

**PERSONAL NARRATIVES OF NEWLY QUALIFIED NURSES IN A PUBLIC
HOSPITAL IN GAUTENG PROVINCE**

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.

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DECLARATION

I, Nontutuzelo Joyce Mqokozo, hereby declare that the research report submitted for the Masters in Nursing Degree at the University of the Witwatersrand is my own original work and has not been previously submitted in any institution of higher education. I further declare that all sources cited or quoted are indicated and acknowledged by means of comprehensive list of references.

A handwritten signature in black ink, appearing to read 'Nontutuzelo', written over a horizontal dashed line.

Nontutuzelo Joyce Mqokozo

Date: 2013.07.18

DEDICATION

I dedicate this study to the Godhead, my Heavenly Father, the Lord Jesus Christ and the Holy Spirit. It has been through their constant presence that helped and inspired me, alerting me to problems that could potentially hinder the accomplishment of this dream.

ABSTRACT

The purpose of this study was to explore the work-related experiences of the newly qualified nurses and their views about their own performance adequacy, in clinical area in a Public Hospital in Gauteng Province during their first year of clinical professional practice. The objectives of this study were to explore the work-related experiences of the NQNs and their views about their own performance adequacy in clinical practice during their first year of clinical professional practice, and to describe the work-related experiences of the NQNs and their performance adequacy in the clinical area during their first year of clinical professional practice.

An exploratory, descriptive and interpretative qualitative research was selected using a narrative approach to data collection. Benner's model of novice to expert guided the research. The research was conducted with thirteen newly qualified professional nurses. NQNs, who trained in the nursing college that is associated with the selected hospital, and who were in their first year as professional nurses, were consciously and purposefully selected using the snowballing method. Ethical considerations were maintained throughout the study.

In line with the story theme, Owen (1984)'s model of data analysis was used. Five major themes and five sub-themes emerged from the data. Two levels of analysis were used in developing meaning from the narratives. The results revealed that transitioning from student nurse to becoming a newly qualified nurse is challenging, shocking and humiliating.

The findings of the study support the calls in literature for a “mandatory preceptor programmes” for the first 4 months so that newly qualified nurses can consolidate their knowledge. Strategies to measure stress levels on newly qualified nurses can be researched quantitatively to reveal programs that support transitioning to clinical professional practice.

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

In this chapter, an overview of the study is described, which includes the background of the study and the motivating factors for the study. The significance of the study, the purpose, research questions, and objectives are explained. Terms are identified and their meanings defined within the context of the study.

1.2 BACKGROUND OF THE STUDY

In order to enter the nursing profession, senior students must go through transition before being newly qualified nurses (NQNs). Studies have shown that NQNs lack competencies, especially those related to leadership and decision making and this competence gap constitutes the difference between being a student and a professional nurse (Ramritu & Barnard, 2001; Gillespie & Patterson, 2009).

Nursing education has been subjected to many changes over the years. Academic education has changed vocational training into diploma and graduate education in South Africa. Whether these changes have really equipped newly graduated nurses with the necessary knowledge, skills and confidence to function in contemporary healthcare settings is yet to be empirically proven in this research context.

Earlier research suggests that newly qualified nurses experience a degree of stress and uncertainty with feelings of insecurities (Whitehead, 2001).

There is a global concern about the readiness of the newly graduated nurses' skills during their first year of clinical professional practice. Evidence of curricula changes is seen in literature (Kapborg, 1998; Maben & Macleod Clark, 1998; Pilhammar Andersson, 1999; Gerrish, 2000; Greenwood, 2000). These curricula changes focus on teaching the students to have the ability to make critical judgments, solve problems, and follow the development of knowledge and exchange information on a scientific level. These changes are driven by national guidelines and health priorities. This calls for registered nurses who enter the profession to be prepared in a manner that allows nurses to keep learning and stay abreast of scientific developments in nursing. Emphasis on readiness of the newly qualified nurse points towards a self-directed life-long learner (Lofmark, Smide & Wikbald, 2006).

The burden of chronic and complex diseases has placed emphasis on primary health care (PHC). To meet these healthcare reforms the NQN has to become skilled in their practice when confronted by complex clinical professional practice patient situations. There is sufficient evidence in nursing literature to suggest that NQNs need some clinical experience to be able to think from abstract principles to the application of concrete experience. The practice settings have also been changing with nurses practicing with few support and mentors (Gillespie & Patterson, 2009).

In the context of South Africa, previous studies that have investigated the transitioning role of the NQN suggest that a lack of confidence in this category of nurses is evident. NQNs lack the ability to make decisions during the initial exposure to professional roles as their leadership and decision-making skills are still limited (Wangenstein, Johansson & Nordström, 2008:1880; Gillespie & Patterson, 2009). This has been confirmed in the study conducted with medical interns in South Africa. In a pre-registration study the performance of certain skills were assessed and the researchers concluded that there is a significant gap between the actual and expected standards of procedural skills proficiency of South African interns (Burch, Nash, Zabow, Gibbs, Aubin, Jacobs & Hift, 2005: 732).

The environment of care has also changed in the last decade in many practice settings, evidenced by high nurse- patient ratios. There are many challenges facing the nurses in public hospitals in South Africa. Firstly the international out migration of professional nurses has resulted in chronic shortages caused by an increased demand that exceeds a slowly growing supply of nurses. These shortages have been attributed to the perceived heavy workloads, too much mandatory overtime and unsatisfactory physical state of hospitals (Pillay, 2007; Pillay, 2009; Mokoka, Oosthuizen & Ehlers, 2010). Overall the dissatisfaction about pay and workload among public health care nurses is well documented (Pillay, 2009). As result this has made nursing less attractive to new recruits (Van Niekerk, 2008). As a caring profession, nursing is a practical discipline in which the learner develops complex psychomotor skills, affective skills and cognitive thinking, which are applied in the clinical situation (Moeti, van Niekerk & van Velden, 2004:73).

In this study NQNs are professional nurses who have completed their four year training in line with the legislative requirements of RSA, Act Number 33 of 2005. In this Act, the newly qualified nurses are required to complete one year of compulsory service in public hospitals. On completion of one year, they become registered as independent practitioners by the South African Nursing Council (SANC).

During this compulsory year, the NQNs are given an opportunity to apply for placement in areas of choice. In most hospitals they function on rotational basis in the chosen areas. However, this choice may not necessarily be given, as their clinical placement is sometimes governed by health service needs once they are allocated. In this study the service area is a public hospital where all the participants were allocated during their four year training for correlation of theory to practice.

Legislated provisions for nursing education in South Africa assume that nurses, at registration, have reached a standard which prepares them for autonomous practice for which they can be held accountable (RSA, Act Number 33 of 2005). With this expectation newly qualified professional nurses must assume the caring responsibilities competently to provide quality patient care.

