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**NURSING FACULTY SUPPORT SYSTEMS AND THEIR INFLUENCE ON  
STUDENT NURSES' CLINICAL PLACEMENT DURING THE POST-COVID-19  
PERIOD AT MATHARE SCHOOL OF NURSING, NAIROBI COUNTY**

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## **Nursing Faculty Support Systems and Their Influence On Student Nurses' Clinical Placement During the Post-Covid-19 Period at Mathare School of Nursing, Nairobi County**

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### **Abstract:**

**Purpose of the Study:** This study examined the influence of nursing faculty support systems on student nurses' clinical placement experiences during the post-COVID-19 period at Mathare School of Nursing, Nairobi County.

**Methodology:** A cross-sectional descriptive research design was adopted involving 120 final-year nursing students and 10 clinical nurse educators. Using Fisher's formula, 91 students were selected through simple random sampling, while educators were purposively sampled. Structured

questionnaires collected data, which were analyzed using descriptive statistics and Spearman's rank-order correlation in SPSS.

**Findings:** The study established that nursing faculty support systems significantly influenced student nurses' clinical placement experiences during the post-COVID-19 period. Students positively rated feedback provision and clinical assessment practices, indicating that these enhanced confidence and clinical competence. However, challenges were identified in inconsistent communication of practicum expectations and inadequate ward-based instructor presence. Educators also acknowledged inconsistencies in supervision and evaluation practices across different clinical placement sites. The findings further revealed that limited faculty engagement negatively affected students' preparedness and confidence in patient care.

**Conclusion:** The study concludes that effective nursing faculty support systems are essential for improving student nurses' clinical placement outcomes in the post-COVID-19 period. Standardized supervision frameworks, strengthened mentorship, improved communication, and integration of digital learning approaches are necessary to enhance clinical training quality and ensure nursing students achieve required professional competencies.

**Keywords:** *clinical placement, COVID-19, faculty support, nursing education, clinical competency, Kenya*

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## 1.0 INTRODUCTION

### 1.1 Background of the Study

Clinical placement remains a fundamental component of nursing education, as it enables student nurses to integrate theoretical knowledge with practical skills in real healthcare settings. Effective clinical learning largely depends on nursing faculty support systems such as clinical supervision, mentorship, feedback mechanisms, assessment practices, and institutional guidance (Aamodt *et al.*, 2025). Following the COVID-19 pandemic, nursing education systems globally experienced significant disruption, leading to restructured clinical training models and increased reliance on faculty support to bridge competency gaps (Ulenaers *et al.*, 2021).

Globally, the post-COVID-19 period has reshaped nursing education, with institutions adopting blended learning, simulation-based training, and enhanced supervision strategies. In Europe, particularly France, Morin *et al.* (2020) found that nursing students experienced reduced clinical exposure and increased anxiety due to limited access to hospital placements during the pandemic. The study further noted that faculty support systems, including virtual mentorship and structured feedback, became essential in maintaining learning continuity. Similarly, in Asia, Xie *et al.* (2020) in China reported that nursing students faced substantial reductions in hands-on clinical experience, leading to diminished confidence in performing clinical procedures. The study emphasized that structured faculty supervision and simulation-based reinforcement were critical in mitigating skill gaps during disrupted clinical placements. These global findings highlight the importance of strengthening faculty support systems in ensuring clinical competence acquisition during and after health crises.

Regionally, in Africa, nursing education continues to face structural and resource-related challenges that were intensified by the pandemic. In South Africa, Mabunda *et al.* (2021) observed that disruptions in hospital-based training reduced students' exposure to clinical procedures, while overburdened healthcare facilities limited the availability of clinical supervisors. The study highlighted that effective faculty support, particularly through mentorship and guided clinical practice, significantly improved students' adaptability in constrained learning environments. In Nigeria, Ogbu and Okoro (2021) reported that reduced clinical placement opportunities and inadequate supervision negatively affected nursing students' competence development. The study further emphasized that structured faculty engagement and consistent clinical feedback were essential in improving student performance and confidence in clinical settings.

