

Factors Affecting Clinical Practice at the Mabel McCombs College of Health Sciences

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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

Background of the study

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).

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.

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.

Statement of the Problem

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.

Research Questions

The research question that study sought to seek answer included:

1. What institutional factors influencing the quality of clinical practice at the Mabel McCombs College of Health Sciences?
2. How do clinical structure and process affect students' clinical learning experiences?
3. What strategies can be implemented to impact nursing clinical practices?

Significance of the Study

This study is significant for several stakeholders. For the administration of the Mabel McCombs College of Health Sciences, it provides evidence-based insights for policy and resource allocation decisions. For faculty, it identifies areas for professional development to enhance their effectiveness as clinical educators. For students, it aims to improve the clinical learning environment, thereby enhancing their preparedness for professional roles. Moreover, the findings will contribute to the broader discourse on health sciences education in Liberia, offering a framework for addressing similar challenges in other institutions.

Delimitation

This study focused on the Mabel McCombs College of Health Sciences, examining factors influencing clinical practice among students enrolled in nursing, midwifery, and allied health programs. It considers only the perspectives of current students, faculty, and clinical site supervisors within the academic year 2024-2025. The study excludes other colleges or institutions to maintain a concentrated scope.

Limitations

The study was subjected to several limitations. First, the reliance on self-reported data from students and faculty may introduce bias. Second, the findings may not be generalizable to other institutions with differing contexts. Lastly, logistical constraints, such as limited time and financial resources, may restrict the breadth of data collection.

Definition of Key Terms

Some of the key terms and their definitions that were used in this study are as follows:

Practice: Hands-on training that health sciences students undergo in clinical settings to develop practical skills and competencies.

Institutional Factors: Elements within the college, such as infrastructure, policies, and resources, that influence clinical practice.

Faculty Expertise: The knowledge, skills, and experience of faculty members in facilitating clinical education.

Student Preparedness: The readiness of students to engage in clinical practice, including their theoretical knowledge, skills, and attitudes.

Clinical Site Partnerships: Collaborations between the college and external healthcare facilities where students undergo clinical training.

Organization of the Study

At this stage of the proposal, the study will be organized into three chapters. Chapter one will introduce study and includes the background of the study, statement of problems, research questions, delimitations and limitations, significance of the study, definitions of key terms and organization of the study. Chapter two will deal with the review of literatures related to the study. Chapter three will deal with the research methodology that will be used to conduct the study which include the research design, population, sample size and sampling techniques, data collection instruments, data collection procedures. Nevertheless, when the proposal passes, the last two chapters will include chapter four and five. Chapter four will relate deal with the presentation analysis and the interpretation of the findings obtained from the data collected from the study. Finally, chapter five of the study will present the summary, conclusion

LITERATURE REVIEW

Discussion

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).

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.

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

METHODOLOGY

This chapter outlined the research methodology, describing the techniques and procedures that the researcher used to conduct the study and gather data. It covered the research design, target population, sample size and sampling techniques, data collection instruments, data collection procedures, and methods of data analysis.

Research Design

The research design is a mapped-out plan or blueprint which specifies how data relating to a given problem should be collected and analyzed (Koleoso, 1999). It provides the framework for the conduct of any investigation (Koleoso, 1999). Among the several research designs that are available to researchers.

For the purpose of this study, a descriptive design was used to fully describe the variables of the study.

Population

Siegel (2011), states that a research population is known as a well-defined, large collection of individuals or objects known to have similar characteristics or traits.

The population for this study included students within the Mabel Mccombs College of Health Sciences, King Gray Community. Students for the current academic calendar formed part of the recruitment.

Sample Size and Sampling Techniques

According to Nworgu (2014), a sample size is a subset of a population selected to participate in the study. In accordance with the sample size determination method suggested by Curry (1978), when the population is from 1 to 100, 100% of the population will form part of the study as the sample size.

Given the current enrolment of the school, there were 58 students who were sampled. Based on Curry Principle for effect size, all participants were included in the study.