The process of role transition from student to professional nurse is of particular interest in meeting the need for individuals who are able to settle into the professional work environment quickly and effectively. The demands that are expected of the NQNs include high levels of efficiency. Patients and the community expect nurses to be responsible and accountable for their acts and omissions while at the same time

displaying their advocacy role to their benefit (SANC, Regulation 2598, Registered Nurses' Scope of Practice and Regulation 387, Acts and Omissions as amended) (RSA, Act Number 50 of 1978 & Act Number 33 of 2005).

When NQNs enter the profession with these known challenges in South Africa it is therefore important that their work-related experiences be explored during their first year of clinical professional practice

1.3 SIGNIFICANCE OF THE STUDY

Depending on the outcomes of this study, it is expected that the exploration of work-related experiences of the newly qualified nurses and their views about their performance adequacy in clinical professional practice would reveal some scientific data that potentially could inform decision-making for management of the hospital and the nursing college where these participants trained, so as to create and promote positive practice environments in nursing.

1.4 PROBLEM STATEMENT

NQNs otherwise known as Community Service Nurses are trained according to SANC, Regulation 425 of 22 February 1985 and placed in the clinical practice according to the provincial health needs. Senior Professional Nurses in clinical areas of the selected hospital have openly criticized and questioned the clinical competencies of these nurses with respect to clinical readiness against the backdrop of HIV/AIDS.

The hospital where these NQNs are working is very busy with high attrition of skilled nurses. It is not uncommon to find these NQNs running a shift alone without managerial support. Research conducted on NQNs confirms that NQNs do lack confidence to demonstrate safe practice in their first year and require continual verbal and physical cues (Benner, 1984). Research studies that have investigated the competencies of NQNs suggest that these nurses lack confidence and managerial skills. While NQNs cannot be expected to have managerial skills immediately after qualifying, some level of problem solving and critical skills are expected in order to function as a professional nurse. Continuous exposure to complex diseases require mentoring, otherwise the potential for risk increases if NQNs are left to make health related decisions alone.

Exploring NQNs' work-related experiences and views about their performance adequacy in the clinical professional practice is therefore important as a baseline for decision making and support of this category of professional nurses. However there seemed to be no empirical evidence of a follow-up study conducted in their first year of clinical professional practice at this research setting.

From the above problem statement, the following questions emerged:

- What are work-related experiences of newly qualified nurses in the clinical area during their first year of clinical professional practice?
- How do newly qualified nurses view their clinical performance adequacy as professional nurses?

1.5 THE PURPOSE OF THE STUDY

The purpose of this study was to explore the work-related experiences of the NQNs and their views about their own performance adequacy, in clinical area of a Public Hospital in Gauteng Province during their first year of clinical professional practice.

1.6 RESEARCH OBJECTIVES

The objectives of this study were to:

- Explore work-related experiences of the NQNs and their views about their own performance adequacy in clinical practice during their first year of clinical professional practice.
- Describe the work-related experiences of the NQNs and their performance adequacy in the clinical area during their first year of clinical professional practice.

1.7 ASSUMPTIONS OF THE RESEARCHER

Botes (1995:10) defined the *meta-theoretical assumptions* as researchers' views on man and society; *theoretical assumptions* as those views that give form to the central theoretical statements of the research while *methodological assumptions* give form to the context which influence decisions about the research design.

1.7.1 Meta-Theoretical Assumptions

Man in this study is the newly qualified nurse who is a unique holistic being with knowledge, aspirations and choices, able to construct and develop skills and meaning about their professional lives.

The environment of nursing is the total context from where the activity of nursing care is practiced. It is the totality of connections of human beings making sense of their individual contributions to same health related goals. The environment can be internal or external, micro or macro, negative or positive in terms of all the conditions and circumstances that influence the surrounding, development and behaviour of a person. In this study, the environment refers to the hospital setting where the newly qualified nurses worked and were familiar with nursing care procedures and protocols.

Health is an optimal state that makes up who a newly qualified nurse is as a person. It is a state of physical, psychological, emotional, socio-economic and biological well-being that is maintained when a person continually adapts to situations that prevail daily.

1.7.2 Theoretical Assumptions

Theoretical assumptions are derived from theory within which they are used. Theoretical assumptions include theoretical models and concepts that will be used as a point of departure in the study and include definitions. Benner's Novice to Expert model was used to support this study in relation to the development of the NQNs as novice nurses in

their first year of clinical practice (Benner, 1982:402). This model gives different characteristics from the novice to advanced beginner to expert registered professional nurse. For the purpose of this study, the focus is placed at level one, the novice beginner, to advanced beginner in line with the purpose of this study. The following terms are defined:

Experiences

Experiences are the things that have happened to you that influence the way you think and behave (Hornby, 2005:513). In this study, experiences are the work-related experiences of newly qualified nurses in a clinical setting during their first year of clinical professional practice.

Newly Qualified Nurses (NQNs)

For the purpose of this study, NQN is a professional nurse who has trained under the SANC, Regulation 425 of 22 February 1985, and qualified as a nurse (general, psychiatric and community) and midwife, with less than one year of clinical professional experience, and qualified according to the provisions of RSA, Act Number 33 of 2005.

Nursing College

A nursing college is a post-secondary educational institution which offers professional nursing education at basic and post-basic level where such nursing education has been

approved in terms of section 15(2) of RSA, Act Number 50 of 1978 as amended by RSA, Act Number 33 of 2005. (SANC, Regulation 425 of 22 February 1985).

Community Service: Is a compulsory, remunerated one year service for all health professionals that is performed at designated public health establishment prior to registration as a professional practitioner by the relevant health profession council.

Community Service Nurse: Is a nurse registered by the South African Nursing Council (SANC) in the category of Community Service. This registration and performance of the community service are a pre-requisite for first registration as a professional nurse. (RSA, Act Number 33 of 2005).

Performance adequacy

The concept performance adequacy relates directly to role adequacy, and relates directly to the skills and competencies of individuals who undertake the nursing role (Shuriquie, White & Fitzpatrick, 2007: 144).

Public hospital

Public hospital is a health care institution that provides services to individuals under the support and/or direction of local, provincial or national government, answering directly to the sponsoring government (Yoder-Wise, 2011: 119).

Views

Views are personal opinions about something; an attitude towards something; a way of understanding or thinking about something (Hornby, 2005: 1640).

1.7.3 Methodological Assumptions

Methodological assumptions are concerned with the nature and structure of science and research and include the preferences and assumptions of the researcher. The following methodological assumptions are discussed to serve as a point of departure:

- NQNs' subjective experiences are regarded as valid source of knowledge.
- A qualitative, exploratory, descriptive and interpretive design is adequate for investigating the views of NQNs about their performance.
- A qualitative research is an interactive, subjective approach that does not control the context. A qualitative research uses data rather than numbers (Burns & Grove, 2003: 27).

