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Original Article

Factors influencing the utilization of guidance and counseling services among health training students at Mildmay Uganda School of Nursing and Midwifery. A cross-sectional study.

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Page | 1 **Abstract.**

Background:

In Uganda, 41% of health training students do not access structured counseling services during their study period. The purpose of the study was to assess the factors influencing the utilization of Guidance and Counseling Services among health training students at Mildmay, Uganda.

Methods.

A descriptive cross-sectional study design was used, employing quantitative methods of data collection, conducted in Mildmay Uganda School of Nursing and Midwifery. In 6 days, 90 students were selected using simple Stratified random sampling. A structured questionnaire was used to collect data, and it involved closed-ended questions. The data collected was analyzed manually, and after the findings were entered into a Microsoft Excel 2013, which was then presented in the form of tables, pie-charts, and graphs.

Results.

The majority (61%) were females, and 89% were single. 56% felt uncomfortable seeking them, 51% lacked peer support, and 56% were hindered by school work. Institutionally, 73% noted a shortage of counselors, 67% said the school did not actively promote counseling, 42% indicated inflexible counseling schedules, 46% acknowledged supportive leadership, and 100% stated that counseling was weakly integrated into academic programs.

Conclusion.

Despite high awareness of guidance and counseling services, their utilization among health training students was limited due to personal discomfort, lack of peer support, institutional constraints, and inadequate promotion and accessibility.

Recommendation.

The institution should strengthen the promotion, accessibility, and confidentiality of guidance and counseling services to enhance their utilization by students.

Keywords: Guidance and counseling services, Health training students, Help-seeking behavior, Mildmay, Uganda.

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Introduction.

Guidance and Counseling Services refer to professional services designed to support students emotionally, psychologically, socially, and academically through structured advice and therapy (Akdemir, 2023). Guidance and Counseling Services are essential in promoting mental health stability, academic excellence, career planning, and personal development among health training students

(Kivlighan III et al., 2021). Lack of these services leads to serious consequences such as poor academic outcomes, mental breakdowns, substance abuse, professional misconduct, and increased dropout rates among students (Pincus et al., 2020). Globally, missing out on these guidance and counseling Services has led to 45% of health training students reporting untreated mental illnesses, 34% suffering academic failure, and 29% engaging in risky



behaviors such as substance abuse. For instance, in India, about 56% of health training students lack access to consistent counseling services, leading to high stress and burnout (Grover et al., 2019). Similarly, over 48% of medical and nursing students report facing psychological distress due to the absence of structured counseling systems (Grover et al., 2019). Several factors contribute to this lack, including institutional neglect (54%), stigma around seeking psychological help (49%), lack of trained counselors (50%), and financial limitations (45%) (El-Hachem et al., 2023).

In Sub-Saharan Africa, the challenge of guidance and counseling Services is more severe, with nearly 70% of health training students missing regular counseling support services (Mireku et al., 2024). In Nigeria, 74% of nursing and medical students are reported to struggle with mental health issues due to a lack of guidance services (Esan et al., 2019). Likewise, in Ghana, about 68% of health training students miss these services, leading to an alarming rise in depression and poor clinical performance (Antwi, 2024).

In East African countries like Tanzania, approximately 65% to 72% of health training students in nursing and allied health schools are deprived of structured guidance and counseling services, resulting in academic failures and higher dropout rates (Philipo & Ntawigaya, 2024). In Kenya, 70% of nursing and clinical medicine students are reported to lack access to counseling services, leading to an increase in stress-related disorders (Sharon et al., 2023). In Uganda, the situation mirrors regional trends, with 41% of health training students not accessing structured counseling services during their study period (Kihumuro et al., 2022).

In Wakiso District, reports show that students without proper counseling support are 4.8 times more likely to face academic stress, absenteeism, and disciplinary issues (Mutebi, 2019). For instance, at Mulago School of Nursing and Midwifery, 67% of students reportedly lack counseling support, while at Jinja School of Nursing, the figure stands at 63% (Omona, 2023). At Mildmay Uganda School of Nursing and Midwifery, internal reports (Mildmay Internal Report, 2024) show that most students lack consistent access to guidance and counseling services, which has increased cases of academic burnout, absenteeism during clinical rotations, poor interpersonal relations among students, suspension, deferrals, and termination from the program. The purpose of the study was to assess the factors influencing the utilization of Guidance and Counseling Services among health training students at Mildmay, Uganda.

