

https://dspace.org/

The percpetions of the supervision that generation-Y nurses experience working in either an emergency or intensive care unit of an academic hospital in Johannesburg

Louw, Franny

2016-03-11
http://hdl.handle.net/10539/20072

Downloaded from a DSpace repository. https://dspace.org/

THE PERCEPTIONS OF THE SUPERVISION THAT GENERATION-Y NURSES EXPERIENCE WORKING IN EITHER AN EMERGENCY OR INTENSIVE CARE UNIT OF AN ACADEMIC HOSPITAL IN JOHANNESBURG

NAME: FRANNY LOUW

STUDENT NUMBER: 683645

DEGREE: MSc NURSING

DEPARTMENT OF NURSING EDUCATION, SCHOOL OF THERAPEUTIC SCIENCE, FACULTY OF HEALTH SCIENCE

SUPERVISOR: HILARY THURLING AND SUE ARMSTRONG

This research is submitted to the Faculty of Health Science, University of Witwatersrand, Johannesburg, in partial fulfilment for the requirements for the degree of Masters in Nursing.

March 2015

Declaration

I declare that this research report is my own work. It is submitted in partial fulfilment of the requirements of the Masters in Science in Nursing. It has not been submitted before for any degree or examination in any other university or educational institution.

_____ _____

Signature Date

DEDICATION

I dedicate this thesis to my dearest mother,

Sr. GJE Louw

&

To my wonderful husband.

I

Abstract

According to the Generational Theory, each generation has different values, beliefs and attitudes, ultimately leading to challenges in the work place and contributes significantly to multigenerational workplace cohesion or discord. Born between 1982 and 2003, Generation-Y is the latest group of adults to enter the work place and are said to be tech-savvy, team players and constantly seeking new opportunities. This generation of workers might be a good fit for the nursing profession, because they are team players who want to make a difference in the world.

The on-going nursing shortage is a concern for nurse leaders and methods to recruit nurses and retain newly qualified registered nurses need to be explored. Mentoring and supportive supervision are complementary activities which can enhance the clinical environment through on-going support of the newly qualified (Generation-Y) registered nurses. The benefits of supervision include increased confidence, a decrease in stress at work, increased job satisfaction and staff retention.

The aim of the study was to explore the perceptions of Generation-Y registered nurses working in either an Emergency Departments or Intensive Care Units, in a purposively selected academic hospital, about the supervision they experience in these clinical environments by older generation nurses, known as Generation-X, Baby Boomers and Veteran nurses.

The research design used for data collection is qualitative. Semi-structured interviews were conducted with Generation-Y nurses and data was recorded and transcribed. Two themes and six sub themes were formulated.

Generation-Y registered nurses perceptions were that they were not being adequately supervised, but understood that the environment, high patient acuity and resistance from the older generations made supervision challenging.

ACKNOWLEDGEMENTS

I sincerely thank the following people, who helped me accomplish this work.

* My supervisors Hilary Thurling and Sue Armstrong for your patience and guidance.
* My Aunty Clere, thank you for all your prayers, love and support.
* My husband, for his love and support every step of the way. Gomolemo your love makes me whole.
* My first born son Amogelang, Mummy loves you.
* My darling sister and twin, Natwin we did it.
* To Professor L. Maree, thank you for being someone to aspire to.

I thank my lord God. He is the alpha and the omega.

Revelation 22:33

Table of Contents

Abstract 5
CHAPTER ONE: INTRODUCTION 10
Overview 10
Problem statement 10
Research question 11
Aim of the study 11
Objective of the study 11
Definitions of terms for the purpose of this study 11
Conclusion 13
CHAPTER TWO: THEORETICAL BACKGROUND 14
Introduction 14
Supervision 14
Proctors model of clinical supervision (Ferr-Whorten & Shacklock, 2001) 15
Generations 16
Generation-Y 17
Generation-X 18
Baby Boomers 19
Veteran 19
The multigenerational environment 19
Experience and Perceptions 21
Reality Shock by Kramer (1974) 21
Novice to expert theory according to Benner (1984) 21
Conclusion 22
CHAPTER THREE: RESEARCH METHODOLOGY 23
Introduction 23
Research Design 23
Research Setting 24
Population 24
Pilot study 24
Sampling 24
Inclusion criteria were: 25
Data Collection 25

The Interview Guide 26
Data Analysis 27
Ethical Considerations 27
Anonymity 28
Confidentiality 28
Beneficence 28
Principles of justice 28
Responsibility of researcher 29
Trustworthiness 29
CHAPTER FOUR: RESEARCH FINDINGS 31
Introduction 31
Demographical data 31
Gender 31
Age of participants 32
Duration of placement 32
Types of Emergency and Critical Care units where participants worked 33
Perceptions of supervision by other generation Registered Nurses 33
THEMES 33
SUB-THEMES 33
Theme one: Expectations of supervision 33
Orientation and teaching 34
Monitoring 35
Generational specific characteristic 36
Theme two: Impact of the environment on supervision 37
Shortage of staff 37
Specific environmental and personalities or characters 38
The Technology Environment 38
Conclusion 39
Discussion and findings 40
Supervision 40
Environment 42
Conclusion 43
Presence of generational supervision 44

Supervisory relationship of the ward 44
The perceived advantages supervision 45
Education 46
Nursing practice 46
Research 46
Appendix 1 53
Appendix 2 54
Appendix 3 56
Appendix 4 57
Appendix 5 59
Appendix 6 61
Appendix 7 63

List of tables

1.1 Gender of participants…….. 31

1.2 Age of participants…… 32

1.3 Years in current ward of participants …….. 32

1.4Themes and Sub-themes…….. 33

List of figures

1.1Percentage of participants from each ward…….. 33

CHAPTER ONE: INTRODUCTION

Overview

According to Generational Theory (Strauss & Howe 1991), each generation has different values, beliefs and attitudes that can lead to challenges and cohesion in the work place (Leiter, Prince & Laschinger, 2010). Generation-Y is the newest generation to join the nursing field (Lower, 2008) and Carver and Candela (2008) define Generation-Y as the group of people born between 1982 and 2003, who are also known as the Next Generation or Millennials (Sherman, 2006). Generation-Y is a group with their own set of ideals and dreams and is the most globally aware and racially diverse generation in history (Lower, 2008). Generation-Y has the confidence, attitude and "tech savvyness" to take nursing to a new level (Lower, 2008).

Clinical supervision is known to enhance skills in novice Registered Nurses (Butterworth & Faugier, 1994). Supervision is aimed at educating and integrating, whilst finding solutions to problems, by practicing and improving the knowledge of the Registered novice nurse (Farr-Wharton, Brunetse & Sherlock, 2011).

This study aimed to develop an understanding of this new generation's supervision needs, through exploration of their perceptions of the supervision they experienced in either an Emergency Department or Intensive Care Unit in a purposively selected academic hospital in Johannesburg.

Problem statement

Generation-Y is said to be the new generation to enter the workplace. This generation has positive attributes which fit perfectly into the nursing profession and into the Emergency and Intensive Care Units. However, both the cohesion and resistance they possibly experience from the older generations can make the working environment and the working conditions unpleasant.

In order to create a healthy working environment with optimal communication and teamwork, we need to understand, embrace and incorporate this new generation into

the profession. Reviewed literature suggests that through supervision and mentoring of these new registered nurses, a healthy working environment can be achieved.

Research question

What are Generation-Y's perceptions about the nature of supervision from other generations in Emergency and Intensive Care Units?

Aim of the study

The aim of the study was to explore the perceptions of Generation-Y registered nurses working in both the Emergency and Intensive Care Units in an Academic hospital in Gauteng about the supervision they have experienced from Registered nurses in the wards, who are from Generation-X, Baby Boomer or Veterans Generation.

Objective of the study

To describe the perceptions of the nature of supervision given to the Generation-Y registered nurses in either an Emergency or Intensive Care Units with regard to:

- Presence of generational supervision.
- Supervisory relationship of the ward.
- The perceived advantages and disadvantages of generational supervision.
- Whether Generation-Y registered nurses are more Tech-Savvy then the older generations?

Definitions of terms for the purpose of this study

- Supervision: the teaching practical skills, assessment and facilitation learning, in supporting novice registered nurse in obtaining clinical knowledge, giving feedback, role modelling, whilst engaging in critical reflection with the clinical environment (Skaalvik, Norman & Henriken 2007)

- Mentors are trusted senior Registered Nurses who act as guides as they combine career and social relationships to promote the capabilities of junior Registered nurses, in the form of mentoring (Chambers, 2010).

- Generation: a group of individuals who share not only a band of birth years, but whom also share events that have shaped their attitudes and values (Leiter, *et al*. 2010)

- Generation-Y: the group of people born between 1982 and 2003 (Caver & Candela, 2008) and work as newly qualified registered nurses in the selected hospital.

- Novice Nurses: Registered nurses with less than five years in practice, without a specialty qualification (Benner, *et al*. 1996)

- Senior nurses: Registered nurses born before 1982, who fall into the category of Generation-X, Baby Boomers and Veterans and work as professional/registered nurses in the selected hospital.

- Intensive Care Unit: Critical Care setting which is specially staffed, equipped and dedicated to the admission and treatment of critically ill patients so that they can be given specialised care and be closely monitored (Whiteley*, et al*. 2001).
  A setting that has been equipped with technology and skilled personnel, where patients are unstable and are dealing with life threatening conditions (Urden, Stacy & Lough, 2010)

- Emergency Unit: A hospital department specialising in the delivery of emergency care to acutely ill or injured patients. The Emergency Unit is usually the destination for patients assessed and treated by various types of emergency care personnel in the pre-hospital environment (Stein, 2010).

- Professional registered nurse: is a caring professional who practises as a person registered with the South African Nursing Council, who supports, cares for and treats a health care user (patient) to achieve or maintain health and where this is not possible, cares for a health care user (patient) so that he or she lives in comfort and with dignity until death (SANC, 2008).

- Perception: is an idea, a belief or an image that someone has as a result of how that person sees or understands something (Wehmeier, *et al*. 2005).

Conclusion

Each generation has its own values and in the case of Generation-Y, is the newest group of hopefuls to join the work force and the most racially diverse generation. This generation is a perfect fit for the nursing profession, however the cohesion and resistance they possibly experience could make their working environment and conditions unpleasant.

CHAPTER TWO: THEORETICAL BACKGROUND

Introduction

Supervision is a form of coaching and guidance which supports novice nurses in improving their practice in order for them to become experienced, competent nurses. Generation-Y Registered nurses are the newest generation to join the working force who depend on supervision from senior Registered nurses.