Data Collection Instruments

Judd et al, (2014), defines data collection instruments as structured questionnaires, interview schedules or guides, rating scales, or sometimes inventories, or tests, including survey plans or any other forms of methods which are used to collect information from respondents.

Among these data collection instruments, are questionnaires, interview guides, and others. To collect the data in this study, the researcher used well-structured questionnaire and interview guides to collect the data.

Data Collection Procedure

Before the commencement of data collection, the researcher obtained a Letter of recommendation from the Dean of the Department of Public Health to be addressed to the Mabel Mccombs College of Health Sciences in King Gray Community, requesting for his permission for the researcher to carry out the study. Upon the acceptance of the request from the office of the Dean by the Mabel Mccombs College of Health Sciences the researcher then distributed questionnaires to the participants which were collected within a period of 2-3 days.

Data Analysis Procedures

Data Analysis Procedure is the process of inspecting, cleaning, transforming, and modeling data that were collected from the field. Data was analyzed using SPSS 25.0 version to construct tables and figures.

In this study, the researcher presented data tables and figures to make interpretation easier for recommendations

Data Presentation And Analysis

This chapter reviews the results and analysis of the data, the compilation of the questionnaire and the results and analysis of the quantitative findings of the study. The findings are also discussed in the light of previous research findings and available literature, where applicable, in order to identify similarities and differences between this study and previous studies and literature.

Data presentation

Table 1: Age range

	Frequency	Percent
18-24 yrs	8	13.8
25-29	28	48.3
30-34	12	20.7
35 yrs and above	10	17.2
Total	58	100.0

Table 1 showed data presentation on the age range of participants. Data analysis revealed that majority of the participants were aged between 25-29 years (48.3%), 12 (20.7%) participants were between the age of 30-34 years. The data also show that those 35 years and above were 10 (17.2%) and those 18-24 years were just 8 (13.8%).

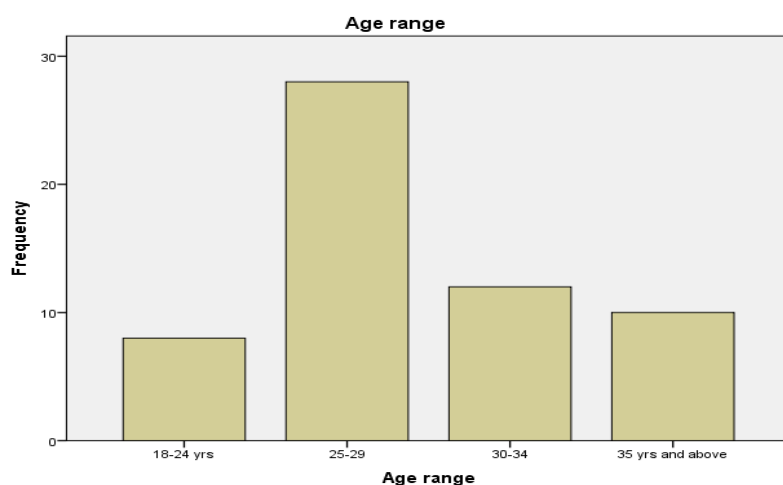


Table 2: Sex distribution

	Frequency	Percent
Male	24	41.4

Female	34	58.6
Total	58	100.0

Table 2 showed data presentation on the sex distribution of participants. From the data analysis, 34 (58.6%) participants were female and 24 (41.\$%) were male students.