1.8 RESEARCH DESIGN

A research design is a plan or structured framework of how one intends conducting the research process in order to solve the research problem and to expand knowledge and understanding (Babbie & Mouton, 2002:647); seeks to understand phenomena under study through in-depth inquiry (Henning, van Rensburg & Smit, 2009:3).

A research design therefore ensures that the evidence obtained enables a researcher to answer the initial question as unambiguously as possible. The research design is useful to guide the process for generating knowledge or refining the body of knowledge in the discipline of nursing (Fawcett, 2005:12).

The research approach followed in this study is a qualitative, exploratory, descriptive and interpretive design. This design was selected to explore the narrative experiences of the NQNs, to understand and interpret the meaning inherent within each story of this study's participants. The research was conducted with newly qualified professional nurses who were in their first year of work after completion of the nursing training and education. . These nurses were asked to describe in writing their work-related experiences and views about their own performances within the clinical units in a Public Hospital.

1.8. 1 Population and Sampling

The population of this study is comprised of all newly qualified nurses who have trained in a selected public nursing college in Gauteng Province. Burns and Grove (2007:40) define population of a study as “all elements (individuals, objects, events or substances) that meet the sample criteria for inclusion”. Sampling is the process used to select a portion of the population for study (Maree, 2010:5). The study participants were selected according to the amount and type of knowledge the informants had, the ability and willingness to take part in the study (Burns & Grove, 2003:255). The participants of this study were purposely selected using the snowballing method advocated by Kvale & Brinkmann (2008).

1.8. 2 INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria is described as “sampling requirements identified by the researcher that must be present for the element to be included in the sample while the exclusion criteria refers to the subjects that are eliminated or excluded from being in the sample (Burns & Grove, 2009: 703).

1.9. DATA COLLECTION

Data were collected using narratives collected from newly qualified nurses Thirteen NQNs were requested to write about their work-related experiences and their views about their performance adequacy in the clinical practice during their first year after course completion. The researcher knew that saturation was reached when same facts repeatedly came out of the narratives without additional information (Burns & Grove, 2003: 377).

1.10 DATA ANALYSIS

Narrative analysis as described by Polkinghorne (1995: 16) relates events to one another by configuring them as contributors to the advancement of a plot. He provides criteria in the form of guidelines to assist in developing a narrative. Description of the cultural context in which the storied case study takes place is important. The researcher needs to take cognizance of the contextual features in generating the story.

1.11 TRUSTWORTHINESS

Strategies to ensure accuracy of data collection and analysis followed the model of framework of trustworthiness in qualitative research described by Lincoln and Guba (1985). The four criteria to assess trustworthiness are:

Credibility

Credibility is related to the truth-value. The participants in the study were matched according to the purpose of the study. The researcher was familiar with both the nursing college and the hospital where these NQNs were employed, and so truth-value can be traced.

Transferability

Transferability is the applicability where the judgements made out of this study can be useful in a similar setting.

Dependability

Using an audit trail, dependability (consistency) was ensured. The decisions within the research process can be traceable.

Confirmability

The researcher provided an audit trail, by keeping track of all references used. All the narratives with accompanying rough copies of data analysis have been kept in order to validate how the results were obtained.

1.12 CONCLUSION

This chapter presented the background of the study. The research design is briefly explained in relation to the problem statement, purpose, and objectives of the study.

In the next chapter the research methodology that guided the research is fully explained.

CHAPTER TWO

RESEARCH METHODOLOGY

2.1 INTRODUCTION

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

2.2 RESEARCH SETTING

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, 2001:471). Polit, Beck and Hungler (2001:44) purport that the researcher needs to make preliminary contact with key actors in the selected site to ensure cooperation and access to informants. The contextual setting of this study was a public hospital in which the participants were working and were familiar with the processes and care practices, having been exposed to this hospital during their training.

2.3 RESEARCH QUESTIONS AND RESEARCH PURPOSE

A research question is a concise, interrogative statement that includes one or more variables of concepts (Burns & Grove, 2009: 167). The questions that guided this study were:

- What are work-related experiences of newly qualified nurses in the clinical area during their first year of clinical professional practice?
- How do newly qualified nurses view their clinical performance adequacy as professional nurses?

The purpose of this study was to explore work-related experiences of NQNs and their views about their own performance adequacy in clinical area of a Public Hospital in Gauteng Province, during their first year of clinical professional practice.

2.4 RESEARCH DESIGN

A research design refers to the overall plan for collecting data and analyzing the data. Burns and Grove (2009: 696) define research design as “the blueprint for conducting the study that maximizes control over factors that could interfere with the validity of the findings”. A research design is the detailed plan of how a research study will be conducted; is a pattern, recipe or plan for a research study (Green & Thorogood, 2004; Nieswiadomy, 2008:144).

The research design proposed for this study was a qualitative, exploratory, descriptive and interpretive design, and it was used guided by the phenomenological approach for data analysis using narratives.

2.4. 1 Qualitative research

Qualitative research takes place in the natural world. It is interactive and humanistic, emergent and is fundamentally interpretive (Creswell, 2009:175). Some elements include the focus on the everyday life of people in natural settings, on the views of the people involved in the research and their perceptions, meanings and interpretations (Holloway, 2005). As a result, qualitative approaches are useful for investigating different views of human beings and how they interpret their lived experiences in a natural context.

A qualitative research was selected for this study because of the flexible approach that it offers for an in-depth and holistic investigation. The main aim was to collect rich lived descriptions from the participants by allowing them to describe what they experienced and felt in their own terms (Polit & Beck, 2004:245), and for the researcher to understand the work-related experiences of newly qualified nurses and their views about their performance adequacy in their first year of clinical professional practice.

Qualitative research may be useful in understanding lived human experiences and perceptions from the participants' perspective especially when little is known about the topic under study (Brink, 1996; Morse & Field, 1996:15; Burns & Grove, 2003:357; Holloway, 2005).

It involves a reasoning process that pieces together fragmented elements to make rational wholes. It is assumed that there is no single reality and that reality is considered as subjective, based on perceptions that may differ from person to person and may be subject to change within a different time frame. As a result, qualitative approaches are useful for investigating different views of human beings and how they interpret their lived experiences in a natural context.

Some components of the research design are explained below:

2.4. 2 Exploratory

This study was exploratory because it inquired about unknown aspects of the experiences of newly qualified nurses in the first year of clinical practice. The exploratory nature of qualitative research was appropriate in meeting the purpose of this study because exploratory research studies are required to build a beginning base of knowledge through description (Burns & Grove, 2003: 27).

2.4. 3 Descriptive

Descriptive research is viewed as the exploration and description of phenomena in real-life situation (Burns & Grove, 2003: 27). Through descriptive studies, researchers discover new meaning, describe what exists, determine the frequency with which something occurs, and categorize information (Burns & Grove, 2003: 27).

The descriptive nature of this study was intended to collect accurate information as described by the NQNs to provide an in-depth depiction of the characteristics and importance of a phenomenon; to clarify and classify the central concepts related to a phenomenon of interest; and to give an account of that which is perceived from the facts about the objects and events.