Supervision

Supervision is defined as a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety in complex situations (Ferr-Whorten & Shacklock, 2011).

Butterworth and Faugier (1994) were amongst the first to argue that formal support mechanisms for registered nurses were required and these should take the form of clinical supervision. The concept of supervision is well put in nursing textbooks from the 20th Century; in later literature, from the 21st Century, supervision is referred to as mentorship, guidance and clinical supervision. The concept of clinical supervision has been beneficial to the nursing profession; however there is little guidance on how it should be carried out.

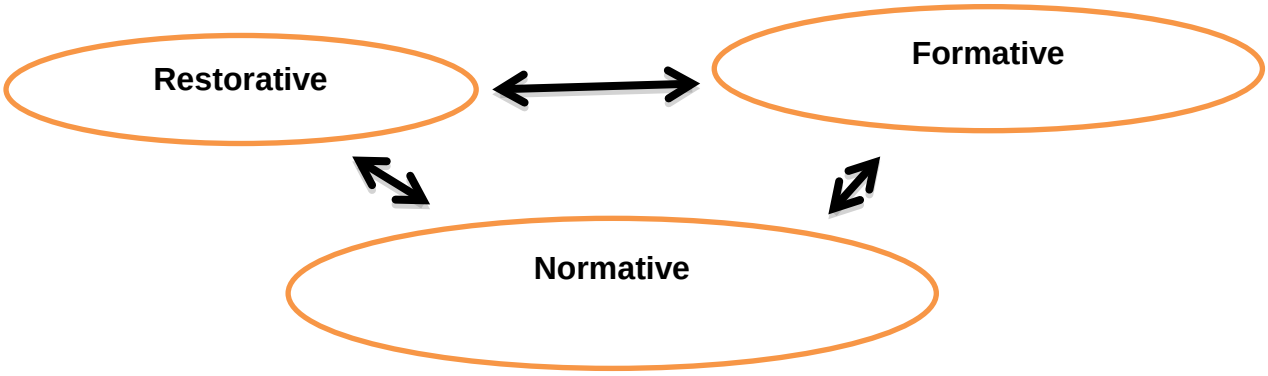
There are expectations that supervision will enhance the application of theory to practice, this will also raise awareness for the therapeutic role of the nurse. Effective clinical supervision would give special ideas, provide feedback, promote autonomy as well as possess traits such as warmth and competence. For supervision to be implemented widely it would have to show benefits, not only to nurses but also to the patient and organisation. For clinical supervision to be applied, three main areas would have to be addressed: skills, resources and commitment required from participants.

It is the responsibility of a supervisor to monitor, assess and manage the performance of the novice nurse (Farr-Wharton, *et al.* 2011) thus improving nursing

intensity of work and their workload. According to Butterworth and Faugier (1994), “clinical supervision is a process of professional support and learning in which nurses are assisted in developing their practice through regular discussion time with experienced and knowledgeable colleagues. Clinical supervision enables nurses to discuss patient care in a safe, supportive environment with fewer anxieties. Eagle (2005) emphasises the importance of the function of supervision. She notes that “learning cannot take place in the face of excessive anxiety.” It must be noted that supervisors often have their own transference and anxiety (Berman, 2000; Gibson, *et al.* 2001). The experiences of both Generation-Y registered nurses and supervisors in the clinic environment impact on the supervision process.

According Butterworth and Fourgier (1994), the following are characteristics of the model for supervision, which includes growth and support, the supervisor supports the supervisee in education and guidance, whilst providing support to develop clinical autonomy.

Proctors’ model of Clinical Supervision focuses on an integrative approach and looks closely at the supervisory relationship. Supervision includes three core functions: an educational ‘Formative’ function, which enables the development of skills, a ‘Restorative’ function providing support to enable the person to deal with what happened and to allow the person to move on and a managerial or ‘Normative’ function which enables the provision of quality control (Butterworth & Fourgier, 1994).



Proctors model of clinical supervision (Ferr-Whorten & Shacklock, 2001)

Whilst the practice of clinical supervision is established in other developed countries, such as the United Kingdom and the United States of America, at present it is underdeveloped in South Africa (Kachiwala, 2006). The concept of experienced nurses providing guidance to less experienced nurses in their clinical work has been accepted since the days of Florence Nightingale, where the prime duties of the supervisor were to assist the novice nurse or supervisee to work through phenomena encountered in their relationships with their patients, such as feelings of aggression, via the medium of the supervisory relationship (Selanders, 2012).

Generations

The term generation signifies the grouping of people into specific age groups; these groups are born within the same time as history and culture (Stanley, 2010). The time span of each generation ranges between 15 and 20 years according to Stanley (2010). Various historical, political and social events are believed to influence and help shape each generation's attitudes and values (Wilson, *et al.* 2008). Generational belonging is an impartial factor in everyday life. Belonging to a generation creates not only horizontal dimension of birth cohorts but also in vertical dimension of familial lineage (Biggs, 2012). The difference in attitudes and values regarding work and working environments are produced by generation specific values (Wilson, *et al*. 2008).

The generational theory has been around for a while (Strauss & Howe, 1991). Most articles on Generation-Y were written by other generations, therefore these articles are mostly "Outrospection" (to look into other cultures and ways of thinking (Brutus, 2013). Kogan (2007) suggests they are living in a time that multiple generational groups are engaged in the working force and each generation has their own set of values, views and authority, as well as attitude to work. Their communication style and expectations vary greatly towards work.

People are born into a class which has a view of the world based on the lens through which they experience life, just as people born into a generation (Carver & Candela, 2008). It is possible to move from one class or status to another, voluntary or not, thus providing people with a different perspective based on life experiences (Carver & Candela, 2008). However, unlike class status, generational cohorts are

unalterable. To understand what one generation experiences you have to view it from the outside (outrospection), with true and total comprehension being impossible. Single or multiple life events such as the end to the apartheid government, 9/11, construction of the world space station, the creation of Microsoft and the release of Nelson Mandela from prison, may have a profound effect in shaping a life perspective of a generation.

It is important to remember that generational cohort is a generalisation and does not stereotype individuals or apply to a whole population (Hahn, 2001), but understanding the characteristics and care values of each generation may help nurses better understand their colleagues.

Generation-Y

Generation-Y is the latest group of adults who entered into the work place, born between 1982 and 2003 (Carver & Candela, 2008). This group of hopefuls are young, energetic and ready to start their “dream” careers. Generation-Yers are very achievement orientated and in nursing, are said to be the hopefuls who are going to change the face of nursing (Carver & Candela, 2008).

Generation-Y is the most globally aware and racially diverse generation in history (Lower, 2008). They are called Millennium Generation, Millennial, the Entitled Generation or Echoboom (Lower, 2008). There are currently 81 million individuals in the Y-Generation cohort, thus making them the second largest cohort after World War II (Baby Boomers being the biggest cohort) (Shaw & Fairhurst, 2008). Much of the work on Generation-Y has been based on observation rather than a large-scale empirical finding.

Let us try to analyse the strengths and limitations of Generation-Y. Generation-Yers like to be entertained and stimulated (Lower, 2008). They are able to adjust themselves to any condition; they are also easily adaptable when it comes to multitasking (Lower, 2008). Although Generation-Yers’ are respectful they are not slaves to the older generations, thus posing a stress to other generations/older colleagues (Cogin, 2012). Generation-Yers, if generalised, will not work as hard as Baby Boomers, irrespective of their cultural origin (Cogin, 2012). Being conceived at a time when birth control was made available, Generation-Yers are likely to be planned (Eisner, 2005) and raised by parents and teachers who told them they can

be anything they want to be and as a result they are confident, voice their opinions and are socially active, believing they can make a difference (Shaw & Fairhurst, 2008) Generation-Yers also have a high self-esteem (Arsenault, 2004), as seen in their willingness to take leadership roles. They want to be fast-tracked by participating in leadership programmes and be recognised and rewarded for their contributions (Cogin, 2012).

On first glance at a Generation-Y individual, one might notice physical characteristics such as tattoos, piercings and electronic gadgets, such as smart phones (Cogin, 2012). According to Einer (2005), Generation-Yers can spend more than six hours a day on-line and are also said to like the internet and texting (Martin, 2008). This is due to them being socialised in a digital world which comprises of wireless (Wi-Fi) or plugin (modems). This digital stream is the norm for entertainment, contacts and information. Diversity is also evident as they have grown up believing a mixed society to be the norm and not the exception (Cogin, 2012). Generation-Yers were raised by parents of the Baby Boomers and Generation-X cohorts.

Generation-X

Generation-Xers, born between the years 1961 and 1981 (Carver & Candela, 2008) are well balanced when it comes to family and career as they "work-to live." During the childhood times of Generation-Xers divorce rates were high, meaning that as children, Generation-Xers either came from a dual income family or a single parent family. This group grew up raising themselves, therefore they are known to be very independent, resourceful and self-sufficient (Le Duc & Kotzer, 2009). Generation-X has learned to adapt to technology as they grow up in a time where technology became advanced. Generation-Xers are also very flexible and can easily adapt to any situation. As previously mentioned this group values a balanced life style, they work to live rather than living to work, Generation-Y share the same value (Carver & Candela, 2008). Generation- Xers are more independent workers however, Generation-Y prefers working in a group and always being in a team. Generation-X and Generation-Y's cohesion is brought on by Generation-Y's readiness to take on leadership positions and Generation-Xers strong feelings towards working and earning leadership roles. Generation-Xers were raised by Baby Boomers and

Veterans, who worked hard and sacrificed all through their lives to give their families better lives.

Baby Boomers

Baby Boomers were born after World War II (1943-1960) (Carver & Candela, 2008). The men returned from the war to their home to start a family. During this time families had lots of children. According to World Stats (Carver & Candela, 2008), this was when the largest population growth ever seen in society occurred, earning this generation their name as Baby Boomers. Most Baby Boomers are now approaching their retiring years. Baby Boomers value promotion and personal growth (Young, 2011) and have a lower work turnover and a better working ethic than the other generations. They are characterised as workaholics who equate work with personal fulfilment and self-worth (Carver & Candela, 2008). Baby Boomers were raised by the Veteran generation.

Veteran

Veteran's generation were born between 1925 and1942 and present a small group in the nursing force (Young, 2011). This generation group was born in a time of hardship and war. When this generation entered the working force, the economy was doing well. Veterans are characterised as loyal and disciplined team players with respect for authority. In South Africa, the Veterans were born into apartheid. Racial discrimination was institutionalised. Race laws affected every aspect of life and sanctioning for white-only jobs (Buntu Building Act, 1951), which inevitably affected the way nurses from this generation supervised their juniors and would have influenced the shaping of their attitudes towards other members of the staff, particular from race groups other than their own.