Methodology.

Study Design.

The study employed a descriptive cross-sectional study design.

Study Setting.

The study was conducted at Mildmay Uganda School of Nursing and Midwifery, located along Entebbe Road in Wakiso District, Central Uganda. The school is situated 12 km along Entebbe Road, Naziba Hill, Lweza, Kampala, Uganda, and is part of the larger Mildmay Institute of Health Sciences (MIHS). Mildmay Uganda School of Nursing and Midwifery is a privately-owned institution. As of 2025, the school had 398 continuing students enrolled in various programs, including CN, CM, DND, DNE, and DME. According to their strategic plan, the school is authorized to enroll up to 710 students and is committed to producing competent and compassionate healthcare providers through hands-on, student-centered education.

Study Population and Rationale

The study targeted health training students from different cohorts enrolled at Mildmay Uganda School of Nursing and Midwifery. This population was considered because they were at a pivotal stage in their academic and professional careers, often experiencing stress and challenges related to their studies, personal lives, and future professional responsibilities.

Sample Size Determination.

The sample size was calculated using the formula developed by Kish and Leslie (1965), given by $n = \frac{Z^2 PQ}{d^2}$

$$d^2$$

Where;

What was the sample size required?

P was the estimated proportion of health training students who did not access structured guidance and counseling services in Uganda

P = 63% which was equivalent to 0.063

e = 0.05 was the acceptable error of estimation at a 95% confidence interval

Z was the confidence interval at 95% = 1.96

q = 1-p

Therefore

$$n = \frac{Z^2 PQ}{d^2}$$

$$n = \frac{1.96^2 \times 0.063 (1 - 0.063)}{0.05 \times 0.05}$$



$$n = \frac{0.2334120896}{0.0025}$$

$$n = 89.66483584$$

Therefore, a sample size of 90 respondents was obtained.

Sampling procedure

Stratified random sampling was employed to select target health training students from different cohorts at Mildmay Uganda School of Nursing and Midwifery. To determine the number of respondents, samples were drawn from different strata representing the cohorts CN1/1, CN1/2, and CN1/3. Within each stratum, a simple random sampling technique was used by first preparing a list of eligible health training students. Then, for each stratum, 35 same-colored and sized papers were prepared—30 marked "YES" and 5 marked "NO"—and placed in a single box. Participants who picked papers marked "YES" were enrolled in the study, while those who picked "NO" were excluded. This process was repeated across all three cohorts to obtain a total sample size of 90 participants.

Inclusion Criteria and Exclusion Criteria.

Inclusion Criteria.

All Ugandan and non-Ugandan health training students, male and female, aged 18 years and above, from different cohorts at Mildmay Uganda School of Nursing and Midwifery who consented and were present at the time of data collection were included in the study.

Exclusion criteria.

Health training students at Mildmay Uganda School of Nursing and Midwifery, who, upon being informed, declined to participate in the study, were excluded.

Students who consented but were not present at the time of data collection were excluded from the study.

Definition of Variables.

Independent variables.

The independent variables of this study included: Student-related factors like lack of awareness, fear of stigma, and motivation levels.

Institution-related factors like policies, availability of services, staff attitudes, and environment affect students' access to or use of services such as guidance and counseling.

Dependent variables.

The dependent variable of this study was the use of guidance and counseling services among health training students.

Research Instruments

The study used a structured research assistant questionnaire to collect data from respondents, written in English since it was the official language used to pass on institutional instructions, and all medical students could read and write. The questionnaire was divided into three sections: social-demographic, student-related factors, and institutional-related questions, and will contain mainly closed-ended questions.