In the Kenyan context, nursing education has also been significantly affected by post-COVID-19 challenges. According to Ulenaers *et al.* (2021), healthcare systems in sub-Saharan Africa, including Kenya, experienced increased workload pressures and reduced capacity to host student nurses during clinical placements. This led to limited supervision, reduced patient interaction opportunities, and inconsistent clinical exposure for students. Kenya's nursing training

institutions have therefore had to rely more heavily on faculty-led support systems to ensure continuity in clinical learning and competence development.

At the national level, studies by Nkatha et al. (2025) indicate that Kenyan nursing students often experience variations in the quality of clinical supervision depending on placement sites and faculty availability. This inconsistency has been further amplified in the post-COVID-19 period due to strained healthcare systems and limited staffing. Consequently, faculty support systems have become increasingly critical in ensuring that students acquire essential clinical competencies despite environmental constraints.

At Mathare School of Nursing, nursing students undergo clinical placements in various healthcare facilities across Nairobi County. However, post-COVID-19 disruptions have affected the consistency of clinical supervision, mentorship, and feedback processes. These challenges may influence students' ability to effectively acquire clinical competencies required for professional practice. Therefore, this study seeks to examine how nursing faculty support systems influence student nurses' clinical placement experiences during the post-COVID-19 period at Mathare School of Nursing.

## **1.2 Statement of the Problem**

Nursing faculty support during clinical placement is critical for the development of clinical competence, professional identity, and readiness for independent practice among student nurses. However, the COVID-19 pandemic severely disrupted clinical training globally by limiting access to clinical sites, reducing direct supervision, and weakening structured faculty-student engagement, resulting in significant learning gaps that continue into the post-COVID-19 period (Ulenaers et al., 2021). These disruptions have increased the demand for strong and consistent faculty support systems to restore effective clinical learning.

Despite the recognized importance of faculty support in nursing education, there is limited empirical evidence on how these systems influence clinical placement experiences among student nurses in Kenyan nursing institutions during the post-pandemic period. Existing studies from high-income countries highlight reduced clinical exposure and weakened supervision during COVID-19, but their findings may not fully reflect the Kenyan context due to differences in resources, staffing levels, and healthcare system capacity (West et al., 2024).

In Kenya, there is inadequate documented evidence on the effectiveness of current faculty support systems during clinical placement. It remains unclear whether students consistently receive adequate supervision, timely feedback, clear practicum guidance, and continuous clinical assessment. This lack of evidence limits the ability of administrators and policymakers to design effective interventions. Therefore, this study seeks to address this gap by examining nursing faculty support systems and their influence on student nurses' clinical placement during the post-COVID-19 period.

### **1.3 Purpose of the Study**

The purpose of this study was to determine how nursing faculty support systems influence student nurses' clinical placement during the post-COVID-19 period at Mathare School of Nursing, Nairobi County.