The multigenerational environment

A large number of nurses will leave the work force in the next 5 to 10 years owing to retirement or career changes (Walker, 2007). High patient acuity, short staffing and lack of civility amongst nurses, in combination with the high stressors of the Emergency and Intensive Care Unit (Lower, 2008), contribute to the younger generations leaving nursing. The ongoing shortage of registered nurses and large employee turn-over rate indicates that recruitment and retention are only part of the

solution (Carver & Candela, 2008). Nursing management is concerned with retaining quality nurses in the Emergency and Intensive Care Units and increasing the productivity of those who do choose to stay (Carver & Candela, 2008).

With this in mind, Generation-Y is known as the new generation of workers which has a lot to offer the nursing profession and the Emergency and Intensive Care field. Due to the nature of the work environment newly graduated nurses need to be practice ready and transition quickly from student to registered nurse (Aitken, 2001). Therefore the Generation-Yers need more coaching and supervision than any other previous generation in the workforce, to be able to transition quickly into the high stress Emergency and Intensive Care work environment (Messmer, *et al*. 2006).

Generation-Yers are optimistic and strive to improve themselves both professionally and personally (Walker, 2007) and in the work environment search for structured guidance. Clinical coaching and mentoring is a valued method (Stewart, 2006) of engaging new staff members into the work environment and is beneficial for both the person receiving the supervision and those doing the supervision as it builds a rapport that is conducive to growth and a sense of belonging. This is important (Walker, 2007) when working within a multi-generational environment in order to promote a better understanding between the different generations.

According to the South Africa Department of Health (Nursing Strategy for South Africa, 2008), clinical mentoring and supportive supervision are complementary activities necessary to build the health service delivery system. Supervision has a hierarchical and managerial orientation, as well as an act of giving oversight and direction. The word supervision, according to Smith, *et al*. (2001), is best used when trying to describe a role that means master, supporter, friend, guide, teacher, parent, coach and confidant. In nursing it is a process that takes place between a teacher and a learner, with two nurses positioned on different levels with different ages and credentials (Steward & Krueger, 1996). Nearly all nurses who have experienced positive supervision recognise its value and choose to supervise others (Steward & Krueger, 1996). The benefits, as listed by Rohatinsky (2008), of supervision are: increasing confidence, decrease in stress at work, increase job satisfaction and staff retention. Many factors have brought supervision back into nursing, such as an increased concern with incivility in the profession, desire to improve the professions

public image and the desire to make nurses more productive and bringing back the passion to nursing as a career. According to Pennington (2004), supervision is a tradition that has stood the test of time and today it is making a comeback.

Experience and Perceptions

The first year of a newly registered nurse's practice has been identified as the most difficult time in their career (Matrin & Wilson, 2011). Research has shown that 30% of newly qualified nurses leave their job in the first year and 57% leave in the second year (Bowers & Candela, 2005). Newly qualified nurses often experience a form of culture shock related to adjusting to the environment of the hospital and development of professional responsibility (Benner, 1984). A theoretical model (Butterworth and Fourgier, 1994) has been developed to explain this phenomenon of new graduates transitioning into practice.

Reality Shock by Kramer (1974)

Reality Shock, describes the honeymoon phase as the idealistic and short lived phase. During this phase the newly qualified nurse is excited and looks forward to the new working environment; the nurse's perception of the environment is possibly distorted. The second phase is described as shock, when the nurse sees the reality of nursing and the hospital culture. The nurse usually feels a sense of rejection and starts regretting the decision to become a nurse who may manifest as anxiety, anger, disappointment and depression. In the recovering phase, the nurse starts understanding the role of the nurse and adapts to the situation, changes positions, returns to school or leaves nursing as a profession altogether (Kramer, 1974)

Novice to expert theory according to Benner (1984)

As a 'novice,' the new nurse has no experience as a Registered nurse. This nurse will lack professional confidence due to lack of experience in the nursing field; she has no experience to make a decision, is unable to use her discrete judgment and therefore acts in a manner of "tell me what to do, then I will do it' (Nursing Theory as cited by Benner, 1984).

The 'advanced beginner' possesses some experience. She has now learned from senior nurses and is familiar with guidelines of care. This nurse can pick up recurrent meaningful situation components (Benner, 1984).

A ‘Competent nurse’ has two to three years of experience in the clinical field and according Benner (1984), she will be able to demonstrate efficiency and be coordinated as she has confidence and enough experience to plan long range goals. This plan is based on considerable, abstract, analytical contemplation of the problem.

In the ‘Proficient phase’, the nurse has learned from experience what typical events to expect from a given event. At this level the nurse understands more holistically thus improving decision making, according to Benner (1984).

The ‘Expert nurse’ has a deep connection and understanding of the situation. The performance of the expert nurse is fluid, flexible and highly proficient (Benner, 1984).

Conclusion

The aim of supervision is to offer support and learning opportunities to the novice Registered nurse which will enable the individual practitioner to develop knowledge and competencies. Supervision would benefit the novice with increased confidence and the promotion of autonomy. Butterworth and Fougier, (1994) introduced the Proctors Model for supervision which includes a supportive function, a management function and an educational function. Generation-Y is the latest cohort to join the nursing profession and they are the perfect fit for the nursing future as their strengths are in the areas where the nursing profession needs improvement.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

In this chapter the research methodology, setting and selection of participants, will be discussed. The data collection process and method of data analysis are also presented. Details of ethical considerations and rigour are included.

Research Design

A qualitative, exploratory descriptive design was utilised for data collection for understanding of the human problem or phenomenon being studied. A descriptive study is designed to gain more information about characteristics within a particular field of study (Burns & Grove, 2011). Descriptive research presents a picture of the specific details of a situation. Cormack (2000) states that descriptive research is an appropriate design for this study where little theoretical or factual knowledge exists. This study aimed to describe the perceptions of Generation-Y Registered nurses in the Emergency and Intensive Care Units.

Qualitative methodology is dialectic and interpretive. During the interaction between the researcher and the research participants, the participants' world is discovered and interpreted by means of a qualitative method (De Vos, 2005).

Exploratory study is that which enquires about unknown aspects of the experiences of the novice Registered nurse in the first years of clinical practice. Therefore the exploratory nature of qualitative research was needed to reach the purpose of the study and to build new knowledge through description (Burns & Grove, 2011).

Descriptive method is viewed as the description and exploration of a phenomenon in real life situation (Burns & Grove, 2011). Through a descriptive study, the researcher discovers new meaning and describes what existed (Burns & Grove, 2011), by

describing how Generation-Y registered nurses perceived facts about the objectives and events.

Research Setting

The research setting is the environment in which research is carried out and is the physical location and conditions in which data collection takes place (Polit, Beck & Hungler, 2014). This study has been conducted in the Emergency and Intensive Care Units of an academic hospital in Gauteng. The specific Academic Hospital was purposively selected as sufficient numbers of potential participants were available who were able to provide in-depth insights into the phenomenon being studied. The academic hospital selected is a level 3 tertiary hospital.

The Emergency and Intensive Care Units in the purposively selected hospital, were chosen as sites for the research as there is a perceived need for nurses to be practice-ready, to be able to take responsibility for life and death decisions and to work at a fast pace, therefore the patient acuity level and demand on all levels of nursing staff are relevant to the context of this study. The need for on-going supervision from senior Registered nurses is especially important to the Generation-Yers working in these settings.

Population

The population in this study consisted of the total population of Generation-Y Registered nurses (N=117) who are permanent staff and born between 1982 and 2003, working in the Emergency and Intensive Care Units in the preselected Academic Hospital.

Pilot study

A pilot study was done on a novice Registered nurse but the data was not added to the study.

Sampling

In qualitative research the researcher purposively selects interviewees who can provide illumination on the phenomenon being studied (Henning, 2004). The potential participants were identified through the researcher's knowledge of the

selected sites and informal discussions between herself and the Generation-Y Registered nurses working in the Emergency and Intensive Care Units in the selected hospital. Sample size = 9 Generation-Y Registered nurses.

Inclusion criteria were:

- Nurses born between the years 1982 and 2003.
- Older than 18 years.
- Registered with South African Nursing Council as a Registered Nurse.
- Working in either an Emergency or an Intensive Care Unit at the preselected study site.
- Nurses who do not hold the speciality qualification
- Nurses who have been employed for less than 5 years as a Registered nurse.
- Permanent Staff.

Data Collection

Ethical clearance was obtained from the University of Witwatersrand Medical Committee for research on Human Subjects (HREC). Permission was sought from all other necessary authorities namely: the hospital's management committee and the Unit Managers of the selected Emergency and Intensive care units.

Data was collected for this study by means of individual semi-structured interviews using an interview guide. An interview guide was used, open ended questions relevant to the objectives of the study were asked, with identified prompts to guide the interviews. Data collection was continued till data saturation was reached.

The researcher approached the Registered nurses, who fulfilled the inclusion criteria for this study. A full information sheet (Annexure 2) explaining the purpose, rationale and method of data collection for the study, was given to all potential participants. The approximate length of the interview was 15 to 20 minutes.

Once the participants agreed to take part in the study, they were required to sign a consent form (Annexure 3), as well as consent for digital recording of the interview.

All participants were informed they could withdraw from the interviewing process at any stage with no penalties to themselves.

During the coding of data, the recorded interviews were referenced with field notes, taken to capture the essence of the interviews, to ensure the interviews were understood by the researcher.

The interviews were conducted within the Emergency or Intensive Care Units where the participants were working, at a time convenient to them so as not to interfere with patient care. Where possible a consulting room was used for the interviews in order to provide privacy.

The Interview Guide

This study used a semi-structured interview, according to questions constructed by the researcher (Annexure1), to explore how Generation-Y registered nurses experience supervision from older generation Registered nurses.

The use of open and closed ended questions allowed participants to answer in their own words, without limit. The interview guide used in all nine (9) of the interviews maintained a structure, to the interview process, thus allowing for consistency of data (Whitley, 2001). This selected method for data collection, allowed for the collection of information and allowed for further exploration. The researcher engaged with relevant literature regarding the various elements, such as Generation-Y, Supervision and Multigenerational Cohesion, which guided the researcher with regard to the formation of this semi-structured interview. For the purpose of the study, the Clinical, Learning Environment and Supervision (CLES) Evaluation Scale was used as a guide to formulate interview questions, as the researcher understands Saarikosi conducted a study on supervision in the clinical environment. This scale was developed and validated in 2002 by Saarikoski and Leino-Kilpi. (Saarikoski, *et al.* 2008).