2. 4. 4 Interpretive Research

Interpretive research has its roots in hermeneutics; it is the study of theory and practice of interpretation (Maree, 2010:58). Interpretive assumptions begin by accessing given or social realities through social constructions such as language (including text and symbols), conscious and shared meanings. Interpretive studies generally attempt:

- To understand phenomena through the meanings that people assign to them (Maree, 2010:59).
- To investigate through observers how the meaning of what is seen and heard is defined and redefined.
- To study social life by focusing on the meaning of human action by the inquirer in order to find meaning in human actions

According to Maree (2010:59), the interpretivist perspective is based on the following assumptions:

- Human life can only be understood from within and focuses on people's subjective experiences.
- The human mind is the origin of meaning and by exploring the richness, depth and complexity of phenomena a sense of understanding of the meanings can begin to emerge.

Based on the component aspects of the research design, this research study was investigating the phenomenon of work-related experiences of NQNs in a public hospital, and their views about their own performance adequacy in clinical practice during the first year of clinical professional practice.

2.4.5 Narrative Research

Narrative or storytelling is a way of organizing episodes, actions, and accounts of actions and it allows for the inclusion of actors' reasons for their acts, as well as the causes of happening; the representation of an event or sequence of events; is concerned with the "self" as a location from which the researcher will generate critique (Sabin, 1986:9; Merriam & Associates, 2002:310; Rudrum, 2005).

Narratives in qualitative research, seek to reveal the way in which people construct life around particular experiences; a primary way of making sense of an experience (Mishler, 1986; Blanche, Durrheim & Painter, 2006:561). The benefits of using narrative research in qualitative approaches in nursing were populated and recognised as valuable by

Sandelowski, in 1991. Adams (2008:176-177) recognizes that narratives help us make sense of life and purports that a good story may have a happy or tragic ending, but what makes it good is the way in which the characters and plot interact in meaningful and creative ways.

Using narratives as a data collection method in qualitative research is useful in collecting sensitive topics (Hyman, Wikes, Jackson & Halcomb, 2011). In this study narratives of the participants were used as primary source of data and an attempt has been made to understand the work-related experiences of newly qualified nurses and their views about their performance adequacy in the clinical setting during their first year of clinical professional practice, through narration by the participants themselves, for the researcher to be able to make sense of the situation the NQNs encounter in the clinical setting during their first year of clinical practice.

2.4.6 Phenomenology

Phenomenology as an approach was used only to guide the collection of lived experiences of the NQNs. Phenomenology as a strategy of inquiry is aimed at identifying the essence of human experiences about a phenomenon. (Creswell, 2009:13). In this study, phenomenology was used only for data collection selected to describe experiences as they are lived by NQNs in their work place. This, in phenomenological terms, “is to capture the lived experiences of study participants” (Burns & Grove, 2005:55).

2.5 POPULATION AND SAMPLING

Polit, Beck and Hungler (2001:467) define population as the entire set of individuals (or objects) having common characteristics. The population of this study comprised all the newly qualified nurses who trained in a selected nursing college and all worked in the same hospital where they did their practical training in Gauteng Province. This population was selected because their issues were of emerging interest to themselves, to researchers and health care delivery (De Vos, Strydom, Fouche & Delport, 2005: 396).

Sampling is the process used to select a portion of the population for study, and involves decisions about which people will be included in a study and which setting will be used (Terre Blanche, Durrheim & Painter, 2006; Maree, 2010:5). The NQNs in this study trained in a nursing college that is associated with the selected hospital and were in their first year of clinical professional practice. They were consciously and purposefully selected according to the amount and type of knowledge they had and the ability and willingness to take part in the study (Burns & Grove, 2003:255). Snowballing method of sampling, advocated by Kvale and Brinkmann (2008), was used to obtain this study's sample. Burns and Grove (2003: 258) assert that the larger the sample, the greater the power to detect relationships and differences, and they agree that the number of participants is complete when saturation of information is reached in a qualitative study.

2.5.1 INCLUSION AND EXCLUSION CRITERIA

Sampling of a study may include inclusion or exclusion criteria. It may also include both these criteria (Burns & Grove, 2011:291). In terms of inclusion criteria, researchers must, when identifying contexts and participants for their studies, consider whether participants can provide rich narratives guided by their understanding and scientific interests or the participant possesses characteristics that are needed for that particular study's purpose (Wiklund-Gustin, 2010: 33; Burns & Grove, 2011:291).

Exclusion criteria, on the other hand, are those characteristics that can cause an individual to be excluded from participating in a study (Burns & Grove, 2011:291). In this study, the inclusion criteria applied to NQNs who studied at the selected nursing college and:

- were in their first year of clinical professional practice
- working in the same hospital where they trained as student nurses under the SANC, Regulation 425 of 22 February 1985.

Newly qualified nurses in their first year of clinical practice who studied in other nursing colleges or universities and those who qualified under the Bridging course, were excluded from participating in this study.

2.6 DATA COLLECTION

Data collection is the gathering of information needed to address a research problem, using text as a source of qualitative data with a purpose of obtaining a rich source of data (Polit, Beck & Hungler, 2001:460; Burns & Grove, 2003: 377). Under data collection, the research tool, the research questions and the process of data collection will be described.

2.6.1 THE TOOL

The tool for this study was written narratives. According to Burns and Grove (2003:377), the researcher may ask participants to write about a particular topic, or may solicit these written narratives by mail. Narratives are considered a rich source of data. The researcher, in using narratives for data collection, strived to allow the voice of the narrator to be heard and thus deliberately chose participants who can make this possible. Language in narratives has to be easy to follow; structure the narrative into past, present and future. Narratives are linked to individuals' perceptions of themselves, and participants in narrative studies may get in touch with their experiences (Wiklund-Gustin, 2010: 32).

This study was guided by the phenomenological approach to data collection to understand and interpret the meaning inherent within each story. To understand the experiences of NQNs in their first year of clinical professional practice, a phenomenological approach was chosen to elicit the emic perspectives.

In phenomenological studies, the researcher seeks a deeper and fuller meaning of the experiences of the participants of a particular phenomenon, thus this strategy comprehends how people experience a phenomenon without classifying it or taking it out of context (Wilson, 1993:236; Morse & Field, 1996:20; Hyman et.al. 2011). Findings are not transferable and cannot be generalized.

2.6.2 RESEARCH QUESTIONS

In this study written narratives were derived from the questions that guided the research:

- *What are work-related experiences of newly qualified nurses in the clinical area during their first year of clinical professional practice?*
- *How do newly qualified nurses view their clinical performance adequacy as professional nurses?*

Following these central questions, guidelines for data collection process were drawn from literature for structuring written narratives (Wiklund-Gustin, 2010: 32). Refer to Appendix F).

2.6.3 THE PROCESS

The initial request to the first participant was made telephonically and the study purpose was explained. The participant was then invited to be part of the study.

