
Waweru, Lucy Mumbi
Mount Kenya University

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COMPARATIVE EVALUATION OF CORE NURSING
COMPETENCIES OF KENYA REGISTERED COMMUNITY
HEALTH NURSE AND KENYA REGISTERED NURSE
GRADUATES IN KENYA

LUCY MUMBI WAWERU
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Abstract

Competence is an essential aspect of nursing as some tasks undertaken by nurses pose potential risks to the patient. In Kenya different cadres of nurses have been trained with the aim of meeting the health needs of the community better. However, few researches have been conducted to evaluate their competencies. The current study aimed at evaluating the core clinical competencies of the Kenya Registered Community Health Nurse (KRCHN) and Kenya Registered Nurse (KRN). To determine the factors that influenced the graduates’ competence. Qualitative and quantitative approaches were used to collect data. The graduates’ competencies were based on: their self-assessment, Appraisal reports by nurse managers, directly observed assessment of three skills (Giving oral drug, care of IV line and Mouth Toilet) and Focus group discussions. The study population was composed of graduates from Government, mission and private training institutions. Multistage sampling was used and ten (50%) of twenty institutions which admitted KRCHN students in September 2009 were sampled. Only two (2) institutions were training KRNs and both were included. The sample size consisted of 113 KRCHNs and 50 KRN graduates. The graduates rated their competencies in performing 21 core nursing skills. The KRNs rated themselves higher than the KRCHNs graduates in seven skills p<0.05. The skills that had a difference were those related to physical care. According to their own rating, the KRN and KRCHN graduates had similar competences in regard to communication of procedures and sharing health messages. However both groups were reported by the ward managers to be incompetent in giving sensitive news and KRCHN were also incompetent in documenting. (P> 0.05); the nurse graduates were assessed as they performed three technical skills namely oral drug administration, mouth toilet and care of IV line. The results indicated that only 45% of KRCHN graduates were competent in providing mouth toilet and this performance was significantly lower than that of KRN (80%) P = 0.006). The other skills had no statistical significant difference. There was a significant difference in critical thinking p< 0.0001 and in Professional values and ethics p=0.0012 with the KRNs performing better than the KRCHN. During FGD the KRNs indicated that hygiene procedures are non nursing and should be performed by patient attendants while the KRNs reported these skills as core to the profession. The nurse managers felt that both KRN and KRCHN had the ability to apply critical thinking and clinical reasoning in daily practice but rated KRNs higher in professional values and ethics. The strongest factors influencing competence were in entry requirements, where (95.71%) and 93.25% of graduates felt that length of training, integration of skills lab method in curriculum and availability of resources influenced their clinical competence. The graduates wanted the training period shortened and some content left for specialization. Among the processes, self-directed learning and simulation were thought to be the most important determinants of graduates’ competence with 86.5% and 87.73% respectively; Ninety-six percent (96%) of the KRN and seventy seven percent (77 %) of KRCHN indicated that they liked their job. In conclusion, the Study findings are skewed towards KRNs performing better in hospital based care. Another Study to establish the attitudes of the nurses towards nursing intervention skills is recommended.