



Mentorship in Nursing and Midwifery Education in Kenya

Strengthening Clinical Mentorship for Better Nursing and Midwifery Outcomes



JUNE 2026

NURSING COUNCIL OF KENYA

**Authors: Dr. Anne Mukuna, Zablon Marusoi, Maryline
Chebii & Kevin Okile**

The Nursing Council of Kenya (NCK) commissioned a national study to assess mentors' perspectives on the effectiveness of mentorship in nursing and midwifery education across public, faith-based, and private teaching hospitals in Kenya. The study sought to understand mentors' experiences, identify challenges affecting mentorship, and generate evidence to inform improvements in clinical training and professional development.

Key Findings

A. Mentors are experienced and committed

The study found that Kenya's mentorship workforce is highly experienced and motivated:

- Over 80% of mentors have more than six years of clinical experience.
- Nearly half have more than six years of mentorship experience.
- Ninety-eight percent (98%) of mentors view mentorship as essential to nursing and midwifery education.
- Ninety-four percent (94%) regard mentorship as a shared learning process between mentor and mentee.

These findings demonstrate a strong professional commitment among mentors and broad recognition of mentorship as a critical component of quality health workforce development.

B. Institutional Support Remains Uneven

Despite positive attitudes towards mentorship, significant gaps exist in the systems supporting mentors:

- Only 68% of mentors reported receiving mentorship training or orientation.
- Nearly half (47%) of facilities lacked documented mentorship guidelines or frameworks.
- Only 62% of mentors had been formally appointed to the mentorship role.
- Just 56% felt adequately prepared for their mentorship responsibilities.
- Private facilities consistently reported stronger mentorship support systems than public facilities.

C. Heavy Workloads are the Biggest Challenge

Mentors identified workload pressure as the greatest barrier to effective mentorship:

-
- 87% reported that heavy clinical workloads limit time available for mentoring.
 - 87% cited competing clinical responsibilities as a major challenge.
 - Only 31% considered mentor-to-student ratios manageable.
 - High student numbers, inadequate mentorship time, and limited institutional support further constrained effective mentorship.

The burden was particularly pronounced in public health facilities, where mentors supervise the largest proportion of students nationwide.

D. Mentors See Themselves as Guides and Teachers

Mentors primarily view their role as:

- Providing guidance, support, advice, and encouragement (31%).
- Transferring knowledge and clinical skills (22%).
- Serving as professional role models and helping bridge the gap between classroom learning and clinical practice.

This highlights the importance of mentorship not only in technical skills development but also in shaping professional values, ethics, and confidence among future nurses and midwives.

E. Support Needed to Strengthen Mentorship

Mentors identified several priority areas requiring investment:

- Mentorship and preceptorship training (33%).
- Financial incentives and recognition (10%).
- Standardized mentorship guidelines and frameworks (10%).
- Adequate staffing and manageable mentor-to-student ratios (7%).
- Standardized assessment and feedback tools (7%).

These needs point to the importance of strengthening institutional and regulatory support structures around mentorship.

F. Implications for Nursing and Midwifery Education

The study demonstrates that Kenya possesses a committed and experienced mentor workforce. However, mentorship quality is constrained by insufficient training, limited resources, lack of standardized frameworks, and overwhelming clinical workloads.

These challenges are most evident in public health facilities, where the majority of student placements occur.

Addressing these systemic barriers presents a significant opportunity to improve clinical learning experiences, strengthen competency development among nursing and midwifery students, and enhance the quality of healthcare services nationally.

Priority Actions for Stakeholders

The study recommends that stakeholders:

- a) Develop and implement a national mentorship framework.
- b) Institutionalize mentor training and annual refresher programmes.
- c) Improve mentor-to-student ratios and provide protected mentorship time.
- d) Standardize assessment, reporting, and documentation tools.
- e) Introduce recognition and incentive mechanisms for mentors.
- f) Prioritize investment in mentorship systems within public health facilities.
- g) Expand simulation laboratories and clinical teaching resources.
- h) Strengthen mentorship monitoring and quality assurance systems.

Conclusion

The findings reveal that effective mentorship in Kenya is not primarily limited by mentor commitment or clinical expertise, but by gaps in institutional support systems. Strengthening mentorship frameworks, training, resources, and recognition mechanisms will be critical to producing competent, confident, and practice-ready nurses and midwives capable of meeting Kenya's evolving healthcare needs.