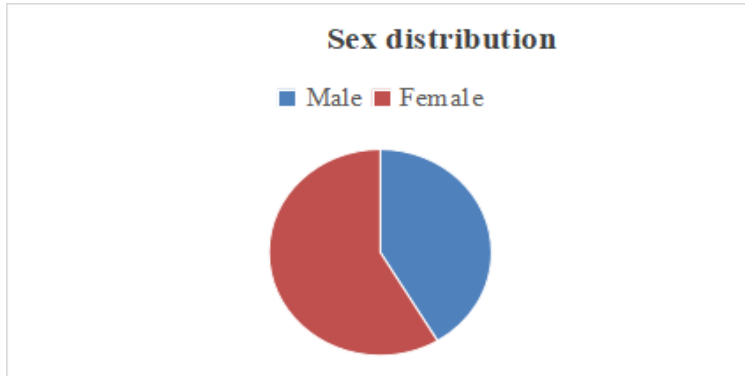


Table 3: Students' Level

	Frequency	Percent
Year 1	12	20.7
Year 2	36	62.1
Year 3	10	17.2
Total	58	100.0

Table 3 showed data presentation on the academic year of all the study participants. Data analysis showed that majority of the study participants were second year students (62.7%) and 12 (20.7%) participants were first year students. Participants who were year three accounted for 10 (17.2%).

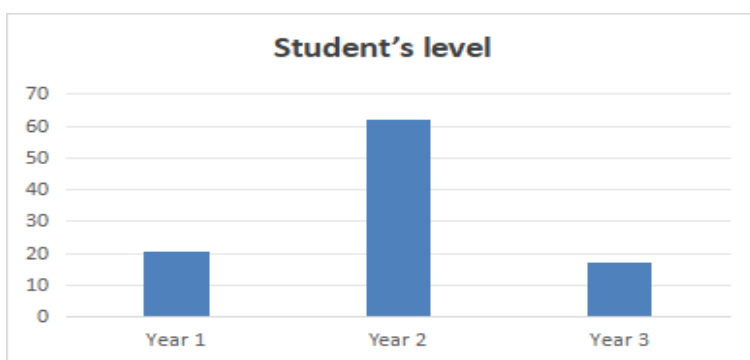


Table 4: Duration of Clinical exposure

	Frequency	Percent
< 6 months	11	19.0
6-12 months	15	25.9
12-18months	17	29.3

18 months and above	15	25.9
Total	58	100.0

Table 4 showed data presentation on duration of clinical exposure by participants since their enrolment. Based on the data analysis, 17 (29.3%) participants had 12-18 months of clinical exposure, 15 (25.9%) participants were equally shared between 6-12 months and those 18 months and above, respectively. For candidate having less than 6 months exposure, they accounted for 19.0%.

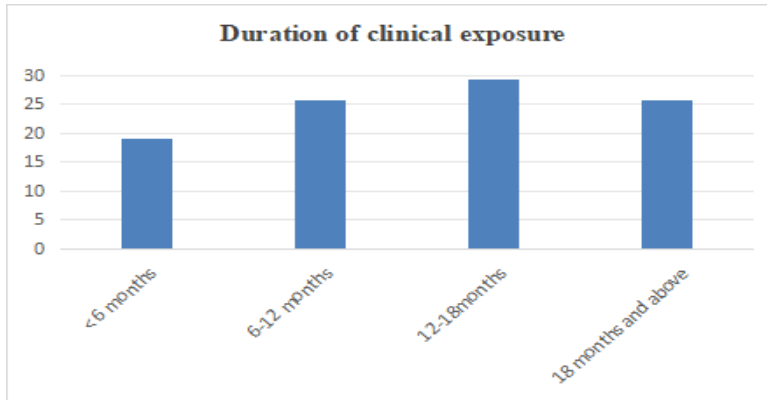


Table 5: Hospital has standardized protocol of new students

	Frequency	Percent
Strongly agree	7	12.1
agree	31	53.4
Neutral	7	12.1
disagree	6	10.3
strongly disagree	7	12.1
Total	58	100.0

Table 5 displayed data presentation on hospital having standardized protocol to welcome nursing students for clinical practice. According to data analysis, 38 (65.5%) participants affirmed that there exist standardized protocol for student nurses. A total of 13 (22.4%) participants had disagree on the protocol. However, 7 (12.1%) could not confirm and therefore selected neutral.