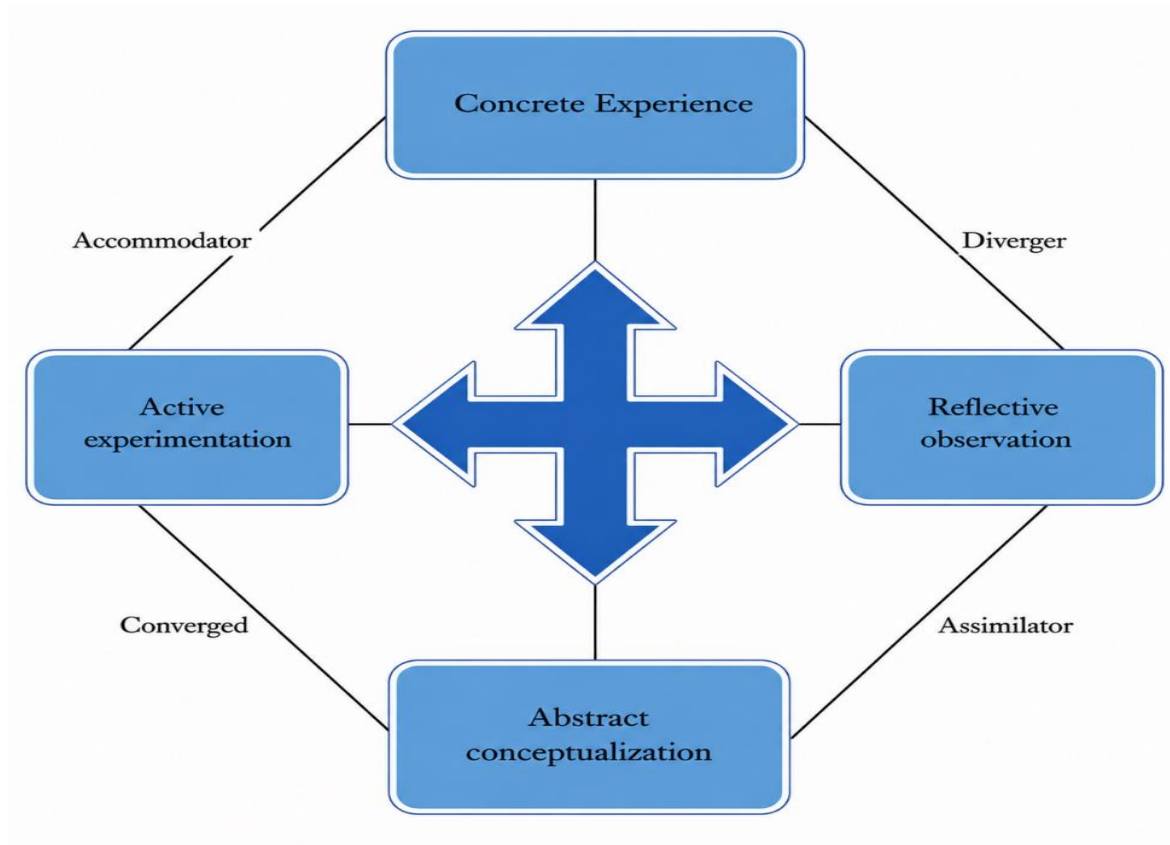
### **1.4 Research Question**

What are the nursing faculty support systems available for student nurses on clinical placement during post COVID19 pandemic at Mathare School of Nursing?

## **2.0 LITERATURE REVIEW**

### **2.1 Theoretical Framework**

This study is grounded in Kolb's Experiential Learning Theory, which posits that knowledge is created through the transformation of experience (Kolb, 1984). The theory describes a four-stage learning cycle comprising concrete experience, reflective observation, abstract conceptualization, and active experimentation. Clinical placement in nursing education aligns directly with this framework, as students engage in real patient care (concrete experience), reflect on their clinical encounters (reflective observation), form generalizations about nursing practice (abstract conceptualization), and apply new understanding in subsequent clinical interactions (active experimentation). Kolb identified four learning styles that emerge from varying preferences for the stages of the cycle: divergers, accommodators, assimilators, and convergers. Divergers approach learning through experience and reflection, perform well in brainstorming and generating ideas, and prefer open-ended, group-based interactions.



**Figure 2. 1 Kolb experiential learning styles**

Accommodators are action-oriented learners who thrive in hands-on, unpredictable situations and rely heavily on peer input and intuition. Assimilators prefer abstract conceptualization and reflective observation, excel at synthesizing diverse information into logical frameworks, and favor structured learning environments such as lectures and reading. Convergents combine abstract thinking with active experimentation, are adept at problem-solving and technical tasks, and prefer simulations and practical assignments.

Within the nursing clinical placement context, this theory underscores the importance of faculty support in facilitating each stage of the learning cycle. Clinical supervisors who communicate expectations, provide regular feedback, and conduct structured assessments create an environment in which all learning styles can be effectively accommodated. The post-COVID-19 disruptions to clinical training have been documented to interrupt this cyclical process, reducing students' exposure to concrete experience and limiting the quality of reflective and analytical learning that faculty-guided supervision enables (Oraziotti et al., 2023; El Hussein et al., 2023).

## **2.2 Empirical Review**

### **Nursing Faculty Support Systems**

Faculty support systems in clinical nursing education refer to the structured facilitation that students receive during their practical training placements. These systems encompass supervision, mentorship, formative assessment, communication of expectations, and provision of feedback (Hidigow et al., 2025). Research consistently demonstrates that the quality and consistency of faculty support significantly shapes the clinical learning experiences and competency development of student nurses.