Data Analysis

The interviews were recorded and field notes were taken by the researcher, in order to record the full context of the interviews.
Data analysis and transcription was done by the researcher immediately after the interviews and additional field notes were made, to capture the true essence of the interview.

Creswell (2009) describes the process of data analysis in three stages, preparing the data, reading through all the transcribed interviews and then coding the data into smaller segments. Open coding was used to identify themes and sub themes from the collected data. These themes and sub themes were then supported and are discussed, in Chapter four, within the relevant and seminal literature on supervision within nursing.

Ethical Considerations

In order to conduct the research in an ethical manner the following steps were taken:

- The Department of Nursing Education was consulted for peer review of this study.

- Approval to conduct this study was obtained from the University of the Witwatersrand Postgraduate Committee.

- Ethical clearance to conduct this study was obtained from the Human Research Ethics Committee (Medical) of the University of Witwatersrand. Certificate number: M1311103.

- All participants were fully informed of the aims and purpose of this study, including the data collection method, through an information letter. The researcher encouraged the participants to ask any questions to ensure clarity of the research.

- All participants in the study signed the provided informed consent form.

- The consent and recordings were kept safe by the researcher, in a locked cupboard, along with the transcripts and field notes.

Permission to conduct this research was obtained prior to data collection from the following department or individuals:

- The Chief Executive Officer (CEO) of the academic hospital to conduct the study.
- Nursing Service Manager of the level 3 tertiary hospital selected for the study.
- The Operational Manager (Unit Manager) of the all the Emergency and Intensive Care Units to conduct the study.

Anonymity

The participants' anonymity was assured by using numbers instead of names for the interviews, transcripts and in the discussions of the collected data.

Confidentiality

Confidentiality was assured by the researcher in the following manner: the researcher conducted the interviews in a private consulting room where possible, to enhance participant privacy. No identifying clauses were used in the research report and the participants were requested not to discuss the study or the content of the interviews with their colleagues.

Beneficence

As stated in Brink (2007), the study should at all times ensure the well-being of the participants, meaning the participants have the right to protection from discomfort and harm. No anticipated risks are involved in this study.

Principles of justice

The participants were asked to read through the information letter and encouraged to ask questions about the study and the informed consent leaflet, before signing the

consent form. Participants were informed they could withdraw at any stage from the interview with no harm to themselves.

Responsibility of researcher

All information was honest and truthful. Neither the research design nor the data were manipulated.

Trustworthiness

In qualitative research, trustworthiness is used to describe the degree of confidence (validity) of the data and to guarantee the meaningfulness of the resulted discussions.

Lincoln and Guba (1985) describe four criteria to establish trustworthiness, credibility, transferability, dependability and conformability. All these criteria will be addressed in the data analysis to ensure the trustworthiness of the findings.

According to Shenton (2004), credibility was obtained when the researcher ensured the study method intended was the method used.

Transferability was obtained when the researcher used the contextual nature of the study; the findings will not be able to be generalised to other Emergency or Intensive Care Units but the themes are transferable to their setting.

To ensure dependability, the researcher described the process used in detail, thereby enabling future researchers to repeat the work if necessary.

Confirmability was achieved by recognising shortcoming. This will be found in the limitations.

Debriefing and follow up were not considered as there were minimal risks involved. A senior lecturer with counselling skills was however available for support for any participant requiring it after the interview.

Conclusion

The setting for this study is a purposely selected level 3 hospital, situated in a large city. The hospital has a high patient's acuity and therefore the novice nurses needs to be practice ready. The participants were all Generation-Y registered nurses working in either an Emergency department or an Intensive Care Unit. The study was aimed at understanding the perceptions of Generation-Yers on supervision from the older generations. An exploratory and descriptive design study was done and ethical considerations were followed.

CHAPTER FOUR: RESEARCH FINDINGS

Introduction

This chapter presents the findings of the study after data analysis and presents a discussion of narratives from the nine participants. Central themes and sub themes are presented, discussed and integrated with present literature. According to Burns and Grove (2011), results in a study are translated and interpreted to become findings which are a product of evaluating evidence from a study.

The aim of the study was to explore the perceptions of Generation-Y Registered nurses working in either an Emergency or Intensive Care Units, of the supervision they experience in these clinical environments, by older generation Registered nurses.

Demographical data

Gender

Out of nine participants, one was male and eight were female.

Table 1.1 Gender of participance

Females: 8
Male: 1

Age of participants

Generation-Y Registered nurses were born between 1982 and 2003 (ages between 33 and 18 years old); the following are the ages of participants.

Table 1.2 Age of participants

	Age in years
Participant 1	27
Participant 2	25
Participant 3	24
Participant 4	24
Participant 5	29
Participant 6	25
Participant 7	25
Participant 8	29
Participant 9	31

Duration of placement

The criteria for novice nurse is to have worked less than 5 years as a Registered nurse, below is the duration of placement of each participant in the current ward (Emergency and Intensive Care Units).

Table 1.3 Duration of placement in wards

	Duration of placement in ward
Participant 1	4 years
Participant 2	3 years
Participant 3	1 year
Participant 4	3 years
Participant 5	3 years
Participant 6	18 months
Participant 7	1 year
Participant 8	10 months
Participant 9	4 years

Types of Emergency and Critical Care units where participants worked

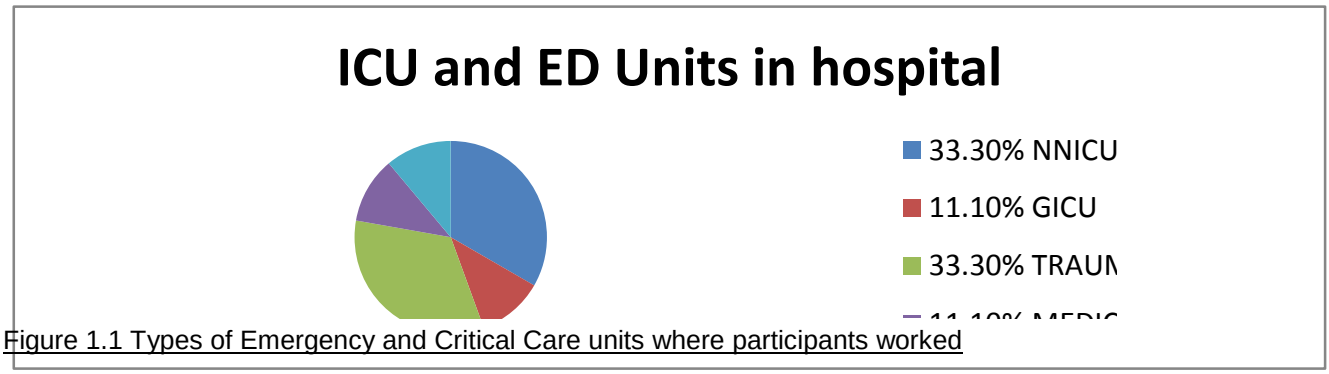


Figure 1.1 Types of Emergency and Critical Care units where participants worked

Perceptions of supervision by other generation Registered Nurses

Two themes and six sub-themes were identified by the researcher. The term theme is used to describe an integrating, relational idea from the data and elements identified from text or data (Richards, 2005; Bazeley, 2009).

The themes which were identified are Expectations of supervision and Impact of working environment on the supervision, as illustrated in the table below.

Table 1.4 Themes and Sub-themes

THEMES	SUB-THEMES
Expectations of supervision	• Orientation and teaching • Monitoring • Generational specific characteristics
Impact of working environment on the supervision	• Shortage of staff • Specific environments and personalities or characters • The technological environment

Theme one: Expectations of supervision

The term “supervision” is defined by Department of Health, London, (1993) as a formal process of professional support and learning, which enables individual practitioners to develop.

Clinical supervision is a process of professional support and learning in which nurses are assisted to develop their practice skills specifically, through regular discussion time with experience and knowledgeable colleagues.

The participants expected basic supervision skills from senior staff members and depended on it to develop their own competencies. Their interpretation of what they require from the senior staff include “traditional” supervision skills, that is those which are found in many textbooks on supervision (Booyens, 1993), as well as some expectations that seem to be those of a younger generation of nurses which were not necessarily expected by previous generations of nurses.

Traditional supervision skills include the following:

- Orientation
- Monitoring
- Providing support and guidance.

Orientation and teaching

The most significant time that novice nurses require their supervisors to share knowledge is during orientation to the ward. The term orientation is commonly referred to as “induction” (Booyens, 1993). For the purpose of this study the terms are used interchangeably.

Orientation is a form of knowledge sharing which provides an opportunity for newly qualified nurses to become acclimatised to the new environment. Younger Registered nurses benefit from orientation by learning the important rules and procedures of the unit (Booyens, 1993).

Participant 6 referred generally to the supervisor’s role by saying, *“Basic orientation of wards (is important), all the way through to how to do certain procedures, how to manage certain (medical) conditions.” (Participant 6)*

Participants 2 and 7 referred to the need for orientation when going to a new ward and, specifically Intensive Care Units where the acuity level of the patients is high. Participant 2 said, *“For a newly qualified nurse that hasn’t been in ICU before, we have only worked in HC or a normal ward, they (senior nurse) should teach us.”*

Teaching is also required at times other than when first arriving in the wards and the participants made it clear that this was the role of the supervisor and some had clear views on how this should be done. They said:

- *“You (supervisor) must be eager to teach, always there when needed. (She) must be willing to assist.’ (Participant 7)*
- *“To impart the knowledge in an understandable way. Without making anyone else feel inferior.” (Participant 6)*
- *“You have to have knowledge, skills and information.” (Participant 1)*
- *“It’s about experiences, education, capability.” (Participant 2)*

Some of the participants felt the older nurses were not giving adequate orientation and teaching, sometimes due to the perception that the older nurse felt threatened and did not want to share or empower the novice nurse as a result.

“The old generation feels hesitant to allow us to take the reins because they can’t believe that someone as young as us could know half as much as them.” (Participant 6)

“The older generation some of them feel threatened, like when you ask questions.” (Participant 7)

“They (are) very resistant to change, when you come with the latest research, they tell you things have always been like this way.” (Participant 7)

The novice nurses are hungry for knowledge and have an expectation that this knowledge should come from the supervisors, but this does not always happen.