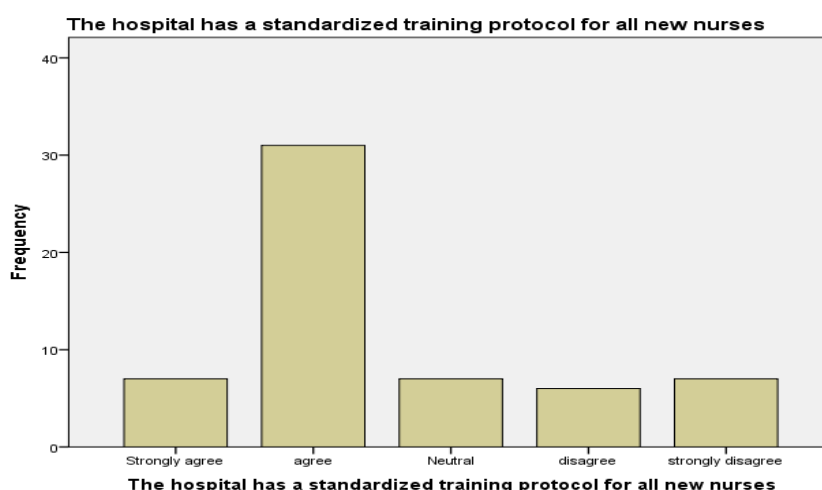


Table 6: Working environment healthy

	Frequency	Percent
Strongly agree	10	17.2
Neutral	14	24.1
disagree	28	48.3
strongly disagree	6	10.3
Total	58	100.0

Table 6 exhibit data presentation on the health of the working environment. According to the data analysis, majority of the participants (48.6%) completely disagree that there was healthy environment. Some 14 (24.1%) participants were neutral while 10 (17.2%) participants affirmed that there was a healthy environment.

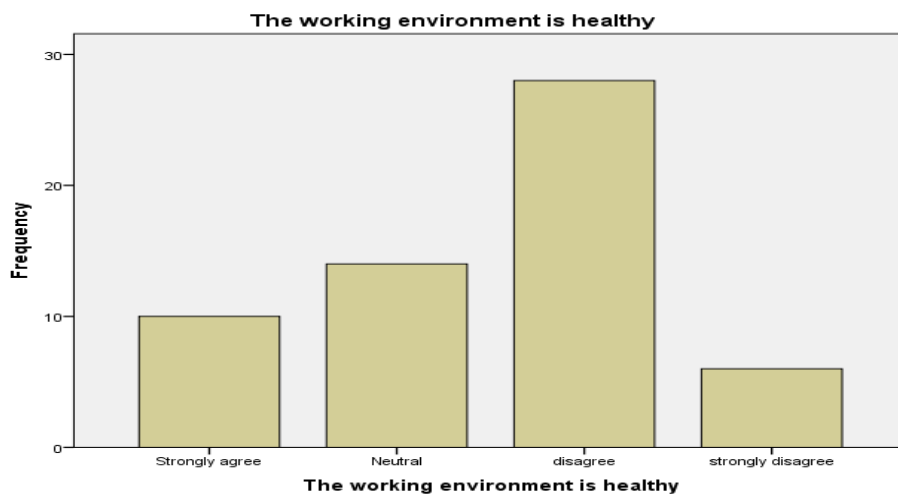


Table 7: Continuing professional development provided for clinical students

	Frequency	Percent
Strongly agree	5	8.6
agree	10	17.2
Neutral	11	19.0
disagree	27	46.6
strongly disagree	5	8.6
Total	58	100.0

Table 7 displayed data presentation on nursing student involvement in continuing professional development. According to data analysis, 32 (55.2%) participants said there no continuing professional development while 11 (19.0%) participants were neutral. However, 15 (25.8%) participants acknowledge receiving continuing professional development during clinical.