The temporary suspension of clinical training during the peak of COVID-19 caused considerable academic setbacks. Post-lockdown practical classes were largely dedicated to clearing learning backlogs rather than advancing new competencies. A study conducted at a Canadian nursing school found that institutions responding proactively to the pandemic adapted their clinical support structures significantly, including earlier preparation of students, revised expectations documentation, and enhanced mentorship arrangements (Oraziotti et al., 2023). This proactive approach was associated with improved student readiness for clinical placement.

Frequent supervisor contact has been identified as a critical component of effective clinical education. Özdemir et al. (2023) and Ulenaers et al. (2021) both found that regular supervisor-student interaction, combined with mutual professional relationships and ongoing evaluation of progress, was strongly associated with students' perceived clinical confidence and competence. Conversely, when students are not adequately guided, they report difficulty integrating into clinical teams, feelings of insecurity about their competencies, and unclear professional role boundaries (Luo et al., 2022).

The COVID-19 pandemic was documented to have altered the relationship between nursing students and their clinical instructors in multiple countries. Sferrazza et al. (2023) reported that in Canadian nursing units, the pandemic contributed to low staff morale, reduced communication from clinical instructors, and diminished supervision quality. These changes compounded the learning challenges students already faced due to reduced clinical hours and restricted access to patients.

El Hussein et al. (2023) emphasized that nursing faculty and program developers must ensure that final-year students receive adequate support during practicum placements to enable greater independence while maintaining patient safety. The study highlighted a dual imperative: students must be guided toward autonomous practice yet supported sufficiently to prevent errors and build genuine competence. Sahin et al. (2021) similarly argued that nursing institutions must remain attuned to students' evolving clinical challenges and actively institute measures to address them.

In Australian midwifery education, Wynter et al. (2022) noted that educator roles were often poorly defined prior to the pandemic, and the disruptions of COVID-19 exposed the critical importance of clearly articulated educator responsibilities in supporting student learning. The study stressed that clinical educators required institutional backing and clearly defined roles to fulfil their supervisory functions effectively.

The absence of adequate faculty support creates a cascading effect that undermines clinical skill development among senior nursing students and may ultimately compromise patient safety outcomes. Institutions that invest in structured supervision models, mentorship programs, and consistent formative assessment practices are better positioned to produce competent nursing graduates capable of meeting the demands of contemporary healthcare practice (El Hussein et al., 2023; Susmarini et al., 2022).

### **3.0 RESEARCH METHODOLOGY**

This study adopted a cross-sectional descriptive research design to examine nursing faculty support systems and their influence on student nurses' clinical placement during the post-COVID-19 period at Mathare School of Nursing. This design was appropriate for obtaining a snapshot of participants' perspectives and experiences at a specific point in time, enabling the researcher to describe relationships between variables without manipulation.

The target population comprised final-year nursing students and nurse educators involved in clinical teaching at Mathare School of Nursing. The accessible population consisted of 120 final-year students and 10 nurse educators. Simple random sampling was used to select student participants to ensure equal representation, while purposive sampling was applied to select nurse educators directly involved in clinical supervision, given the specific expertise required. A sample size of 91 students was determined using Fisher's formula, while all 10 educators were included due to the small population size.

Data was collected using structured self-administered questionnaires. The student questionnaire captured variables including practicum expectations, clinical supervision, feedback mechanisms, and assessment practices during clinical placement. The educator questionnaire focused on supervision practices, student evaluation methods, and perceived adequacy of clinical support resources. A pilot study was conducted at Kenya Medical Training College, Nairobi Campus, to test the validity and reliability of the instruments. Cronbach's alpha coefficient was computed to assess internal consistency, and necessary revisions were made before final data collection.

Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS) to generate descriptive statistics including frequencies, means, and percentages. Spearman's rank-order correlation was used to examine relationships between faculty support, learning technology, and clinical competency scores, given the non-normal distribution of data established through Shapiro-Wilk normality tests. Qualitative data were analyzed thematically to identify recurring patterns in open-ended responses. Ethical approval was obtained from the relevant institutional review board before data collection commenced. Informed consent, confidentiality, and voluntary participation were upheld throughout the study.

### **4.0 RESEARCH FINDINGS AND DISCUSSION**

#### 4.1 Response Rate

Data was collected using self-administered questionnaires distributed to two participant groups: final-year nursing students and clinical nurse educators. The overall response rate is summarized in Table 1 below.