Data Collection Procedure

Upon approval of the proposal by my research supervisor and the institution's research committee, permission was obtained from the school administration along with an introductory letter from the Dean of the School of Nursing, Mildmay Uganda School of Nursing and Midwifery. The researcher then sought and received permission from the Principal of the school to conduct the study among the respondents. The purpose and procedure of data collection were explained to the respondents, who signed consent forms to participate. Respondents completed the questionnaires independently, with the researcher providing clarification when needed. Data collection was conducted over six days, sampling 10 respondents each day until a total of 60 participants were obtained.

Data management.

The study results were first checked for completeness, with any mistakes corrected and questionnaires edited to avoid missing information after losing contact with participants. The questionnaires were then securely stored in locked files and protected by computer passwords to ensure safety and for future reference.

Data analysis

Data was first tallied manually in bundles, and percentages were calculated using a calculator. The data was then entered into Microsoft Excel (version 2013) and analyzed using descriptive statistics, with results presented in figures, pie charts, graphs, and tables.



Validity.

This was done by setting questions that were in line with research objectives and also by setting questions that would be in line with the researcher's intended goals in connection with the research study topic. The Validity helped in measuring the accuracy of study results, which helped in the formulation of proper interventions that were fit for solving the problem of the study topic.

Reliability.

Pre-testing of the questionnaires from the Indian Institute of Health and Allied Sciences among 12 health students from different cohorts, and necessary corrections were made from there, and then the questionnaire was revised.

Ethical approval.

Upon approval of the proposal by my research supervisor and the institution research committee, permission was obtained from the school administration, and an introductory letter was acquired from the Dean of the School of Nursing, Mildmay Uganda School of Nursing and

Midwifery, which was presented to the principal to seek permission to carry out the research study among medical students. The principal then allowed the researcher to interact with health students, who in turn helped the researcher acquire the required responses after the researcher made a self-introduction and clearly explained the purpose of the study to the participants. The study proceeded after the researcher fully explained the objectives to all respondents. Only respondents who consented were allowed to participate in the study. All respondents were reminded of their right to withdraw freely at any time during the study. The respondents were assured of maximum confidentiality, and numbers were used instead of their names.

Informed consent.

All respondents were provided with a written informed consent after receiving a detailed description of the study. Eligible participants consented in privacy, and no incentives were given. Anonymity of the respondents was ensured at all stages of data collection and analysis.

Results

Social demographic characteristic.

Table 1: Social demographic characteristics of the respondents.

Variable	Category	Frequency(n=90)	Percentage (%)
Gender	Male	35	39
	Female	55	61
Age	18-21 years	45	50
	22-25 years	35	39
	26-30 years	10	11
Religion	Catholic	38	42
	Muslim	20	22
	Protestant	32	36
Marital status	Single	80	89
	Married	10	11
	Divorced	0	0

From table 1, the majority of the respondents, 55(61%), were female, while the minority, 35(39%), were male. half of the respondents, 45(50%) were 18-21 years, 35(39%) were 22-25 years while the minority, 10(11%) were 26-30

years. Nearly half of the respondents, 38(42%) were catholic, 32(36%) were protestants and the least, 20(22%) were Muslims. The majority of the respondents, 80(89%), were single, while the minority, 10(11%), were married.

Student-related factors influencing the utilization of Guidance and counseling services at Mildmay Uganda School of Nursing and Midwifery, Wakiso District.

Figure 1 Shows whether respondents have ever heard about guidance and counseling services.