The department provide continuing professional development for all nursing staff in accordance with job description

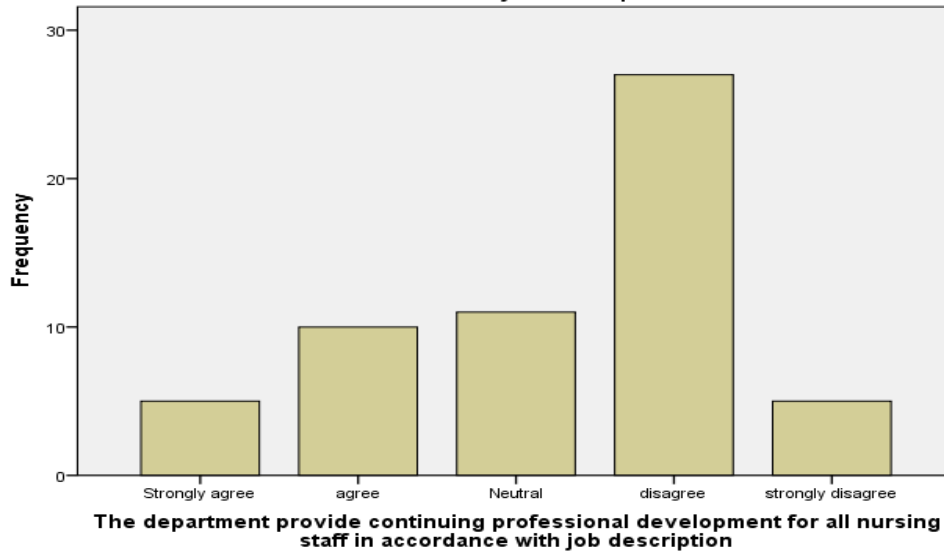


Table 8: Good interdisciplinary relationship

	Frequency	Percent
Strongly agree	5	8.6
agree	8	13.8
Neutral	10	17.2
disagree	26	44.8
strongly disagree	9	15.5
Total	58	100.0

Table 8 show data on students' responses on the existence of good relationship among various discipline during clinical rotation. 13 (24.4%) of participants agreed observing good relationship and 10 (17.2%) participants could neither acknowledged not refute; hence opted to be neutral. However, 35 (60.0%) participants disagreed observing good interdisciplinary relationship.

There exist good interdisciplinary relationship between all cadres of health workers

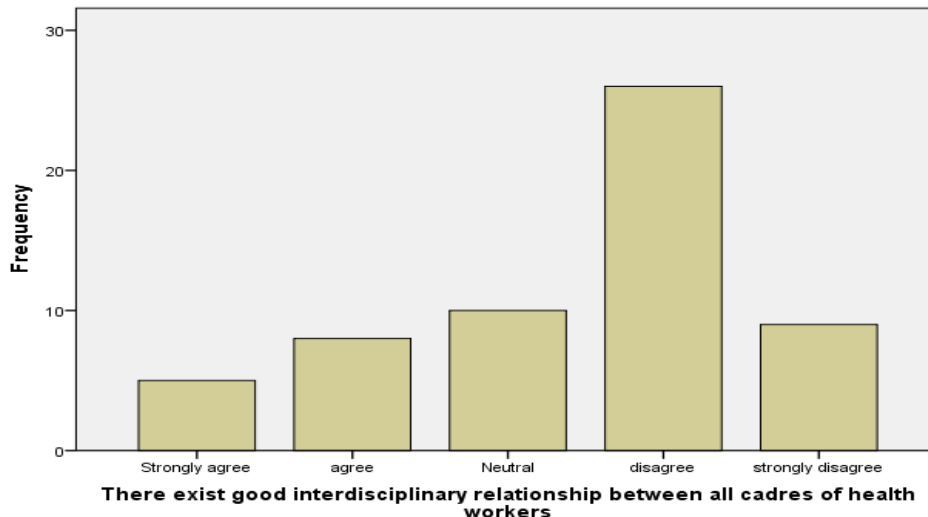


Table 9: Student nurses have opportunity to participate in hospital management decision

	Frequency	Percent
Agree	7	12.1
Neutral	8	13.8
disagree	28	48.3
strongly disagree	15	25.9
Total	58	100.0