The plan was to conduct data collection within a natural setting which was viewed as a data source by Tuckman (1994). Potential participants were individually approached and invited to participate during their own time and were issued with an information sheet pertaining to the purpose and procedure of the study. The language preferred for writing the narratives was English

Due to the nature of work-related activities of this category of nurses in this hospital, a convenient meeting time and place was left to each participant to suggest, in keeping with Tuckman (1994)'s view of a natural setting. The first meeting was held after working hours in a place chosen by the participant and the anonymity and confidentiality of the research process was stressed. The participant was also requested not to reveal her participation in this study to her colleagues so that her identity could be safe-guarded. Upon understanding, each participant was given the consent form to sign and the signature was then taken as an agreement to participate in the study. Each participant at this stage was given general instructions and guidelines on what a narrative is; how to write about their work-related experiences as newly qualified nurses in a public hospital and their views about their performance adequacy in the clinical setting. This process was followed with all other participants.

Initially twelve participants agreed to participate and suggested writing at home. In respecting the autonomous nature of the participants' choice, this option of writing the narrative at home was added as a criterion, in keeping with Polit and Beck (2006)'s views of a natural setting. The disadvantage of this method is that the researcher had to continuously call the participants to submit the narrative data as per agreed timelines.

After the first five narratives were received, seven participants who had initially agreed to participate had to be abandoned due to lack of response despite repeated encouragements. A second round of data collection was initiated and another set of eight narratives was received. A total of thirteen (n=13) participants responded. Data collection was continued until saturation of data was achieved. Saturation of data is referred to as redundancy; a sense of closure because new data yielded no new additional information, only duplicates of the previous data are achieved (Polit, Beck & Hungler, 2001:470; Morse & Field, 2002: 65; Burns & Grove, 2003:258).

2.7 DATA ANALYSIS

Data analysis is the systemic organization and synthesis of research; a process of reducing, organizing, structuring and giving meaning to the collected data; an ongoing, emerging and iterative process (Henning, van Rensburg & Smit, 2005:127; Polit and Beck, 2008:751; Burns & Grove, 2009: 695; Atack & Maher, 2010). In this study data collection and data analysis occurred simultaneously (Polit & Beck, 2008:507; Creswell, 2009:184). The purpose was to organize, provide structure to, and elicit meaning from the data (Polit & Beck, 2006: 397).

Data analysis consisted of two primary phases. For the first phase of data analysis principles of narrative analysis were adopted. Results are therefore presented in storied accounts to remain true to participants' experiences as reflected in their own words. For the purposes of greater coherence the second phase of data analysis involved aspects of thematic content analysis.

The two primary research questions for this inquiry provided a basis from which themes and sub-themes were generated. The following part of this discussion will provide a brief discussion of data analysis as applied to this study.

2.7.1 PRINCIPLES OF NARRATIVE ANALYSIS

As a general principle, within any story, a beginning, middle and end can be identified, and furthermore, a plot or core story or the main point or meaning that the teller wishes to convey can be determined (Riessman, 1993).

Initially the text was read several times to make sense of data. The narratives were read in their entirety and coded for correspondence to the identified categories, while allowing for the emergence of new categories as data were analyzed in depth. When coding, each narrative was treated as a unit of analysis (Atack & Maher, 2010; van Rooyen, Frood & Ricks, 2012). The researcher first obtained a sense of the whole by selecting one document at a time to make sense of the data and then made short notes. The topics that similar were listed and clustered together. The most descriptive wording was found for the topics and categories were identified. The listener or reader of a life-story enters an interactive process with the narrative and becomes sensitive to the narrator's voice and meanings (Abbot, 2002).

In keeping with the purpose of this study, a narrative approach to data analysis provided a basis from which to identify the uniqueness of individual narratives, whilst also elucidating shared aspects of work-related experiences of NQNs in a public hospital and

their views about their own performance adequacy in the clinical practice during their first year of clinical professional practice.

2.7.2 THEMATIC CONTENT ANALYSIS

A secondary phase of data analysis involved the application of some aspects of thematic content analysis. Second level of this analysis included an attempt to develop an emerging story from the collection of the stories. This was done to bring a sense of whole to develop themes and sub-themes. It is generally agreed that content analysis follow the principles and rules that conform to a systematic process of analysis (Guba & Lincoln, 1994). The systematic process seeks to produce specific contextual insights embedded within the data (Guba & Lincoln, 1994).

In line with the story theme, Owen (1984)'s model of data analysis was used:

Recurrence of ideas within the narrative data including the ideas that have the same meaning but worded differently.

Repetition –the existence of the same ideas using the same wording.

Forcefulness –verbal or non verbal cues that reinforce a concept.

Two levels of analysis were followed in developing meaning from the narratives. Firstly written narratives were read through several times until a strong sense of each participant's storied account was grasped. Initially, many similar ideas emerged from different participants and the researcher went back to the narratives and reread them, in an attempt to make meaning of all these ideas. Existence of the same ideas was noted and these ideas were grouped together to derive a theme and a sub-theme from them. Written cues that reinforced a concept were grouped together to derive a theme and sub-theme.

From each story the meaning was noted as it emerges through deductive reasoning. This was followed by carefully going through the text again, underlining and highlighting words, phrases or sentences in relevance to the research questions. These words, phrases and sentences were then assigned under different headings determined by content relevance to each research question. Individual stories were then rewritten in terms of these thematic headings and illustrated by reference to participants' own words.

Researcher's notes were made directly on the transcript. Major concepts that recurrently appeared, repeated or forceful were highlighted using different colours, and concepts that appeared in the same narrative were considered important. Those concepts that were emphatic in their use were underlined and categorized as being forceful (Owen, 1984).

To get a whole range of perspective from newly qualified nurses, the same views that came out in this study were examined, as well as different views, problem cases and satisfied cases, until data saturation was reached. Participants' words, sentences or statements were then rearranged in themes and sub-themes and their stories retold within

the scope of this study. Having established a pattern of analysis, iteratively, to get a sense of whole, this approach was used and developed to analyze each narrative, allowing each story to develop. This process enabled exploration of thematic identification and relatedness through a process of “free association” (Hollway & Jefferson, 2000).

Since the researcher worked and taught in the same hospital as the participants of this study, the language and the contextual understanding in the narratives was familiar to the researcher. Understanding the language used in the narratives was important in order to make sense of the emerging themes and sub-themes.

2.8 RIGOUR

Rigour is defined as the means by which we show integrity and competence, and is associated with openness, scrupulous adherence to philosophical perspective (Hollaway and Wheeler, 2002:251; Burns & Grove, 2003:251). In achieving rigor all interpretive avenues were explored to provide a comprehensive account of the meaning of participants' experiences. In addition to correlating all findings with raw data, each stage of description and analysis was examined in detail (Elliot, Fisher & Rennie, 1999). This process serves to strengthen reliability of interpretation by taking into consideration differences in understanding of the text by readers other than the researcher, such as the research supervisor who provided continual and extensive feedback on results and interpretations (Parker, 1994).