Participant 1 explained the reason for her inquisitiveness was so she could understand the reason why “things” are done a specific way, but says the only people who do explain things are the younger nurses.

“I want to understand why I am doing things and I will only get an explanation from junior nurses.” (Participant 1)

Monitoring

Participants, who were all novice nurses, were understandably insecure about their roles, in particular regarding procedures which could potentially cause harm to the

patient if not done correctly and therefore appreciated the supervisor monitoring what they were doing to ensure it was done correctly.

Participant 9 said, *"There are some of us that's new, that have been here for 6 months. That person (senior staff member) should come around frequently when she is not busy and …check if everything is done." (*Participant 9*)*

Participant 6 said*, "Guidance, acting as part of a support system."*

Participant 4 had very specific advice on how to improve monitoring or checking care. She said*, "One person that (should) run the shift, and make sure all patients' basic needs is met and medication is given".*

Generational specific characteristic

Most of the participants expressed the belief that there were profound differences between the two generations which impacted negatively on the older generations' ability to supervise the younger generation successfully.

Participant 3 has experienced authoritarian leadership from the older generation which discouraged her from seeking advice:

"They say (us) the new generation always asks and we want to know (why) things are done like this. They say we (are) too inquisitive for their liking! We just want to understand why things are done that way, so we know that (why) it is useful." (Participant 3)

Participant 7 echoed this idea and said she was intimidated which makes approaching the supervisors difficult*. "In the 1900s, if I am a senior, you do what I tell you, it doesn't matter if we both nurse. You question… you get a knife."* (Participant 7)

Participant 5 stated the problem in reverse indicating that she believed that the older generation was rigid. She said*, "The young Generation is more flexible (When it comes to supervision)."* (Participant 5)

Participant 6 indicated that supervision should allow *"room for discussion"* implying that orders were given without explanation or the opportunity for the young nurse to suggest alternative ways of doing things.

Participant 8 felt it was essential for the supervisor to act as a good role model and, like participant 6, implied the supervisors were not doing what was required. *"You (supervisor) must be an example! You must lead by example."* (Participant 8)

According to Walker (2007), multigenerations working together can lead to tensions and challenges as they have different needs and wants in the work place, as well as a different commitment to working. Stewart (2006) raises the point that typically the mentor or supervisor is from an older generation group, possibly the Baby Boomers, than the supervisee (Generation-Y).

Theme two: Impact of the environment on supervision

Shortage of staff

In this theme, responses which related to the effect of the environment on supervision were included. While the respondents were quite definite about their expectations of supervisors, they also showed understanding of the impact of the working environment on the supervisors' ability to carry out their role.

Participants 1 explained supervision does take place when the unit is not busy; when the unit does become busy it becomes difficult for the supervisor to offer support.

She said, "Look *at the number of patients we see. We are not able to get supervised 100%, maybe 60% happens. Maybe in the morning when we (are) quiet but in the afternoon when we get 5-10 patients at the same time (Shakes her head)." (Participant 1)*

Participant 4 understands the supervisors try to supervise the novice Registered nurse but the workload in the ICU is heavy and does not allow for intensive supervision.

"It (supervision) is there but it's not active, because you get a person that is nursing 2 babies, 2 critically ill babies. Then they supervise you as well." (Participant 4)

This was echoed by participant 6: *"There's a lack of supervision because we are in a ward that is very busy" and "Because of the shortage of staff, we are not always able to be supervised."*

For participant 3 this issue is simple: *"Supervision is lacking because of under staffing."*

A supportive environment is important for the emotional wellbeing of the novice Registered nurse as she's expected to make life or death decisions promptly.

Specific environmental and personalities or characters

Whilst shortage of staff and high patient acuities are a universal problem, respondents identified specific areas and specific types of supervisors that had more of an impact on the quality and quantity of supervision than others.

The Emergency and Intensive Care Units were singled out in this regard.

"*When I compare (NNICU) to adults ICUs, (Adult ICU) we had a permanent CF (Clinical Facilitator) that prepares you for the day and (gives) expectations of the procedures." (Participant 2)*

Participant 3 was less specific but nevertheless emphatic and just said, "(The) e*nvironment is not conducive to supervision.*

Participant 7 described the factor of individual personalities and people best when she said, "*Some people don't want to get involved. No matter what happens. So it's a challenge 'cause this person doesn't teach you anything and if something goes wrong they just complain, complain."*

"Some RN's do good supervision, such as, what to do, what is right, how to go about things." (Participant 5)

Not being guided in an environment assisted with technology could be challenging for the novice Registered nurse.

The Technology Environment

The changes that have occurred with regard to the technological environment in the time that separates the two generations in the study have been profound, with nursing units being equipped with computers for patient data and a great deal of technological equipment having been introduced to manage patients such as electronic monitoring and automated controls for the administration of intravenous

fluids. Despite this, only two of the respondents mentioned the issue with regard to supervision.

Participant 7 proposes that: *"Yes, with the new generation (Generation-Yers) it is much easier to use anything that is technologically related, and anything that is electronic 'cause most of the equipment we use is electronic, it's very easy for us youngsters to use."* The implication was that it was more difficult for the older generation to use this equipment.

"*The new ventilators that has arrived in the hospital, if those ventilators are more advanced in a way, you would find (see) the older generation knows everything about the ventilators but don't know how to operate them."* (Participant 5)

Conclusion

All participants had a clear explanation of what they expected from their supervisors. These expectations included being an example as well as knowledgeable, skilled and having information. They expected to be taught and guided. In terms of the Emergency and Intensive Care staff, they expect a support system and a room for discussion when they're in the wrong. As described by Kiminster and Folly (2000), clinical learning is the delivery of mentoring, guidance and feedback on matters of personal and professional development in the context of patient care.

Discussion and findings

Supervision

The participants were clear about what the characteristics of a good supervisor should be. Wilson, et *al.* (1995) describes clinical supervision as an umbrella term that embraces learning experiences and professional development. Though the participants complained about their supervisory needs not being met, they still endured the stresses of the working environment; they continued and persisted to work and nurse the patients. The dictionary (Oxford Dictionary, 1976; Webster, 1993; Bloomberg, 1994) defines supervision as direct control of workers, “to watch over and direct or to oversee.”

It appeared that not a single Generation-Y Registered nurse who was interviewed felt they were inadequately supervised; however they showed sympathy towards the wards lack of staffing and high patient acuity. They could not oppose or question a senior nurse’s instruction as they were discouraged from seeking advice, which gave the researcher an impression of an authoritarian relationship. This concept of seniors being authoritative is supported by Hill (1989), in that people at work tend to think of their supervisors as authoritarian and the whole concept of supervision is linked conceptually to an authority figure. This is unfortunate because clinical supervision is much wider and more generous in its intentions (Raister, *et al*, 2003). Despite the participants not feeling supported and in adequately supervised there appeared to be a high level of respect and admiration for senior nurses from the novice Registered nurses.

Generation-Y Registered nurses do inspire to be great nurses but the lack of support and supervision has left them feeling vulnerable and a great sense inexperienced. They thoroughly understand the consequences of not being supervised, which in turn leaves a gap in their knowledge and experience which should be filled by the older, experienced generation of nurses.

A lack of supervision has an inverse effect on the new generation and on the nursing profession as a whole. Without adequate supervision the future of nursing could be

lost. As the older generation of Registered nurses commonly say “Nursing has gone to the dogs,” would it not be more fitting to say the lack of supervision could be contributing to the perceived drop in nursing care and standards? The researcher suggests that the failure to guide and train Generation-Y Registered nurses will result in a lack of professional socialisation where nursing cultures, values and norms could become extinct. Supervision from the older generations (senior nurses) is important as the older generation should be functioning as role models, teachers and guides for Generation-Y Registered nurses. There has been a growing body of literature describing the multigenerational differences and the need for clinical supervision (Leter, *et al*. 2010).

Clinical supervision, like teaching, is an activity in which information is exchanged amongst colleagues. The importance of sharing knowledge is that valuable information gets passed on to Generation-Y Registered nurses who gain experience and as a result move from being novice nurses to proficient professionals. Benner (1982) explains a proficient Registered nurse perceives and understands situations as a whole, with improved decision making skills. In order to reach this level of competence, the information and skill has to be taught to them.

Fears often arise from the older generation when they have to share knowledge. The older generation is often described as being hesitant to share knowledge, worried that empowering Generation-Y Registered nurses may compromise their knowledge. However, this would be a misleading fear as sharing knowledge could only empower and add information to a greater body of knowledge (Booyens, 1993).

If the understanding of sharing knowledge as well as clinical supervision is to sustain and develop personal practices then its intentions are clearly notable and not to be feared (Butterworth & Faugier, 1990). One of the professional functions of Registered nurses includes training other members of the health team (SAQA, 2008). Addis and Karadag (2003) high-light the difficulty of ensuring adequate supervision in the clinical areas due to nurses lack of clinical teaching and training skills and they are therefore not comfortable to supervise, which could be the reason most Generation-X and Baby Boomers are reluctant to supervise or teach. They may indeed lack sufficient up-to-date newly evident based knowledge to guide the newly qualified registered nurses to become specialists.

Generation-Y's doubts about being supervised often relate to its potential to abuse as a system of unnecessary control and interference in professional autonomy. Clinical supervision is a practice led activity that is likely to be misused and often results in oppression. Duchscher and Myrick (2008) defines oppressive behaviour as an experience that results from a dominating pattern of ideas or structures which characterises, normalises and perpetuates unequal relationships and roles that are present a social system. Roberts (1983) describes oppressive group behaviour as behaviour such as marginalisation, internalisation, self-hatred and low self-esteem which surfaces when a subordinate group is oppressed by a superior group. Since the oppressed are powerless to change the circumstances. According to Wright (1986), it seems logical to assume that if nurses are to treat patients as human beings, then in turn they need to be treated the same way by those who manage and educate them.

Environment

The quality of clinical supervision encompasses a broad range of factors including the integration of novice nurses into this environment through effective relations, (Dunn & Hanford, 1997; Loftmark & Willibald 2001) helpful guidance, functioning structures and knowledge development opportunities in the clinical environment (Spouse, 1998). Pappeta (2003) adds that the clinical working environment encompasses all that surrounds the staff, including the settings, the ward, equipment and the patients.

Raister, *et al*. (2003) state that the atmosphere in the Emergency and Intensive Care Units may be chaotic and stressful and can impact negatively on supervision of the novice registered nurses' learning, thus the quality of the clinical learning environment.

Apart from clinical supervision, studies have revealed that social support from senior nurses is a vital element in the facilitation of novice nurses learning (Kelly, 2007; Roberts, 2008). Novice nurses perform better when they have social support from senior nurses.