N=90

Page | 5

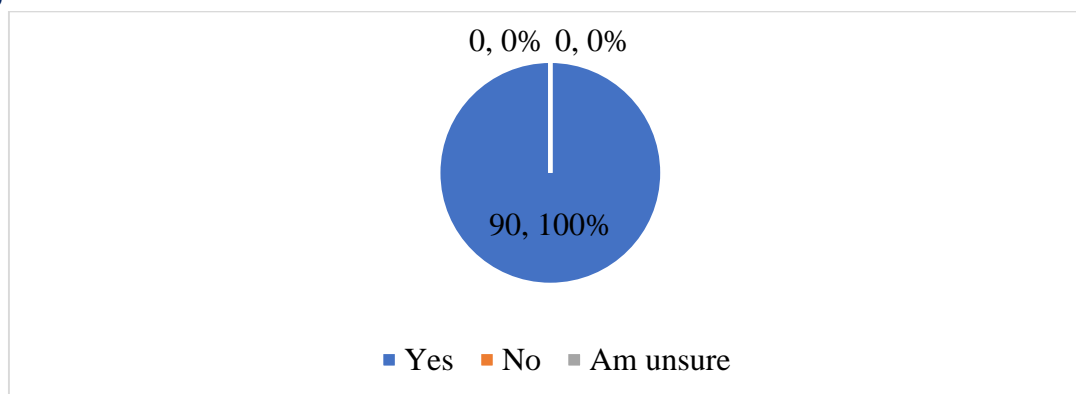


Figure 1 showed that all the respondents 90, 100%) had heard about guidance and counseling services.

Table 2 Shows whether respondents would feel comfortable seeking guidance and counseling services. n=90

Variable	Frequency (f)	Percentage (%)
Very comfortable	10	11
Somewhat comfortable	30	33
Very uncomfortable	50	56

From table 2, over half of the respondents, 50(56%), would feel very uncomfortable seeking guidance and counseling services, 30(33%) would feel somewhat comfortable, while the minority, 10(11%), would feel very comfortable.

Figure 2 Shows whether the friends of the respondent's support guidance and counseling.

N=90

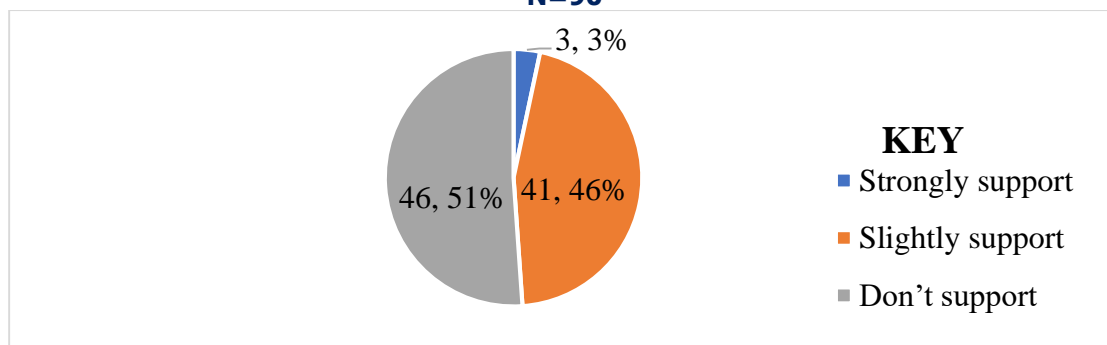


Figure 2 shows that slightly more than half of the respondents, 46(51%), reported that their friends did not support seeking guidance and counseling, 41(46%) mentioned that their friends slightly support, while a minority, 3(3%), mentioned that their friends strongly support.

Over half of the respondents, 50(56%), were always stopped by schoolwork from attending counseling, 30(33%) were sometimes stopped, while a minority, 10(11%), were never stopped.

The majority of the respondents, 80(89%), had never gone to the institute counsellor for counseling, while the least 10(11%) had ever.

Table 3 Shows how best respondents can describe their past counseling experience.

Variable	Frequency (n=90)	Percentage (%)
Very positive	27	30
Fair	35	39
Negative	18	20
No experience	10	11

From table 3, less than half of the respondents, 35(39%), reported that their past counseling experience was fair, 27(30%) reported that it was very positive, 18(20%) mentioned that it was negative, while the minority, 10(11%), had no experience.

Institution-related factors influencing the utilization of Guidance and counseling services among health training students at Mildmay Uganda School of Nursing and Midwifery.

Table 4 Shows institution-related factors.