**Table 1: Response Rate**

Response	Frequency	%
Responded	113	86.7
Unresponded	17	13.3
Total	130	100

*Source: Field Survey (2025)*

A total of 130 questionnaires were distributed across both participant groups. As shown in Table 1, 113 questionnaires were returned and usable, yielding an overall response rate of 86.7%. Seventeen questionnaires were either not returned or were rejected due to incomplete responses, representing 13.3% non-response.

Specifically, 91 questionnaires were administered to final-year nursing students, of which 90 were completed and returned. One questionnaire was rejected due to partial completion, resulting in a student response rate of 99%. Among the 10 clinical nurse educators, 6 returned completed questionnaires, representing a response rate of 60%. The overall response rate of 86.7% is considered adequate for quantitative research and supports the reliability of conclusions drawn from the data, consistent with the threshold of 70% recommended in social science research (Mugenda & Mugenda, 2019).

#### 4.2 Descriptive Analysis

##### 4.2.1 Student Perspective on Faculty Support

Nursing students were presented with four statements on faculty support during clinical placement and asked to rate each on a five-point Likert scale, where 1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = Neutral (NS), 4 = Agree (A), and 5 = Strongly Agree (SA). Results are presented in Table 2 below.

**Table 2: Student Perspective on Nursing Faculty Support System**

Statement	SD	D	NS	A	SA	Mean
Faculty supervisor communicates practicum expectations frequently.	21.1	4.4	3.3	35.6	35.6	2.96
Faculty supervisor provides regular feedback in clinical area.	3.3	16.7	2.2	40.0	37.8	3.19
Clinical assessments were done for each rotation.	14.4	7.8	3.3	35.6	38.9	3.09

Clinical instructors were present in some wards.	5.6	12.2	4.4	26.7	51.1	3.37
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*Source: Field Survey (2025)*

The findings presented in Table 2 reveal a mixed pattern of faculty support as perceived by nursing students. Regarding the presence of clinical instructors in wards, a majority of students (51.1%) strongly agreed that clinical instructors were not present in all wards, with a mean score of 3.37, indicating that adequate clinical supervision coverage across ward placements remained a concern in the post-COVID-19 period. Only 5.6% of students strongly disagreed with this statement, suggesting that inconsistent ward coverage was a near-universal experience.

On the provision of regular feedback, 40.0% of students agreed and 37.8% strongly agreed that their faculty supervisors provided regular feedback in the clinical area, yielding a mean score of 3.19. However, 3.3% of students strongly disagreed and 16.7% disagreed, suggesting that feedback delivery was not uniformly experienced across all students. This finding is consistent with Özdemir et al. (2023), who identified frequent and structured supervisor feedback as one of the most critical determinants of student clinical confidence and learning progress.

Regarding clinical assessments, participants reported an above-average mean score of 3.09, with 38.9% strongly agreeing and 35.6% agreeing that assessments were conducted for each rotation. Nevertheless, 14.4% of students strongly disagreed, indicating that assessment practices were not consistently applied across all clinical placements. The consistency of clinical assessment is integral to students' understanding of their competency development trajectory, and gaps in assessment can contribute to uncertainty about professional readiness (El Hussein et al., 2023).

Communication of practicum expectations by faculty supervisors yielded the lowest mean score of 2.96 among the four items, with 35.6% of students both agreeing and strongly agreeing that expectations were frequently communicated. A notable proportion of 21.1% strongly disagreed, signaling that a significant minority of students entered clinical placements without adequate guidance on what was expected of them. This aligns with findings from Luo et al. (2022), who reported that unclear role definitions and poor tutoring during clinical placement contributed to students' feelings of insecurity and difficulty integrating into clinical teams.

#### **4.2.2 Educator Perspective on Faculty Support**

Clinical nurse educators were presented with three statements on faculty support in clinical teaching. Each was rated on a five-point Likert scale where 1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = Neutral (NS), 4 = Agree (A), and 5 = Strongly Agree (SA). Results are shown in Table 4.5 below.