The Generation-Y novice nurses who work in the Emergency and Intensive Care Units appear to have a theory-practice gap. Novice nurses often report disparity between what was learned in the class and simulation laboratory and what is actually

practiced in the clinical environment (Sherif & Mansoumi, 2005; Eleigil & Sari 2007). Evidence in literature suggests there is a gap in integrating theory to practice (Kaphagwani & Useh, 2013).

Feedback is a prerequisite for effective learning. According to Clynes and Rafte (2008), feedback is defined as a collaborative process of providing insight to novice nurses about their performance. As observed by the researcher, feedback was often negative and communication was poor between Generation-Y novice nurses and senior nurses, this would lead to novice nurses feeling demotivated (Kaphagwani & Useh, 2013). If novice nurses know their progress, or lack thereof, they could improve on their weakness and optimise learning and growth (Clynes & Reftey, 2008).

Conclusion

Data saturation was reached after seven interviews, but two more interviews were conducted to ensure there was no new information that emerged. Two themes and six sub-themes were identified and discussed, namely expectations of supervision which analyses the participants' expectations of their supervisors, the impact of the environment which explores short staffing and the technological in Critical Care areas.

CHAPTER FIVE: SUMMARY AND CONCLUSION

Introduction

This chapter presents a summary of this study: the implications for clinical practice and nursing education, the implications of this study, the limitations experienced while conducting this study and the recommendation for further research.

Main findings (summary)

The objective of the study was to understand the perceptions and the nature of supervision that Generation-Y registered nurses in the Emergency and Intensive Care Units received from older generation Registered nurses.

Presence of generational supervision

- According to the participants, older more experienced Generation-Y novice nurses had more patience and were more patient and helpful when it came to supervision of novice Registered nurses. The older generations, such as the Baby Boomers and Veterans, at times felt threatened and often demonstrated an authoritarian leadership style when supervising Generation-Y novice nurses. This is unfortunate as the older generations usually have the experience and knowledge that can be of advantage for the novice nurses.

Supervisory relationship of the ward

- There wasn't a supervisory relationship, as Generation-Y Registered nurses had a very ambiguous supervisory relationship with the older generation. During the interviews, the participants could not identify any senior nurse as a distinct supervisor. The novice nurses mostly reflected on the challenges the senior nurses faced in the ward, which could have resulted in this perceived lack of supervision by the participants in this study. The ward challenges that were mentioned included short staffing and high patient acuity, which lead to a busy environment with no time to teach.

The perceived advantages supervision

- Participants often feel a lack of confidence when placed in the Intensive Care Unit or Emergency Department in a hospital due to the increased acuity of the patients they are required to nurse. Adequately supervising Generation-Y Registered nurses would increase their confidence and help them develop the skills they need to become the independent practitioners they strive to be. Good supervision would integrate the Generation-Y Registered nurse into the ward environment, which would make her feel a valuable team member, which may have the effect of increasing the retention rate of Generation-Y Registered nurses.

Limitations

This study was contextual, as it only involved one group of Generation-Y Registered nurses and only one hospital. Therefore the results cannot be generalised nationally, but only to the level 3 academic hospital's ED and ICU.

One of the limitations of this research was that very little recent research had been done on Registered nurses supervising novice Registered nurses. Most recent research is focused on supervising student nurses. The lack in research indicates the need for supervision has not been re-evaluated since the 1990's. For this reason, the researcher was not able to find relevant research that was less than 10 years old.

The questions in the interview guide were open and closed ended, preventing the researcher gaining deep understanding of the phenomena.

The sample was limited in that all participants were selected from one hospital and the finding might reflect the level of supervision at this hospital which cannot be generalised to other health care services

Another limitation was that the researcher is from Generation-Y and the participants never challenged the concepts that were introduced. If the researcher was from the Baby Boomers generation would the response be different?

Recommendations

Education

Plan and execute an orientation programme for novice Generation-Y Registered nurses. The orientation programme should include an induction to the physical ward environment and floor layout, policies and procedures as well as in-service on common diseases found in the specific ward.

Formalise supervision (appoint supervisors or mentors) and educate them by introducing programmes about supervision and its benefits include the theory that underpins supervision and the different approaches to supervision should include the older nurse in order for them to supervise correctly. They will feel more confident about their supervision ability and there for be better supervisors.

Nursing practice

Team building exercises will improve communication and relationships between senior nurses and novice nurses and create a supportive environment for senior nurses, so that they able supervise confidently.

Nursing management would also benefit from understanding the characteristics of Generation-Yers. This would reduce the anxiety and stress this group of novice nurses experience and in the long term reduce novice Generation-Y Registered nurses turnover.

What about ward pairing a novice nurse with a supervisor for an orientation period of perhaps 6 weeks, i.e. they are both allocated the same shifts and patients? This would allow for the supervisory relationship to develop and for the novice nurse to build her confidence in a secure and safe working environment.

Research

Future research can be done on Generation-Xers perceptions on being a supervisor. This would give an understanding on how they experience supervising Registered nurses, thus giving an understanding of what the supervisor’s expectations and perceptions are with regard to supervising Generation-Y Registered nurses.

Conclusion

The aim of this research report was to explore the perceptions of generation-Y Registered nurses, working in Emergency and Intensive Care Units, on being supervised by older generation Registered nurses.

During the clinical practice period of transition, this allows nurses to consolidate the knowledge and skills, acquired and learned in the classroom, into a working situation (Chan, 2001). This particular time is most valuable to mould newly Registered nurses into future specialists who would move nursing into the next level. Generation-Y Registered nurses are seen to be a good fit to take nursing to a higher level because they have all the necessary traits to offer the nursing profession. As trainees are generally inexperienced in these areas and unfamiliar with many of the processes, Gibson et al (2001) explains that supervision plays an important role in supporting trainees to help them to make sense of their experiences.

During data analysis, it was observed that minimum supervision was given to Generation-Y Registered nurses; this lack in direction would leave them vulnerable and at risk of exacerbation. It was said by Saarikoski (2008), that one of the most important features of a good clinical learning environment is emotional security. Emotional security can also be achieved in an environment in which the atmosphere is fair and where novice nurses can solve learning problems.

Clinical supervision was and still is a focused based professional relationship between a senior nurse and novice nurses. Saarikoski (2008) also mentions tertiary institutions cannot replace bedside supervision or bedside learning; it can only complement the newly qualified Registered nurses. Adequate supervision at the bedside will prepare the nurses to practice responsibility.

REFERENCES

Addis, G. & Karadag, *A. 2003. An evaluation of nurses' clinical teaching role in Turkey.* Nurse Education Today. 23 (1): 27-33 www.sciencedirect.com/science/ 2004/10/07.

Aitken L., 2001. *Health care at the Crossroads*. Joint Commission on Accreditation healthcare Organizations.

Arsenault, P.M. (2004). *Validating Generational Differences: A Legitimate Diversity and Leadership Issue*. The Leadership and Organization Development Journal, 25, 124–141.

Bazeley, P. A. 2009. *Analysing qualitative data: more than 'identifying themes'. Malaysian Journals of Qualitative Research*. 2(2), 6-22. (Available at: www.researchsupport.com.au).

Berman, E. (2000). *Psychoanalytic Supervision: The Intersubjective Development.* International Journal of Psychoanalysis, 81(2), 273- 290.

Benner, P. 1984. *From Novice to expert: excellent and power in clinical practice*. Philadelphia: Saunders.

Benner, P., Tanner, C. A. & Chesla, C. A. 1996. *Expertise in nursing practise: caring clinical judgement, and ethics*. New York: springer publishing company, Inc.

Booyens, S. W. 1993. *Dimensions of Nursing Management*. Kenwyn: Juta.

Berman, E. (2000). *Psychoanalytic Supervision: The Intersubjective Development*. International Journal of Psychoanalysis, 81(2), 273- 290.

Bowers, C. & Candela, L. 2005. *First job experiences of recent registered graduates: improving the work environment.* Journal of Nursing Administration. 35 : 130-137

Brink, P. J. 2007. *Advanced design in nursing research*. 2nd Ed. Thousand Oaks: CA Sage.

Brutus. W. 2013. *How outrospection can save the world- The Vanguard element*. Available: htttp//www.vanuarddevelopment.com//2013/03/howoterspectioncansavetheworld Accessed: 21/19/2013

Buntu Building Workers Act. Act No. 27 of 1951. South Africa.

Butterworth, T., Fourgier, J. 1994. *Clinical supervision and mentorship in nursing*. London: Chapman & Hall.

Burns, N. & Grove, B. 2011. *The practice of nurse research appraisal, syntheses and generations of evidence.* St Louis: WB Saunders.

Carver, L. & Candela, L. 2008. *Attaining organizational commitment across different generations of nursing.* Journal of Nursing Management. 16: 984-991.

Chan, D. 2001*. Development of an innovative tool to assess hospital learning environments*. Nurse Education Today. 21:624-631 www.sciencedirect.com/science Accessed: 2005/05/13.

Chambers, R. 2010. *Teacher practitioner and mentor nursing. The good mentoring toolkit for healthcare*. Abingdon.

Cogin, J. 2012. *Are generational differences in work values fact or fiction? Multicounty Evidence and implications*. International Journal of Human Resource Management 23(11)

Cormack, C. 2000. *The research process in nursing.* London: Blackwell.

Clynes, P & Raflery. 2008. *Feedback. An essential elements of students learning in clinical practise.* Nursing education in practise. 18:408-488

Creswell J., 2009. *Research design, Qualitative, Quantative and Mixed method Approaches*. 3rd Ed. Sage: California.

De Vos, A. S. 2005. *Qualitative Data Analysis and Interpretation. Research at Grass Roots for the Social Science and Human Service Professions*. 3rd ed. Pretoria: van schaik. 333-349.

Duchscher, J. & Myrick, F. (2008). *The prevailing winds of oppression: Understanding the new graduate experience in acute care.* Nursing Forum, 43(4), 191-206.

Dunn & Hansford. 1997. *Undergraduate nursing students' perceptions of their clinical learning environment.* Journal of Advanced Nursing. 25(6):1299-1306.

Eagle, G. (2005). *Grasping the thorn: The impact and supervision of traumatic stress Therapy in the South African context*. Journal of Psychology in Africa, 15(2), 197-207.

Eisner, S.P. (2005), *Managing Generation Y*. SAM Advanced Management Journal, 70, 4–12.