Variable	Category	Frequency(n=60)	Percentage (%)
Are guidance and counseling services easily accessible in your institution?	Always accessible	19	21
	Sometimes accessible	30	33
	Rarely accessible	41	46
Are there enough counselors for students?	Yes	10	11
	Not sure	14	16
	Not enough	66	73
Does your school actively promote counseling services?	Yes	30	33
	No	60	67
Are counseling sessions scheduled at flexible times in your institution?	Very flexible	15	17
	Fairly flexible	37	41
	Not flexible	38	42
To what extent do your institution's leaders support the use of counseling services?	Strongly supportive	21	23
	Supportive	41	46
	Neutral	28	31
Are guidance and counseling services linked to school academic programs?	Strongly linked	0	0
	Linked somehow	0	0
	Weakly linked	90	100



Are you able to meet the counsellor anytime you feel like?	Yes	40	44
	No	50	56
How best can the counselling and guidance services be improved in Mildmay?	Increasing confidentiality	35	39
	Integrating into daily school programs	25	28
	Letting the counselor's office be very accessible	30	33

From table 4, nearly half of the respondents, 41(46%), reported that guidance and counseling services were rarely easily accessible in their institution, 30(33%) reported that they were sometimes accessible, while a minority, 19(21%), reported that they were always accessible. The majority of the respondents, 66(73%), said that there were not enough counselors for students, 14(16%) were not sure, while a minority of 10(11%) reported that there were enough counselors for students. Most of the respondents, 60(67%), reported that their school did not actively promote counseling services, while a minority, 30(33%), reported that their school actively promoted counseling services. Nearly half of the respondents, 38(42%), reported that counseling sessions were not scheduled at flexible times in their institution, 37(41%) reported that they were fairly flexible, while the least, 15(17%), reported that they were very flexible. Nearly half of the respondents, 41(46%), mentioned that their institution leaders were supportive of the use of counseling services, 28(31%) were neutral, while a minority, 21(23%), mentioned that their institution leaders were strongly supportive. All the respondents 90(100%) reported that guidance and counseling were weakly linked to school academic programs. Over half of the respondents, 50(56%), mentioned that they were not able to meet the counsellor anytime they felt like, while the minority, 40(44%), mentioned that they were able. Less than half of the respondents, 35(39%), suggested that the counseling and guidance services could be increased in Mildmay by increasing confidentiality, 30(33%) suggested making the counselor's office very accessible, while a minority, 25(28%), suggested integrating into daily school programs.

Discussion of results.

Student-related factors influencing the utilization of Guidance and counseling services among health training students at Mildmay Uganda School of Nursing and Midwifery, Wakiso District.

All the respondents (100%) had ever heard about guidance and counseling services. This might have increased respondents' chances of utilizing the services since they had awareness of their existence. The findings of the study are in agreement with a study done by Almalki et al (2023), which found that students were aware and had knowledge about counseling services.

Over half of the respondents (56%) mentioned that they would feel very uncomfortable seeking guidance and counseling services. This could be because respondents wanted their matters to remain private. The findings of the study are similar to the study done by Rasweswe et al (2024), where students were uncomfortable seeking guidance and counseling services, expressing concerns about confidentiality and judgment.

Furthermore, more than half of the respondents (51%) reported that their friends did not support seeking guidance and counseling. This might have discouraged them from attending counseling services. The findings of the study are contrary to the study done by Igiribambe et al (2023), which found that peer influence significantly increased counseling uptake.

More than half the respondents (56%) were always stopped by schoolwork from attending counseling. This might have reduced the accessibility of counseling services. The findings of the study agree with a study done by Antig et al (2024), where students cited lack of time due to academic pressures as a reason for not seeking counseling.

Additionally, the majority of the respondents (89%) reported that they had never gone to the institute counsellor for counseling. This could be because respondents were not comfortable sharing their challenges with the institute



counsellor. The findings of the study agree with a study done by Khowaja et al (2022), which stated that students did not utilize counseling services due to concerns over hidden costs, even when services were officially free.

Institution-related factors influencing the utilisation of Guidance and counseling services among health training students at Mildmay Uganda School of Nursing and Midwifery, Wakiso District.

Regarding accessibility, the majority of the respondents (46%) reported that guidance and counseling services were rarely accessible in their institution. This might have limited the utilization of counseling services. The findings of the study agree with a study done by Maurya et al (2020), which highlighted that the majority of students accessed counseling services in institutions that guaranteed confidentiality.

Furthermore, the majority of the respondents (73%) mentioned that there were not enough counsellors for students. This might have contributed to the limited utilization of counseling services.