Table 9 showed participants' responses on opportunities provided in facilities to participate in management decision making. According to the data analysis, 43 (74.2%) participants disagreed ever having opportunities to participate in decision making. While 8 (13.8%) participants were neutral but 7 (12.1%) participants did allude to being a part of decision making during clinical rotation

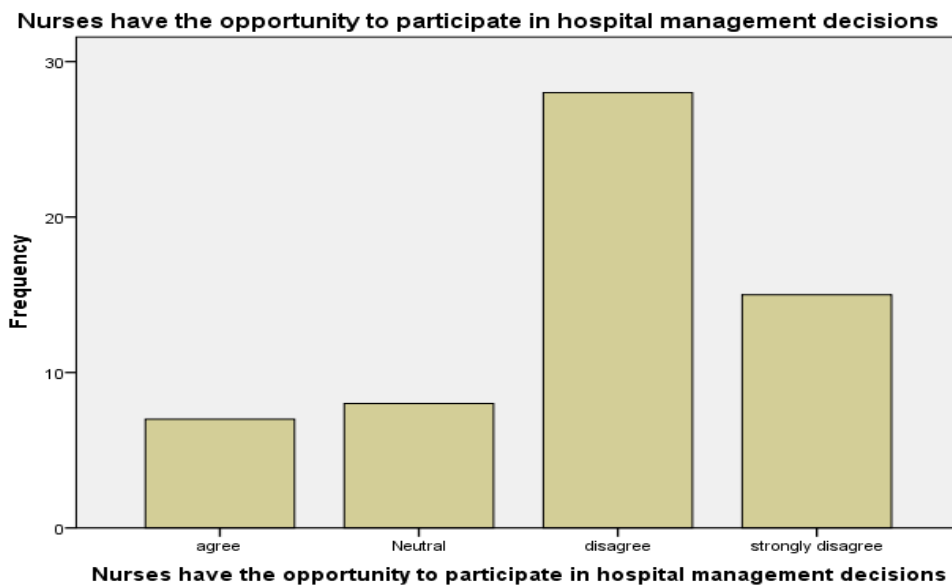


Table 10: Student nurses involve in hospital internal management

	Frequency	Percent
agree	8	13.8
Neutral	6	10.3
disagree	29	50.0
strongly disagree	15	25.9
Total	58	100.0

Table 10 exhibit data presentation on participants responses on involvement in hospital internal management. According to the 44 (75.9%) participants disagreed on their involvement in hospital internal management and 6 (10.3%) participants remained neutral. However, 8 (13.8%) participants acknowledged their involvement in internal decision making.