**Table 3: Educator Perspective on Faculty Support System**

Statement	SD	D	NS	A	SA	Mean
Supervisor regularly evaluates student's clinical learning.	16.7	0	0	66.7	16.7	2.83
The supervisor gave students regular feedback about their clinical progress.	0	33.3	0	33.3	33.3	3.00
Students had enough clinical instructors in wards.	0	33.3	0	33.3	33.3	3.00

Source: Field Survey (2025)

As presented in Table 3, educator perspectives on faculty support were also mixed, though notable consistencies with the student findings were observed. Regarding the regular evaluation of students' clinical learning, the majority of educators (66.7%) agreed that supervisors regularly evaluate students, while 16.7% both agreed strongly and strongly disagreed, yielding a mean score of 2.83. The presence of disagreement alongside majority agreement suggests that not all educators perceived the evaluation process as uniformly applied, which may reflect differences in individual supervisory practices or resource constraints across wards.

Feedback provision and clinical instructor availability in wards produced identical response distributions, with 33.3% disagreeing, 33.3% agreeing, and 33.3% strongly agreeing for both items, each yielding a mean score of 3.00. This balanced distribution indicates considerable variability in educators' experiences of these aspects of faculty support. The lack of consensus on feedback provision and instructor availability aligns with students' reports of inconsistent supervision coverage, reinforcing the conclusion that systematic gaps exist in the faculty support structure at Mathare School of Nursing.

These findings are consistent with Wynter et al. (2022), who found that clinical educator roles were often inadequately defined in post-COVID-19 institutional contexts, limiting their capacity to provide consistent supervision and feedback. Sferrazza et al. (2023) similarly documented that the pandemic disrupted communication between clinical instructors and students and reduced the overall quality of supervision in nursing units. The convergence of student and educator perspectives in this study underscores the need for structured institutional mechanisms to standardize and strengthen faculty support delivery across all clinical placement sites.

## 5.0 SUMMARY OF THE STUDY

This study examined nursing faculty support systems and their influence on student nurses' clinical placement during the post-COVID-19 period at Mathare School of Nursing, Nairobi County. The study adopted a cross-sectional descriptive design and collected data from 90 final-

year nursing students and 6 clinical nurse educators using structured self-administered questionnaires, achieving an overall response rate of 86.7%.

Descriptive findings from the student perspective revealed mixed experiences of faculty support. While the majority of students acknowledged the provision of regular feedback (mean = 3.19) and clinical assessments per rotation (mean = 3.09), significant proportions reported gaps in the communication of practicum expectations (mean = 2.96) and inconsistent clinical instructor presence across wards (mean = 3.37). Educator perspectives corroborated these findings, with considerable variability in responses regarding feedback provision, evaluation regularity, and supervisor availability, each yielding mean scores at or below 3.00.

Spearman's rank-order correlation analysis established statistically significant positive relationships among all three study variables. Faculty support demonstrated a moderate positive correlation with clinical competency ( $r_s = .545, p < .001$ ), affirming the importance of structured supervision in developing students' clinical skills. Learning technology use showed a strong positive correlation with clinical competency ( $r_s = .792, p < .001$ ), indicating that digital learning tools play a particularly influential role in clinical training outcomes. A moderate correlation between faculty support and learning technology use ( $r_s = .505, p < .001$ ) further suggested that these two dimensions of support are complementary and mutually reinforcing.

The findings are consistent with existing literature highlighting the critical role of faculty support structures in nursing clinical education, particularly in post-pandemic contexts where systematic disruptions have created learning deficits that structured supervision and technological resources must address (El Hussein et al., 2023; Oraziotti et al., 2023).

## 6.0 CONCLUSION

The study concludes that nursing faculty support systems significantly influence student nurses' clinical placement outcomes during the post-COVID-19 period. The findings demonstrate that while some elements of faculty support such as clinical assessments and feedback provision are reasonably well established, critical gaps persist in the communication of practicum expectations and consistent clinical instructor ward presence. These gaps have direct implications for the development of clinical competency among nursing students and highlight areas requiring urgent institutional attention.

The strong positive relationship between learning technology use and clinical competency underscores the transformative potential of digital learning tools as a complement to traditional faculty supervision, particularly in a post-pandemic environment where access to hands-on clinical learning has been constrained. The moderate correlations between faculty support, learning technology, and clinical competency collectively affirm that a comprehensive approach one that strengthens both human supervisory structures and technological learning resources is most effective in preparing nursing students for competent, safe clinical practice.