Concerning the school, most of the respondents (67%) reported that their school did not actively promote counseling services. This could have led the students to have no idea of the availability of the counseling services. The findings of the study are contrary to the study done by Parikh et al (2021), which showed institutional promotion of counseling services.

Nearly half of the respondents (42%) reported that counseling sessions were not scheduled at flexible times in their institution. This might have caused the respondents to miss counseling sessions and schedules. The findings of the study are contrary to the study done by Atalla et al (2023), which highlighted that there are institutions that enabled flexible times of counseling services by encouraging counseling attendance to be part of academic support records.

Pertaining to the institution leader, nearly half of the respondents (46%) mentioned that their institution leaders were supportive of the use of counseling services. This might have encouraged respondents to consider seeking guidance and counseling services. The findings of the study are in agreement with a study done by Mohamed Ibrahim (2023), where administrators showed positive administrative attitudes towards guidance and counseling services.

Additionally, all the respondents (100%) reported that guidance and counseling were weakly linked to school academic programs. This could be because the school focused more on academics, which might have created gaps in the guidance and counseling area. The findings of the study are contrary to the study done by Atalla et al (2023), where institutions greatly integrated counseling services into academic policies.

Concerning counselors, over half of the respondents (56%) mentioned that they were not able to meet the counselor whenever they felt like. This might have hindered the respondents from accessing the guidance and counseling services since they were not able to obtain them. The findings of the study were similar to the study done by Brown and Knight (2024), which highlighted that there were institutions where one counselor served 300 students, which caused the usage of the services to drop drastically.

Less than half of the respondents (39%) suggested that the counseling and guidance services could be increased in Mildmay by increasing confidentiality. This could be because a lack of confidentiality was a factor that limited their utilization of guidance and counseling services. The findings of the study agreed with a study done by Caporale-Berkowitz (2022), where students reported that the lack of dedicated spaces discouraged them from utilizing the services.

Conclusions

The findings showed that although students were aware of guidance and counselling services, many were uncomfortable seeking help due to privacy concerns, lack of confidentiality, limited peer support, academic workload, and lack of trust or comfort hindered students.

Guidance and counselling services were not easily accessible, and there were not enough counsellors to meet student needs. Sessions were not held at convenient times, and the services were poorly integrated into academic programs; limited confidentiality and counsellor availability discouraged students from seeking help.

Limitations of the study

The study was conducted in only one institution, which made it difficult to apply the findings to other schools or regions with different environments or student populations. The study only captured information at one point in time, limiting the ability to determine cause-and-effect



relationships between the identified factors and counseling service utilization.

The study did not include in-depth qualitative methods such as interviews or focus groups, which could have provided a deeper understanding of students' experiences and attitudes toward counseling services.

Recommendations

For the school administration, the study suggests the need to strengthen the promotion and integration of guidance and counselling services within the academic environment. This includes creating awareness among students, improving the availability of services by hiring more counsellors, ensuring flexible access, and establishing private, confidential spaces to make students feel safe and supported when seeking help. For counsellors, there is a need to build trust with students by maintaining confidentiality and offering a welcoming, non-judgmental atmosphere.

For students, the findings highlight the importance of being proactive in seeking help when needed and supporting peers who may be struggling.

For policymakers and education authorities, the study points to the importance of establishing clear policies that support the presence and development of counselling services in academic institutions.

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May God richly bless them all.

LIST OF ACRONYMS AND ABBREVIATIONS

IRC:	Institution Research Committee
MoES:	Ministry of Education and Sports
MIHS:	Mildmay Institute of Health Sciences

Source of funding.

There is no source of funding.

Conflict of interest.

No conflict of interest declared.

Availability of data.

Data used in this study are available upon request from the corresponding author.

The author's contribution.

WN designed the study, conducted data collection, cleaned and analyzed data, drafted the manuscript, and HN supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

Authors biography

Wariyyah Nakabbo is a student of a diploma in Nursing at Mildmay Uganda School of Nursing and Midwifery.

Hasifa Nansereko is a research supervisor at Mildmay Uganda School of Nursing and Midwifery.

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Original Article

Page | 11

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