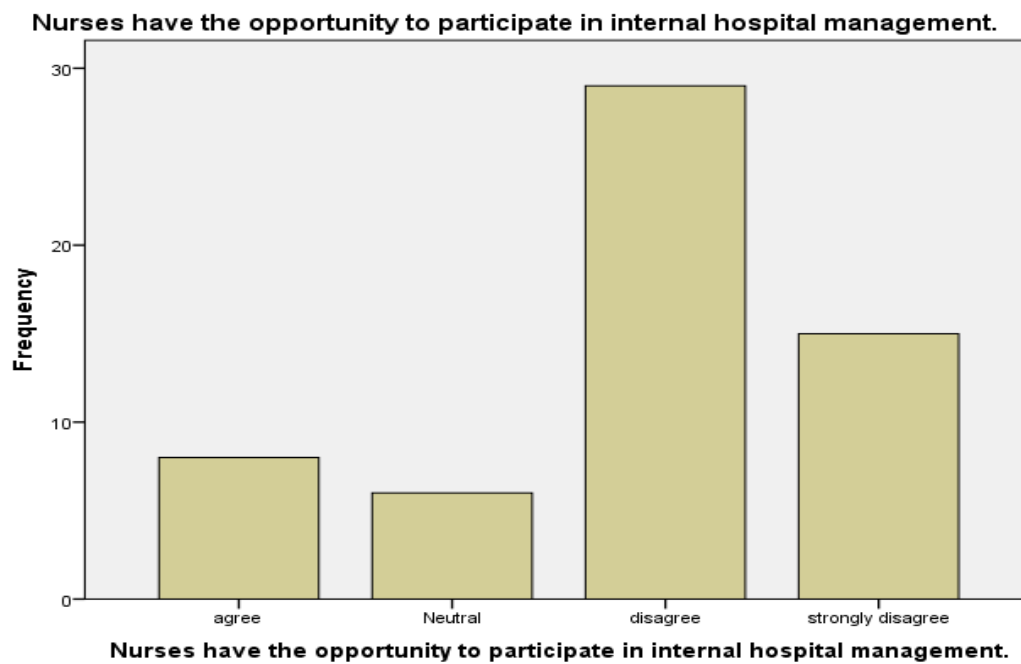


Table 11: Hospital provide reasonable stipend for student nurses

	Frequency	Percent
Neutral	7	12.1
disagree	32	55.2
strongly disagree	19	32.8
Total	58	100.0

Source: Researcher Field's Data, 2025

Table 11 showed data presentation on participants responses about stipend for clinical rotation. Data analysis suggested that 51 (87.9%) participants disagreed ever receiving stipend during clinical rotation. Also, 7 (12.1%) participants were neutral and no participants did agree

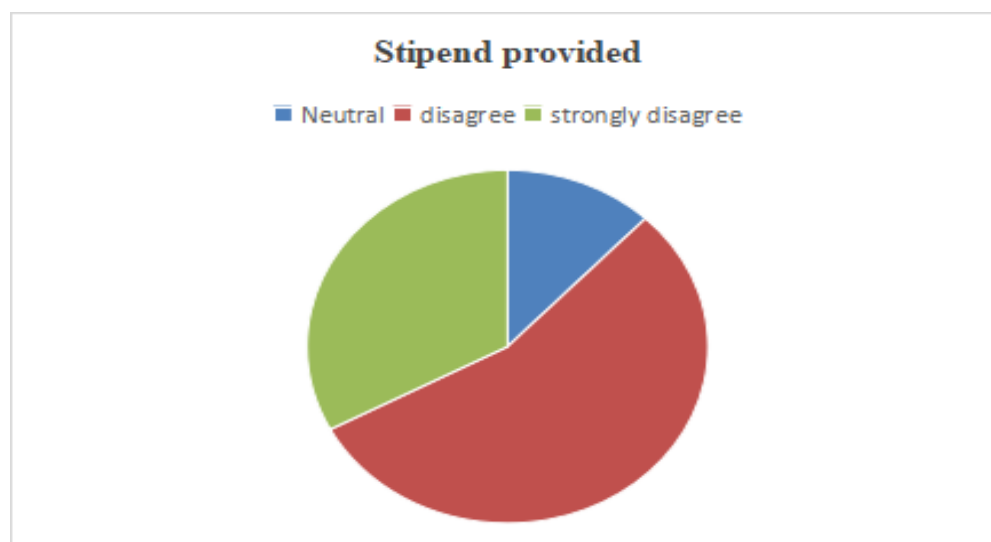


Table 12: Hospital practices needed for quality improvement

	Frequency	Percent
Hospital quality goals are tracked and communicated	5	8.6
Improve coordination across department	10	17.2
Regularly communicates achievements of hospital quality goals	12	20.7
Student nurses are placed to identify on toward crisis to help prevent future problems	10	17.2
All the above	21	36.2
Total	58	100.0