Furthermore, the following criteria were considered:

2.8.1 TRUSTWORTHINESS

Trustworthiness is defined as the degree of confidence qualitative researchers have in their data (Polit & Beck, 2008: 768), assessed using credibility, transferability, dependability, confirmability and authenticity, as designed by Lincoln & Guba (1985) and cited by Polit and Beck, 2008:768. Trustworthiness in qualitative research is often considered as excellence in research attained through the use of discipline, scrupulous adherence to detail, and strict accuracy (Burns & Grove, 2003:495). In the following paragraphs the criteria for trustworthiness are discussed:

2.8.1.1 Credibility

Credibility is the alternative to internal validity, in which the goal is to demonstrate that inquiry was conducted in such a manner as to ensure that participants were accurately identified and described, and most likely to reveal the true value of the information the researcher seeks (Burns & Grove, 2003:372; De Vos et al. 2005: 346).

According to Polit, Beck and Hungler (2001:32), credibility refers to the confidence of the data, and credibility exists when the research findings reflect the perception of the people under study; refers to confidence in the truth of the data and interpretations. The truth value also depends on the participant's ability to tell the truth.

The primary source for this study was the newly qualified nurses telling their own stories about their work-related experiences and their views about their performance adequacy in the clinical setting. The participants were continuously reminded that their identity will be protected as the information from narratives was going to be used as research perspectives. Only code names were used. This was done so that participants felt free to tell the truth without fear. Writing narrative at home provided the participants with a safe space for writing comfortable and privately.

Steps used to enhance credibility were:

Prolonged involvement: This refers to investment of sufficient time to test for misinformation, build trust and generally repeating the procedure central to the case study (Robson, 1997:404). By virtue of having to spend extra time looking for more participants, the researcher spent more time in contact with participants of this study, thus trust was built.

Bracketing: This term refers to a method used by some researchers to mitigate the potential deleterious effects of unacknowledged preconceptions related to the research, and thereby to increase the rigor of the project (Tufford & Newman, 2010: 81). The researcher bracketed her own preconception and knowledge by following a set of research questions when seeking information. The researcher was also open to new information in unbiased manner, that is, any new idea that was different from others was investigated further to see if it would come out repeatedly.

2.8.1.2 Transferability

Transferability is “the criterion for evaluating the quality of qualitative data, referring to the extent to which the findings from the data can be transferred to other settings or groups” (Polit, Beck & Hungler, 2001:472). While the purpose of this study is not to generalize the results, the methodological rigor and the use of narrative approach to data collection presents rich, descriptive narratives at a micro level, to provide detailed descriptions which will allow readers of this study to make sufficient contextual judgments to transfer outcomes and understanding emerging from this study (Pickard & Dixon 2004).

Lincoln and Guba (1985:316) pointed out that “the naturalist cannot specify the external validity of an inquiry”; provision of the thick description is necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility. To facilitate transferability, participants were requested to write their narratives in detail so as to provide thick descriptions of the narratives (Polit & Beck, 2008:768).

2.8.1.3 Dependability

Pickard and Dixon (2004:8), purport that “dependability is established by the inquiry audit and external auditor is asked to examine the inquiry process, the way in which the research was carried out”. This ensures that “proceedings and developments in the process of the research can be revealed and assessed” (Flick, 2002:229).

2.8.1.4 Confirmability

Guba and Lincoln, (1989:244) describes confirmability as the confirmation of the data and interpretations, and that it is done by tracking the raw data, documentary evidence, interview summaries, data analysis and the logic used to arrive at the interpretations.

It captures the traditional concept of objectivity (De Vos et.al. 2005: 347). To ensure that the results of this study can be traced back to the raw data of the research, all documents have been kept and can be produced on request (Burns & Grove, 2003: 372).

2.8.1.5 Authenticity

Guba and Lincoln (1989: 245) in their later work on criteria for quality study claim that, “Relying solely on criteria that speak to methods, as do parallel criteria, leaves an inquiry vulnerable to questions regarding whether stakeholder rights were in fact honoured”.

They then proposed ‘authenticity criteria’ on the basis that they have their origins in the basic assumptions of constructivism. The basic tool for demonstrating the authenticity criteria is a commitment by the researcher to the respondents (Guba & Lincoln, 1989: 246), as was the case in this study. The rights of this study’s participants were honoured throughout the study. They were also assured of their identities’ safety all the time.

2.9 ETHICAL CONSIDERATIONS

Standard ethical principles that govern treatment of human participants served as the basis for the methodological approach in this study: free and informed consent, privacy

and confidentiality, protection from harm, avoidance of conflict of interest, lack of deception, providing information and debriefing (Berg, 1995; Henning et. al. 2004).

Smythe and Murray (2000) emphasize the need to pay attention to people's own words about what is important in their lives. They also show how qualitative researchers may be ethically conflicted as qualitative research involves some degree of personal involvement of researchers in the lives of participants. The researcher engages in constructing meaning based on participants' accounts which may result in contradictions between participants' own interpretations and the interpretive understanding of the researcher (Smythe & Murray, 2000).

Guba and Lincoln (1994) perceive the qualitative interview as an unfolding process which depends on the rapport established between the researcher and participant and the individuality of the participant. Given the nature of this relationship and the highly personal data revealed in an 'intimate' context, the meaning and purpose of informed consent may be jeopardized. The idea of '*process consent*' where informed consent is an ongoing and mutually negotiated process in research served to counter deception or misinformation presented by the researcher in this study (Smythe & Murray, 2000). This also allowed participants to withdraw their data at any time during the research, which was increased by making data interpretation available to all participants prior to commencing research reporting.

Lieblich, Tuval-Mashiach and Zilber (1998), argue that despite use of pseudonyms, individuals are still able to identify themselves and others who participated in the

research. In keeping with the storied nature of results discussed in the following section, the researcher chose to protect participant identity and privacy by use of pseudonyms and removal of any information which may identify the participants. Knowledge of each participant's corresponding pseudonym and identity was limited to the participant and the researcher only.

Role conflict may occur as the researcher is required to assume diverse roles within multiple relationships particularly that of being a confidante to the participant, while publicising her personal story in a written report (Lieblich et al. 1998; Smythe & Murray, 2000). In considering deception and debriefing, Smythe and Murray state that qualitative researchers are generally explicit about their purposes for conducting research at the outset.

In consideration of the above issues, the researcher clarified and informed participants of the purpose of the study (Appendix C). Following this, informed consent for participation and for written narratives was obtained prior to data collection (Appendix D). The right to withdraw from the process at any time was explained to participants.

This study required an involvement of NQNs and the rights of these participants were ensured in accordance with the University of the Witwatersrand's code of ethics for research on 'human subjects'. Ethical issues applied are described. From the outset, the application to conduct this study was sought from the Committee for Research on Human Subjects (Medical) of the University of the Witwatersrand. On receipt of the ethics approval; the clearance number is M080518 (Appendix A).