Eleigil, A. & Sarity, 2007. *Determining problems experience by student nurses in their work with clinical educators in Turkey*. Nursing Education Today. 7:491:498.

Ferr-Whorten, R. Brunetse, Y. & Shacklock. 2001. *The impact of Intuition and supervision nursing relationship on empowerment and affective communication by generations.* Journal of Advanced Nursing.

Gibson, K., Sandenbergh, R. & Swartz, L. (2001*). Becoming a community clinical Psychologist: Integration of community and clinical practices in psychologists' training*. South African Journal of Psychology, 31(1), 29-35.

Hahn, J. 2001*. Management multiple generational scenarios from the work place*. Nursing forum.

Kachiwala, A. 2006. *Student nurses' opinions regarding the clinical learning environment and supervision at Malamulo hospital, Malawi*. MSc thesis, University of Witwatersrand (Unpublished).

Kelly, C. 2007. *Students' perception of clinical teaching review.* Nursing Education Today. 27:888-892.

Kogan, M. 2007*. Human resources management: bridging the gap.* Available: http/www.govexec.com/features/0901109015/htm. Accessed: 21/09/2013

Kilminster, S. M. & Folly, B. C. 2000. *Effective supervision in clinical practice settings: literature review*. Medical Education. 34: 827-840.

Le Duc, K. & Kotzer, A. 2009. *Bridging the Gap: A comparison of the professional nursing value of students, new graduates, and seasoned professionals.* Nursing Education Research. 30(5): 297-283.

Leiter, M., Prince, S. & Laschinger, S. 2010. *Generation's differences in distress, attitudes and incivility among nurses*. 18: 970-980 7.

Lincoln, Y. & Guba, E. 1985.*Naturalistic inquiry*. Beverly Hills. CA. Saga Publishes.

Loffmarks, A, Carlsson. M & Wikblad, K. 2001. *Student nurses' perception of independence supervision during clinical nursing practice*. Journal of Clinical Nursing. 10: 86-93.

London Department of Health (1993) *A Vision for the Future: The Nursing, Midwifery and Health Visiting Contribution to Health and Health Care*. London.

Lower, J. 2008. Brace yourself here comes the Y generation. *Critical Care Nursing*. 28: 80-84

Manion, J. 2009 *Managing the Multigenerational Workforce: Managerial and Policy Implications*. International Council of Nurses (ICN), Geneva, Switzerland

Messmer, P. 2006. *Magnet Require Nursing Excellence Patient safety*. Nursing Excellence. Jacksonville

Martin, K. & Wilson, C. 2011. *Newly Registered nurses' experience in the first year of practice: A phemonology study.* Intimation Journal of Human Caring 2:25. 21-27

Papp, I., Karkkanen, M. & Von Bonsdorff M. 2003. *Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences.* Nurse Education Today. 23: 262-268.

Pennington, D. 2004. *Mentoring: its time has come again*. International Journal of Nursing. 67:123-130

Polit, D. F., Beck, C.T. & Hungler, B.P. 2014. *Essentials of nursing research Methods, appraisal and utilization.* 5th Edition. Philadelphia: Lippincott.

Quality Assurance Agency 2001. *Code of practice for the assurance of academic quality standards in higher education placement learning*. QAA: London.

Raisler, J., O'Grady, M. & Lori, J. 2003. *Clinical teaching and learning in midwifery and women's health.* Journal of Midwifery and Women's Health. 48 (6): 398-406 www.sciencedirect.com/science. Accessed: 2005/05/20.

Radcliffe Henning E., 2004. *Finding your way in Qualitative research*. Van Schaik Pretoria.

Richards, L. 2005. *Hardling qualitative data: A practical guide.* Thousand Oaks, CA. Safa.

Rohatinsky, N. 2008. *Mentoring perceptions of registered nurses*. College of Nursing*:* University of Saskatchewan

Roberts, D. 2008. *Learning in the clinical practice. The importance of peer nursing standards.* 23:35-41.

Saarikoski, M., Leino-Kilpi, H. & Warnet, T. 2008*. Clinical learning environment and supervision: testing a research instrument in an international comparative study*. Nursing Education Today. 22, pp340-349

South Africa Nursing Council. 2008. Act 33 of 2005. Accessed: 20/05/2015. Available from: www.sanc.co.za/pdf/Nursing%20Act20%202005

SAQA, 2008. *Bachelor of Nursing*. South Africa Qualification Authority Registered Qualification.

Selanders, L., Crane, P., 2012. *The voice of Florence Nightingale on Advocacy*. The online journal of issues in nursing. 7:1

Skaalvik, M.W., Normann, H. K. & Henriksen N. 2009. *Clinical learning environment and supervision: experiences of Norwegian nursing students. A questionnaire survey.* Department of Health and Care Sciences. University of Tromsø. Norway

Shaw, S., & Fairhurst, D. 2008*. Engaging a New Generation of Graduates,* Education Training, 50, 366–378.

Shenton, A. 2004. *Strategies for ensuring trustworthiness in qualitative research projects*. Education for information. 22:63-75

Sherman, R., 2006. *Leading a Multigenerational Nursing Workforce: Issues Challenges and Strategies.* Online Journal Issues Nursing 11(2) Accessed 18/7/2013

Smit, L., Mc Allister, l. & Crawford, C. 2001*. Mentoring Benefits and Issues for Public Health Nursing*. Public Health Nursing. 18:101-107.

Statically language - Australian Bureau of Statistics. 2013. Statically language. Available from: <http//www.abs.gov.ay/websilcdbs/a3121120.nsf/home/statistal+language+-+census+and+sample>. [6 June 2013]

Stanley, D. 2010. *Multigenerational workforce issues and their implications for leadership in nursing.* Journal of Nursing Management 18:20 .846-852

Stewart, B., & Krueger, L. 1996. *An evolutionary concept grams. Cancer Epidemiology, Biomarkers and Prevention,* analysis of mentoring in nursing. Journal of Professional Nursing. 12: 311–321.

Stewart, D. 2006. Generational Mentoring. *Journal of Continuing Education in Nursing.*

Strauss, W. & Howe, N. 1991. *Generation: The history of Future 1584- 2069*. Harper Collins.

South Africa Department of Health. 2008. *Nursing Strategy for South Africa.* Pretoria: Government Printer.

Walker, K. 2007. *Fast-track for fast times: Catching and keeping Generation Y in the nursing workforce.* Contemporary Nurse: A Journal for the Australian Nursing Profession. 24:147-158

Wehmeier, K. 2005. *In the mood*. Journal of Philosophy Logic. 33:607-636

Whiteley, S., Bordenham, A. & Bellamy, M. 2001. *Intensive care*. 2nd ed. Philadelphia: Elsevier Churchill Livingston.

Wilson-Barnett, J., Butterworth, T., White, E., Twinn, S., Davies, S. & Riley, E. 1995. *Clinical support and the project 2000 nursing student: factors influencing this process*. Journal of Advanced Nursing. 21: 1152-1158.

Wilson, B., Squires, M. Widger, K. Cranley, L. & Tourangeau, A. 2008. *Job satisfaction among a multigenerational nursing work force*. Journal of Nursing Management. 16:32. 716-723

Whiteley, S., Bordenham, A. & Bellamy, M. 2001. *Intensive care*. 2nd ed. Philadelphia: Elsevier Churchill Livingston.

Wright, S 1986. *Building and using a model of Nursing*. Edward Arnold, London.

YOUNG, S. 2011. *Millennial Nursing in the workplace. Tennessee nursing association career centre*: 7. 2

Appendix 1

Interview guide

- Age:
- Gender:
- Duration of placement in current ward:

1. Please tell me how you experience supervision from older generations in your working environment?

   Possible Prompts:

   What do you thing supervision entails?
   What do you think constitutes good supervisions?
   Is the ward environment conductive to good supervision?
   Do you think that different generations supervise in different ways?

2. Do you think that your generation (Generation-Y) is more Tech-Savvy than the older generations?

   Possible Prompt:

   How does this affect the way you have been supervised?

3. Is there anything else you would like to mention?

Thank you for answering my questions

Appendix 2

Information letter and informed consent

Research study: THE PERCEPTIONS OF THE SUPERVISION THAT GENERATION-Y NURSES EXPERIENCE WORKING IN EITHER AN EMERGENCY OR INTENSIVE CARE UNIT OF AN ACADEMIC HOSPITALS IN JOHANNESBURG

Dear Colleague

I am Franny Louw, currently a student at the University of Witwatersrand undertaking a Master's Degree in Trauma and Emergency nursing. I hereby would like to invite you to participate in my above titled research report.

The purpose of the study is to explore the perception of Generation-Y Registered nurses of the supervision they have received in their work place. Generation-Y is the latest generation to enter into the work place, but with possibly little or no supervision, large numbers of Generation-Y nurses may leave the nursing work force owing to career changes. The ongoing shortage of registered nurses and large employee turn-over rate indicates that recruitment and retention are only part of the solution. According to the South Africa Department of Health, clinical mentoring and supportive supervision are complementary activities necessary to build the health service delivery system.

The information needed for this study will be gathered through an individual semi-structured interview. You will be asked questions on your perceptions of supervision that has taken place in the unit you are currently working in. It will take approximately 15 to 20 minutes of your time.

As a participant you will be entering into this study voluntary. You have the right to withdraw at any stage without prejudice. The data collected during this study will be kept under strict security and will be confidential. Please note no remuneration will be given to any participant during this study and no anticipated risks are involved.

The study has been approved by the Human Research Ethics Committee of the University of the Witwatersrand. The Nursing Service Manager of the hospital has given permission.

Your participation in the study will be highly appreciated.

Yours faithfully,

……

Franny Louw

Cell phone number: 078 537 5503

Appendix 3

Consent form for participation in the research study titled:

THE PERCEPTIONS OF THE SUPERVISION THAT GENERATION-Y NURSES EXPERIENCE WORKING IN EITHER AN EMERGENCY OR INTENSIVE CARE UNIT OF AN ACADEMIC HOSPITALS IN JOHANNESBURG

I have read and understood the information letter relating to the above study, explaining why the research is being done and the method of data collection that the researcher will be using. I have received answers to any questions I have asked.

I voluntarily give my consent to be interviewed for the resultant research report.

Signature of participant.....

Date:.....

In addition to agreeing to participate in the study, I also consent to having the interview tape recorded.

Signature of participant.....

Date:.....

Name of Participant.....

