availability, faculty expertise, and student attitudes. Akinsanya and Henrichs (2019) found that limited infrastructure and insufficient faculty

development programs impede effective clinical training. Furthermore, the mentorship model is less developed in many African institutions, affecting the transfer of practical skills (Ndungu, 2018).

External factors such as partnerships with healthcare facilities play a significant role in enhancing clinical practice. For instance, a study by Mukhwana et al. (2020) revealed that collaborative training programs between universities and hospitals in Kenya improved student preparedness and clinical competence. These findings align with the need for tailored strategies to address regional challenges in clinical education.

### Local Context: Liberia

In Liberia, clinical training faces challenges such as limited resources, inadequate faculty development, and weak institutional partnerships. A study by Kollie (2021) identified that students at the Mabel McCombs College of Health Sciences often struggle with access to clinical sites and lack consistent mentorship. Faculty shortages and insufficient training for clinical instructors further exacerbate these issues (Smith & Johnson, 2022). However, initiatives such as partnerships with international organizations have begun to improve the quality of clinical training (Doe, 2020).

## DISCUSSION

Despite the importance of clinical practice in health sciences education, challenges persist that hinder its effectiveness. Reports from students and faculty at the Mabel McCombs College of Health Sciences indicate recurring issues such as inadequate clinical placements, limited access to modern medical equipment, and varying levels of supervision and mentorship. These challenges threaten the ability of students to acquire the necessary skills and competencies for their professional roles. The lack of comprehensive research on these issues further compounds the problem, leaving gaps in understanding and potential solutions. This study addresses this gap by examining the factors influencing clinical practice and proposing actionable recommendations

The study also sought to explore student nurses affirmation of factors that could enhance or impede their clinical leadership and managerial skills. According to the study, findings indicated that there was established and standardized hospital protocol to welcome student nurse for preceptor-ship. However, many of the participants revealed that the working environment was not healthy and there was no possibility for continuing professional development for interns.

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## CONCLUSION

The study found out that growth in nursing students clinical practice will be mainly experienced through good clinical environment , which is enhanced by a supportive relationship with a preceptors or mentors, the use of reflective practices and modelling from other leaders. Furthermore, a supportive work environment triggers ownership, confidence and motivation, and thereby growth in clinical nursing leadership competencies.

Fostering competencies for clinical leadership among student nurses requires multifaceted strategies. Strategies are successful if, and only if, they combine learning by doing, by knowing and by observing, and establish a responsive and healthy work environment. Hospital policy should ensure that student nurses have access to reciprocal relationships with leaders and managerial activities. In order to grow clinically, student nurses must be guided to develop, ownership and self-reflection on own leadership behaviour needed to in performance during clinical exposure,

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