A letter with the copy of the ethics approval was sent to the Department of Health requesting permission to conduct the research in an academic hospital in Gauteng province. On receipt of the confirmation from the Department of Health, Gauteng Province (Appendix E), individual letters requesting permission and entry to hospitals were then sent to the Deputy Director of Nursing Services of the participating hospital. The Deputy Director of Nursing Services communicated her permission in writing (Appendix B).

Confidentiality

During the process of data collection and analysis, access to the data was limited to the researcher and research supervisor. The right to privacy included the right to refuse to participate without penalty. Confidentiality of transcribed data was ensured as integral to the data collection procedure. All participants' names have been replaced with pseudonyms to ensure confidentiality and anonymity. All hard copies and recordings of the interviews were kept under lock and key. In addition, all transcribed data will be destroyed on completion of this research project. The participants were informed that their names would not be used during the transcribing of data.

2.10 CONCLUSION

In this chapter, the methodology of the study was described. The theoretical foundations selected by the researcher were explained in relation to the research design used in this study. An attempt to justify the reason for the choices regarding research methods and

design were given and explained. Data collection, analysis, trustworthiness and ethical consideration were outlined.

The findings of the study are presented in the next chapter.

CHAPTER 3

PRESENTATION AND DISCUSSION OF FINDINGS AND LITERATURE

CONTROL

3.1 INTRODUCTION

This chapter presents the findings of the data analysis and discussion of narratives from thirteen participants. Central themes and sub-themes are presented, discussed and integrated with existing literature, so as to incorporate this study into the body of knowledge that is pertinent to the research problem being addressed (Mouton 1998:119). The demographic profile of participants and its significance will be explained. First Benner's Novice to Expert model which guided this study will be discussed, followed by the discussion of themes and sub-themes emerging from this study, integrating them into the existing literature.

Burns and Grove (2003:112-113) state that the purpose of the literature reviews in a qualitative research vary based on the type of the study to be conducted. The aim of the review is to work towards contributing a clearer understanding of the nature and meaning of the problem that has been identified. Nieswiadomy (2008: 61) confirms that qualitative researchers' review at the conclusion of the study helps to inform readers how their findings fit into the existing body of knowledge on the topic of interest. In comparing literature the focus is in similarities and differences revealing the gaps and giving clues to the gaps and what contribution will this study make in theory

regeneration in nursing.

3.2. DISCUSSION OF BENNER'S NOVICE TO EXPERT MODEL

Benner's novice to expert model is based on the Dreyfus model of skills acquisition. As they were studying the airline pilots and chess players, Stuart and Hubert Dreyfus identified five stages of skills development namely: novice, advanced beginner, competent, proficient and expert, and Patricia Benner then adapted the Dreyfus model to nursing (Shapiro, 1998: 14). This model is currently receiving significant attention from nurse educationalists providing a conceptual framework for advanced nursing curricula, and existing knowledge of NQNs is largely influenced by the work of Benner (1984)'s Novice to Expert model and that of Kramer (1974)'s reality shock (Shapiro, 1998).

Benner's model identifies five stages of development in nursing: novice; advanced beginner; competent; proficient; and expert, and these are distinguished from each other (Benner, 1982; Benner, 1984: 186; Shapiro, 1998: 14; Dracup & Bryan-Brown, 2004). Within the novice to advanced beginner progression, Benner assigned various descriptions, view points, actions, behaviours, and thinking patterns that characterize nurses at each level. She purports that learning occurs differently and tasks are carried out differently at each level (Benner, 1982).

The novice nurses: rely on 'rules', applying them in a labored, step-by-step fashion, that is, they rely on abstract principles, theoretical knowledge and rules to guide their behaviour, while the advanced beginner or even the competent nurse draws on

experience and familiarity of the work environment in order to complete an analysis. Moving from being a novice and advancing to expert this level is characterized by the transition from explicit rule-governed behaviour to intuitive, contextually determinate behaviour.

In her landmark work *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences. She proposed that one could gain knowledge and skills ("*knowing how*") without ever learning the theory ("*knowing that*"). The development of knowledge in applied disciplines such as medicine and nursing is composed of the extension of practical knowledge (*know how*) through research and the characterization and understanding of the "*know how*" of clinical experience (Shapiro, 1998).

According to Benner moving from being a novice and advancing to expert is characterized by the transition from explicit rule-governed behaviour to intuitive, contextually determinate behaviour. Progression from novice to advance beginner is experientially based (Benner 1984: 186). It is important that experience and mastery are necessary for a skill to be transformed to a higher level skill. The NQN is a novice nurse who still requires rules, policies and procedures, drawing from theory to make clinically related decisions. Decision-making in NQNs is linear, based on limited knowledge and experience in the profession.

Focusing on single tasks or problems and following protocols or documented care plans and practical situations is generally dynamic and complex (Scott, 2011: 4). Other central tenets underpinning Benner's philosophy are the connections between external and internal events. Benner believes that persons are always situated; they are engaged meaningfully within the context of the situation.

This model has been criticized for not being quantitative, but while the Benner's model has been criticized for not being quantitative, her research used a qualitative phenomenological approach with emphasis to interpretive focus, where synthesis rather than analysis is used, and is consistent with the purpose of this study (Altmann, 2007: 122). Common criticisms of this philosophy are always methodological with respect to qualitative approach rather than being quantitatively validated. Another concern is that the work is trusted both in the value of narratives and in the individual's ability to articulate experiences accurately. For Altmann (2007: 122) these criticisms do not devalue this model but make it more practical as a philosophy rather than a theory.

While Darbyshire (1994) critiqued Benner's work as lacking objectivity, validity, generalizability and predictive power on the basis of English language and use of tenets of positivism and cognitive psychology, the same author agreed that Benner's work is among the most sustained, thoughtful, deliberative, challenging, empowering influential, empirical and research-based scholarship work that has been produced. Its diverse influence can be seen as it is used in clinical nursing research, education and theory-building (Marble, 2009; Benner, Tanner, & Chesla, 2009).

This work has been instrumental in moving the professional understanding of skills acquisition from level one to level five as applied in clinical professional practice. In applying Benner's model to NQNs a clear progression can be seen when the model is used deliberately to support these novice nurses to develop in their first year of clinical professional practice (Carlson, Crawford & Contrades, 1989; Bonner & Greenwood, 2006; Higham & Arrowsmith, 2013).

In this study, Benner's model has been used as an educational framework for guiding the development of a clinical nurse; to articulate the levels of progression of clinical and professional expertise of NQNs in nursing practice from novice to competent to expert practitioner, and to support this study in relation to the development of NQNs as novice nurses in their first year of clinical professional practice (Benner, 1982:402; Martin & Wilson, 2011:21). In line with the purpose of this study, the focus is placed at level one, the novice to level two, the advanced beginner.