Nursing training institutions in Kenya must respond to the lingering educational consequences of COVID-19 by institutionalizing structured faculty support frameworks that ensure consistent supervision, clear expectations, and regular formative assessment across all clinical placement sites. Failure to address these systemic gaps risks perpetuating competency deficits that may ultimately affect the quality of patient care delivered by graduate nurses.

## 7.0 RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed for nursing schools, clinical training institutions, and health education policymakers. Schools of Nursing should develop and implement a standardized clinical supervision framework that clearly defines the roles and responsibilities of all clinical supervisors. This framework should specify minimum expectations for ward presence, frequency of student-supervisor contact, and the conduct of formative assessments at each rotation. A standardized framework would reduce the variability in supervision quality currently experienced by students across different ward placements.

Nursing school administrators should establish regular briefing and debriefing sessions for clinical instructors and students at the commencement and conclusion of each clinical rotation. These structured communication touchpoints would ensure that practicum expectations are clearly articulated to all students before placement begins and that feedback on performance is systematically delivered throughout the rotation. Addressing the gap in expectation communication identified in this study would directly improve students' ability to pursue targeted learning goals during placement.

The strong correlation between learning technology use and clinical competency indicates that investment in digital learning resources is warranted as a strategic priority. Nursing schools should explore the integration of simulation platforms, e-learning modules, and digital feedback tools into their clinical training programs. These technologies can supplement supervised clinical exposure, particularly when ward-based learning opportunities are limited, as is common in the post-COVID-19 context.

Clinical training partnerships between nursing schools and healthcare facilities should be formalized and regularly reviewed. Memoranda of understanding between schools of Nursing and its clinical placement sites should explicitly outline institutional responsibilities for providing adequate supervisory staffing. Such agreements would provide a basis for accountability and support advocacy for the deployment of sufficient clinical educators across all placement wards.

Given that this study was limited to a single nursing school using a cross-sectional design, the generalizability of findings may be constrained. Future research should replicate this study across multiple nursing training institutions in Kenya and employ longitudinal designs to track changes in faculty support quality and clinical competency over time. Additional variables, such as student-to-supervisor ratios and institutional resource allocation, should be explored to provide

a more comprehensive understanding of the determinants of clinical placement quality in the post-pandemic period.

## 8.0 AREAS FOR FURTHER RESEARCH

Future research should consider replication of this study in other nursing schools across Nairobi County and in diverse regional settings within Kenya to establish whether the patterns observed at Mathare School of Nursing are representative of broader national trends. Multi-site studies would allow for meaningful comparisons of faculty support structures across institutions with varying resource levels and governance arrangements.

Longitudinal studies examining the long-term impact of nursing faculty support interventions on clinical competency development and graduate practice outcomes would provide valuable evidence for program improvement. Such studies would enable researchers and policymakers to assess whether improvements in supervision quality and learning technology integration are associated with sustained gains in clinical preparedness beyond the training period.

Further research should also investigate the experiences of clinical supervisors and nurse educators in greater depth, using qualitative methodologies to capture the institutional, interpersonal, and systemic factors that constrain or enable effective supervision during post-COVID-19 clinical placements. Understanding educator perspectives more fully would complement student-focused findings and provide a more complete picture of the faculty support ecosystem in Kenyan nursing education.

## 9. REFERENCES

- Aamodt, I. T., Østensen, E., Valaker, I., Valen, K., Jorem, G. T., & Snibsøer, A. K. (2025). *The impact of the COVID-19 pandemic on faculty in nursing education: A scoping review*. [https://www.scienceopen.com/document\\_file/bae2e4a4-a0bf-4a37-8bae-01b9c4c3a269/PubMedCentral/bae2e4a4-a0bf-4a37-8bae-01b9c4c3a269.pdf](https://www.scienceopen.com/document_file/bae2e4a4-a0bf-4a37-8bae-01b9c4c3a269/PubMedCentral/bae2e4a4-a0bf-4a37-8bae-01b9c4c3a269.pdf)
- El Hussein, M. T., Jakubec, S. L., & Osuji, J. (2023). Assessing the FACTS: A mnemonic for teaching critical thinking to nursing students in clinical placements. *Journal of Nursing Education*, 62(1), 45–49. <https://doi.org/10.46743/2160-3715/2015.2237>
- Luo, Y., Liu, X., Liu, C., Wang, L., & Zhang, W. (2022). Nursing students' experiences of clinical learning during the COVID-19 pandemic: A qualitative meta-synthesis. *Nurse Education Today*, 116, 105445. <https://doi.org/10.1016/j.nedt.2022.105445>
- Mabunda, S. A., Potgieter, E., & Alberts, U. (2021). Clinical learning experiences of nursing students in South Africa during COVID-19 pandemic. *Curationis*, 44(1), a2196. <https://doi.org/10.4102/curationis.v44i1.2196>
- Morin, K. H. (2020). Nursing education after COVID-19: Same or different? *Journal of Clinical Nursing*, 29(17–18), 3117–3119. <https://doi.org/10.1111/jocn.15326>