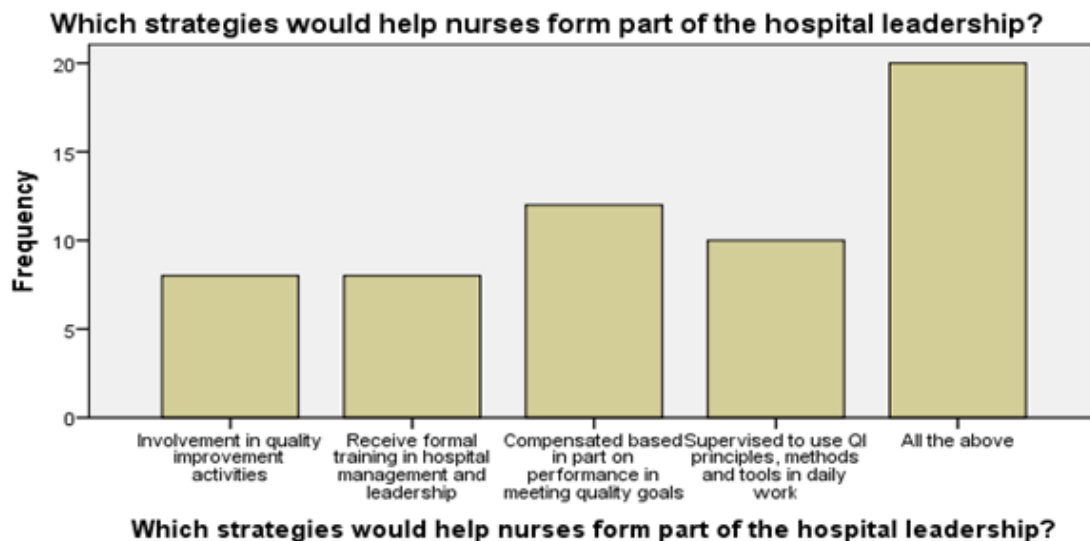
Table 12 showed data presentation hospital practices needed for quality improvement during student nurses clinical rotation. Data analysis showed that in separate responses tracking of hospital quality goals (8.6%), Improving coordination (17.2%) regular communication (20.7%) and placing student nurse in role of crisis identification could improve quality. Also, 21 (36.2%) participants affirmed that the implementation of all these practices was key to hospital quality improvement.

Table 13: Strategies to help student nurses part of hospital leadership

	Frequency	Percent
Involvement in quality improvement activities	8	13.8
Receive formal training in hospital management and leadership	8	13.8
Compensated based in part on performance in meeting quality goals	12	20.7
Supervised to use QI principles, methods and tools in daily work	10	17.2
All the above	20	34.5
Total	58	100.0



Table 13 showed data presentation on strategies that would support student nurses role in hospital leadership. Data analysis clearly showed responses suggesting involvement in quality improvement (13.8%), hospital management leadership training (13.8%), compensation based on performance in meeting quality goals (20.7%) and supervised to implement quality improvement tools in clinical practices (17.2%). Again, majority of the participants (34.5%) acknowledged all of the above strategies were critical to student nurses participation.



FINDINGS

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Table 10 exhibit data presentation on participants responses on involvement in hospital internal management. According to the 44 (75.9%) participants disagreed on their involvement in hospital internal management and 6 (10.3%) participants remained neutral. However, 8 (13.8%) participants acknowledged their involvement in internal decision making.

Table 11 showed data presentation on participants responses about stipend for clinical rotation. Data analysis suggested that 51 (87.9%) participants disagreed ever receiving stipend during clinical rotation. Also, 7 (12.1%) participants were neutral and no participants did agree

Table 12 showed data presentation hospital practices needed for quality improvement during student nurses clinical rotation. Data analysis showed that in separate responses tracking of hospital quality goals (8.6%), Improving coordination (17.2%) regular communication (20.7%) and placing student nurse in role of crisis identification could improve quality. Also, 21 (36.2%) participants affirmed that the implementation of all these practices was key to hospital quality improvement.

Table 13 showed data presentation on strategies that would support student nurses role in hospital leadership. Data analysis clearly showed responses suggesting involvement in quality improvement (13.8%), hospital management leadership training (13.8%), compensation based on performance in meeting quality goals (20.7%) and supervised to implement quality improvement tools in clinical practices (17.2%). Again, majority of the participants (34.5%) acknowledged all of the above strategies were critical to student nurses participation.

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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Dedication

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