Appendix 4

Letter to the Chief Executive Officer

Director of Nursing

CMJAH

17 Jubilee Road

Park Town

Request for permission to conduct research in the Emergency and Intensive Care Units in Charlotte Maxeke Johannesburg Academic Hospital

I am Franny Louw, currently a student at University of Witwatersrand undertaking a Master's Degree in Trauma and Emergency Nursing. As fulfilment of the course academic work, a research study in the Emergency and Intensive Care Unit should be conducted by me.

The aim of the study is to explore the perception that Generation-Y Registered nurses (ages between18 and 32 years old) have on the subject of supervision by other generations.

I wish to request your permission to invite Generation-Y nurses in the Emergency and Intensive Care Units to participate in the study. If you grant permission, I will conduct semi-structured interviews with the participants and the questions will be focused on perceptions of supervision that has taken place in the ward. Each interview will take approximately 15 to 20 min. As a researcher I hope the findings of this proposal will benefit not only the Generation-Y Registered Nursing staff, but also inform staff and educators about their supervision needs.

I have attached a copy of my proposed research proposal to help you gain an understanding of the area of research I intend to study. If you need any further information regarding my study do not hesitate to call me on the contact details listed below.

Your permission to carry out this research will be highly appreciated.

Yours faithfully,

……..

Franny Louw

Cell Phone Number: 078 537 5503

Email address: frannylouw@webmail.co.za

Appendix 5

Letter to the Director of Nursing Service Manager

Director of Nursing

CMJAH

17 Jubilee Road

Park Town

Request for permission to conduct research in the Emergency and Intensive Care Units in Charlotte Maxeke Johannesburg Academic Hospital.

I am Franny Louw, currently a student at University of Witwatersrand undertaking a Master's Degree in Trauma and Emergency Nursing. As fulfilment of the course academic work, a research study in the Emergency and Intensive Care Unit should be conducted by me.

The aim of the study is to explore the perception Generation-Y Registered nurses (aged between18 and 32 years old) have on the subject of supervision by other generations.

I hereby wish to request your permission to invite Generation-Y nurses in the Emergency and Intensive Care Units to participate in the study. If you grant permission, I will conduct semi-structured interview with the participants. Questions will be focused on perceptions of supervision that has taken place in the ward. Each interview will take approximately 15 to 20 minutes. As a researcher I hope the findings of this proposal will benefit not only the Generation-Y Registered Nursing staff, but also inform staff and educators about their supervision needs.

I have attached a copy of my proposed research proposal to help you gain an understanding of the area of research I intend to study. If you need any further information regarding my study do not hesitate to call me on the contact details listed below.

Your permission to carry out this research will be highly appreciated.

Yours faithfully,

……..

Franny Louw

Cell Phone Number: 078 537 5503

Email address: frannylouw@webmail.co.za

Appendix 6

Letter to the Operational Manager

Director of Nursing

CMJAH

17 Jubilee Road

Park Town

Request for permission to conduct research in the Emergency and Intensive Care Units in Charlotte Maxeke Johannesburg Academic Hospital

I am Franny Louw, currently a student at University of Witwatersrand undertaking a Master's Degree in Trauma and Emergency Nursing. As fulfilment of the course academic work, a research study in the Emergency and Intensive Care Unit should be conducted by me.

The aim of the study is to explore the perception Generation-Y Registered nurses (aged between18 and 32 years old) have on the subject of supervision by other generations.

I hereby wish to request your permission to invite Generation-Y nurses in the Emergency and Intensive Care Units to participate in the study. If you grant permission I will conduct semi-structured interviews with the participants. Questions will be focused on perceptions of supervision that have taken place in the ward. Each interview will take approximately 15 to 20 minutes. As a researcher I hope the findings of this proposal will benefit not only the Generation-Y Registered Nursing staff, but also inform staff and educators about their supervision needs.

I have attached a copy of my proposed research proposal to help you gain an understanding of the area of research that I intend to study. If you need any further information regarding my study do not hesitate to call me on the contact details listed below.

Your permission to carry out this research will be highly appreciated.

Yours faithfully,

……..

Franny Louw

Cell Phone Number: 078 537 5503

Email address: frannylouw@webmail.co.za

Appendix 7

Example of interview with participant

Researcher: Please tell me your age?

Participant 6: 25

Researcher: Your gender?

Participant 6: Female

Researcher: Your duration of placement in current ward?

Participant 6: 18 months

Researcher: How do you experience supervision from older generations in your working environment?

Participant 6: There is a lack of supervision, I think its coz we in a ward that's very busy. It's very challenging especially with all the patients we have and the shortage of staff; it's not always possible to be supervised. I also feel like the old generation feels hesitant to allow us to take the reins because they can't believe that someone as young as us could know half as much as them. Which may be true but it would be nice to be given the opportunity, you know.

Researcher: What do you think supervision entails?

Participant 6: So for me, supervision would entail everything from the basic orientation of wards, all the way through to how to do certain procedures, how to manage certain conditions also the education behind everything we doing especially if you hadn't had the opportunity to specialise, and to impart the knowledge in an understandable way. Without making anyone else feel inferior.

Researcher: What do you think constitutes good supervision?

Participant 6: So: good supervision would be guidance, acting as part of a support system… and hang on; I should actually add this, room for discussion on both sides. Not just telling but discussing, you know, the rationale behind everything.

Researcher: Is this ward conducive to good supervision?

Participant 6: um… NO! (Laughs) no it isn't, because we are short of staff, so when we came in we had err... a four week orientation um... but I feel it would have been better if we had, instead of doing 7/4's with different sisters all the time to have two main sisters to guide us all the time, so that we can build up that support and that communication between the two of you.

Researcher: So what you saying is that it would have been better to have one supervisor all the time instead of changing supervisors so that you able to build a relationship…

Participant 6: …even a Clinical facilitator I think would've assisted with that. Um… also certain people are better suited to be supervisors and teacher. They impart knowledge more easily… they communicate more easily... and I think those people need to be identified and paired up with the new the editions to the ward. I think it's not only important for the people coming into the ward, to get all the knowledge that's been gain from these people that has been here for 10 years , but it's also good for them as a refresher and I don't think that always see it that way as well.

Researcher: Do you think that different generation supervise in different ways?

Participant 6: Defiantly, um, when I first came in I worked with senior sisters; they were very hesitant to allow me to do anything. It's almost like they forgot how little they knew when they first started, compared to when I had a sister from our generation teaching me I learned a lot more, cause she was me a couple of years ago so she explained everything a lot better her rational was better explained. She allowed me more opportunities obviously supervised, to try procedures myself, to manage patients myself and was there as a support structure.

Researcher: Do you think that Generation-Y is more tech-savvy then the older generation?

Participant 6: I think we are, with a lot of things cause we have to be in this age of technology, and being raised in a demographic country and being told that we always have to question, not just take things as they come. Um to constantly be learning. To constantly be challenging um... ja. It makes savvy in lots of ways.

Researcher: Do you being tech-savvy affects the way you being supervised?

Participant 6: No, I think the older generation goes on courses to help them.

Researcher: Is there anything else you would like to mention?

Participant 6: No.

Researcher: Thank you very much for the interview.

Participant 6: The people here are very hesitant to change it cause that's way that it's been done, in the past. They not interested in ways to make it more coefficients

or better, they'd rather stick to what they know ad if we had someone that was up to date with research and protocol that I think things would be a lot more efficient and run a lot better, so clinical facilitators are a must.

Researcher: Could you then tell me what the advantages and disadvantages of good supervision is?

Participant: Advantages are that you settle in a lot more easily, and you'll never be hesitant to seek support and supervision. If you haven't had supervision, or the supervision has been negative, you would rather just try to figure it out on your own or ask a doctor. Cause, basically your introduction has been that you on your own to figure it out.

Researcher: Thank you again for interview.

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M1311103

NAME: (Principal Investigator) Ms Franny Louw

DEPARTMENT: Department of Nursing Education
Medical School

PROJECT TITLE: The Perceptions of the Supervision that Generation-Y Nurses Experience Working in Either an Emergency or Intensive Care Unit of an Academic Hospital in Johannesburg

DATE CONSIDERED: 29/11/2013

DECISION: Approved unconditionally

CONDITIONS:

SUPERVISOR: Mrs Hilary Thurling

APPROVED BY:

Professor PE Cleaton-Jones, Chairperson, HREC (Medical)

DATE OF APPROVAL: 24/01/2014

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**.

Principal Investigator Signature M1311103Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL

Enquiries:
Ms. M. Ndlovu
Office of the Chief Executive Officer
(011): 488-3792
(011) 488-3753
30th May 2014

Ms. Franny Louw
Department of Nursing education
Medical School

Dear Ms. Louw

Re: "The Perception of the Supervision that Generation-Y Nurses Experience Working in Either an Emergency or Intensive Care Unit of an Academic Hospital in Johannesburg"

Permission is granted for you to conduct the above recruitment activities as described in your request provided:

1. Charlotte Maxeke Johannesburg Academic hospital will not in anyway incur or inherit costs as a result of the said study.
2. Your study shall not disrupt services at the study sites.
3. Strict confidentiality shall be observed at all times.
4. Informed consent shall be solicited from patients participating in your study.

Please liaise with the Head of Department and Unit Manager or Sister in Charge to agree on the dates and time that would suit all parties.

Kindly forward this office with the results of your study on completion of the research.

Approved / not approved

Ms. G. Bogoshi
Chief Executive Officer
2/6/2014

Gill Smithies

Proofreading & Language Editing Services

59, Lewis Drive, Amanzimtoti, 4126, Kwazulu Natal

Cell: 071 352 5410 E-mail: moramist@vodamail.co.za

Work Certificate

To	Franny Louw
Address	DEPARTMENT OF NURSING EDUCATION, SCHOOL OF THERAPEUTIC SCIENCE, FACULTY OF HEALTH SCIENCE, WITS UNIVERSITY.
Date	17/9/2015
Subject	THE PERCEPTIONS OF THE SUPERVISION THAT GENERATION-Y NURSES EXPERIENCE WORKING IN EITHER AN EMERGENCY OR INTENSIVE CARE UNIT OF AN ACADEMIC HOSPITALS IN JOHANNESBURG
Ref	FL/GS/02

I, Gill Smithies, certify that I have proofed and language edited Masters: Abstract and Chapters 1 to 5 by Franny Louw,

THE PERCEPTIONS OF THE SUPERVISION THAT GENERATION-Y NURSES EXPERIENCE WORKING IN EITHER AN EMERGENCY OR INTENSIVE CARE UNIT OF AN ACADEMIC HOSPITAL IN JOHANNESBURG,

to the standard as required by Wits Dept. of Nursing Education.

Gill Smithies

Work Certificate