- Mugenda, O. M., & Mugenda, A. G. (2019). *Research methods: Quantitative and qualitative approaches* (3rd ed.). ACTS Press.
- Ogolodom, M. P., Mbaba, A. N., Okpaleke, M. S., Chukwueze, I. O., Okankwu, E. A., Joseph, D. Z., Alazigha, N., Orevaoghene, O. E., & Brownson, E. E. (2022). Online Learning in Nigerian Universities During COVID-19 Pandemic: The Experiences of Nursing and Radiography Undergraduate Students. *Journal of Radiology Nursing*.  
<https://doi.org/10.1016/j.jradnu.2022.08.012>
- Oraziotti, K., Waterman, A., & Landry, M. D. (2023). Innovations in nursing education during COVID-19: A qualitative study of clinical education adaptations in Canada. *Nurse Education in Practice*, 67, 103560. <https://doi.org/10.1016/j.nepr.2023.103560>
- Ozdemir, N. G., Karaaslan, B. T., & Ceyhan, Ö. (2023). The effect of clinical supervision on nursing students' clinical performance and satisfaction: A systematic review. *Nurse Education Today*, 121, 105697. <https://doi.org/10.1016/j.nedt.2022.105697>
- Hidigow, A. M., Dirie, N. I., Elmi, A. H., Asowe, H. A., & Abdulle Madaale, A. M. (2025). Nursing and midwifery Students' perceptions of clinical placements in Resource-Constrained Hospitals: A Cross-Sectional study. *International Journal of Africa Nursing Sciences*, 100973. <https://doi.org/10.1016/j.ijans.2025.100973>
- Sferrazza, A., Bergeron, D. A., & Martin, É. (2023). Impact of the COVID-19 pandemic on nursing students' clinical placements in Canada: A descriptive qualitative study. *Nursing Education Perspectives*, 44(3), 155–160.  
<https://doi.org/10.1097/01.NEP.0000000000001069>
- Sahin, S., Sunal, N., & Altun, İ. (2021). Nursing Student's Competence in Clinical Education. *Gevher Nesibe Journal IESDR*, 6(14), 45–50. <https://doi.org/10.46648/gnj.255>
- Ulenaers, D., Grosemans, J., Schrooten, W., & Bergs, J. (2021). Clinical placement experience of nursing students during the COVID-19 pandemic: A cross-sectional study. *Nurse Education Today*, 99, 104746. <https://doi.org/10.1016/j.nedt.2021.104746>
- Nkatha, S., Robert, S. N., Mutinda, A. K., Machira, G., & Kavulavu, B. M. (2025). An Assessment of Factors Influencing Clinical Learning among Diploma Nursing Students at Moi Teaching and Referral Hospital Eldoret, Kenya. *Open Journal of Nursing*, 15(8), 569–591. <https://doi.org/10.4236/ojn.2025.158042>.
- West, H. M., Flain, L., Davies, R. M., Shelley, B., & Edginton, O. T. (2024). Medical student wellbeing during COVID-19: a qualitative study of challenges, coping strategies, and sources of support. *BMC Psychology*, 12(1). <https://doi.org/10.1186/s40359-024-01618-8>

Xie, J., Tong, Z., Guan, X., Du, B., Qiu, H., & Slutsky, A. S. (2020). Critical care crisis and some recommendations during the COVID-19 epidemic in China. *Intensive Care Medicine*, 46(5), 837–840. <https://doi.org/10.1007/s00134-020-05979-7>