In remaining true to the manifest content of the data, results are supported by participants' own words and, where relevant, are further discussed in relation to prior research findings. Although results are presented in storied accounts, these accounts were rearranged under thematic headings identified by the two research questions for this project. Subsequent discussion of results extends the use of these same themes in providing a more comprehensive discussion and overview of results. Discussion of results focuses more closely on the objectives which guided this inquiry.

In the following text the presentation of the research findings are discussed beginning with demographic profile of participants and thereafter the research findings and their significance are discussed.

3.3 PRESENTATION OF THE RESEARCH FINDINGS

3.3.1 THE DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

Table 3.1: The Description of Participants' Age

PARTICIPANTS	AGE
Nurse SD	29 years
Nurse Mama	45 years
Nurse MB	26 years
Nurse ND	23 years
Nurse N	23 years
Nurse NT	30 years
Nurse MS	27 years
Nurse KN	40 years
Nurse CS	29 years
Nurse MP	30 years
Nurse HM	29 years
Nurse BS	26 years
Nurse LD	27 years

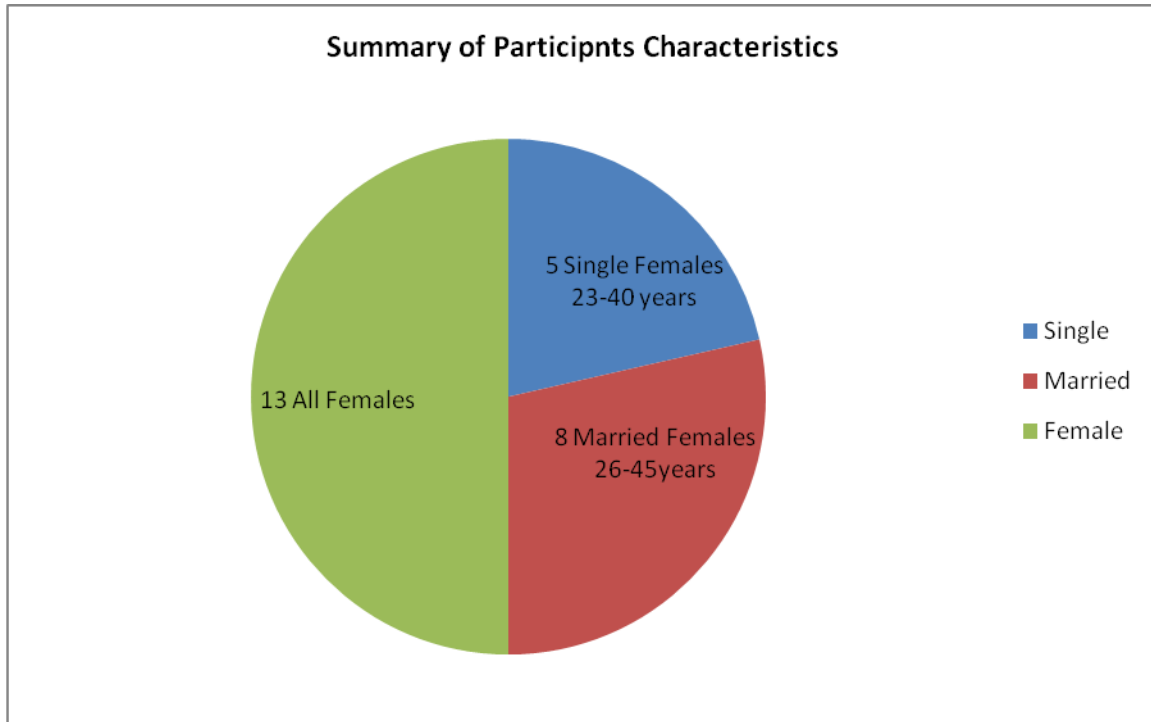


Figure 3.1 Summary of Participants' Characteristics

3.3.2 SIGNIFICANCE OF PARTICIPANTS' CHARACTERISTICS

When looking at the participants' characteristics, the researcher aims at establishing whether there will be a difference in views between the different age groups. All thirteen participants were females, with eight married and between the ages of 26-45 years, whilst five were single and between the ages of 23-40 years. In this study no difference was found in the views of participants, in age or marital status.

3.3.3 RESEARCH FINDINGS AND THEIR SIGNIFICANCE

According to Burns and Grove (2011:410), results in a study are translated and interpreted to become findings which are a consequence of evaluating evidence from a study. In this study data from the narratives yielded five themes and five sub-themes. “Theme is defined within the Systemic-Functional Linguistics framework as the point of the departure for the clause and therefore important for text organization”. (Thomson, 2005:175). The term *theme* is used to describe an integrating, relational idea from the data; is also used to describe elements identified from text or data (Richards, 2005; Bazeley, 2009).

The themes and sub-themes emerged from the data and will be supported by data extracts from the written narratives during discussion. Consistent with the phenomenology, the researcher abstracted from the data an illustrative statement for each theme and sub-theme.

The findings of this study will be used to inform policies and practice in dealing with newly qualified nurses, both in nursing education and in clinical practice

The identified themes and sub-themes are presented in table 3.2.

Table 3.2: Themes and Sub-themes emerging from the Study

THEMES	SUB-THEMES
Unmet Expectations	Lack of support
Reality Shock	Thrown into the deep end
Professional Accountability	Continuing Professional Development
Managerial Challenges	Lack of role clarification
Performance Adequacies	Inadequately prepared for reality of clinical practice

3.4 DISCUSSION OF THEMES AND SUB-THEMES AND LITERATURE

CONTROL

The researcher incooperated this study into the body of knowledge that is pertinent to the research problem being addressed (Mouton, 1998:119), so as to conceptualise the themes and sub-themes that emerged from this study and integrate them into the existing conceptual frameworks.

In keeping with the principles of narrative analysis discussion of results is also presented in a storied form as this allows a more meaningful description of data gathered. It focuses on participants' work-related experiences in a public hospital and how these informed their own views about their performance adequacy in the clinical setting during their first year of clinical professional practice.

3.4.1 Theme 1: Unmet Expectations

Unmet expectations were identified as the major theme. Feelings of unmet expectations resulted from unfulfilled promises given to NQNs before they commenced their community service. Promises that were made had raised some expectations about the NQNs' employment contractual guidelines. Soon the reality of clinical professional practice began to show. From day one NQNs realized that the promises made were not going to met and that there would be no mentors to put them through the added responsibilities.

Nurse BS confirms:

“My clinical experience during the first few months after course completion was not even close to what I expected. When I started community service as Comm. Serve Professional nurse, I expected to be guided by a professional nurse (cum) mentor as stipulated in the community service contract but that was not to be”.

“The most stressful experience was being the first group of Com-Serve Professional Nurses. We expected everything to be in order when we started working, but to my surprise no one seemed to know what community service was about”.

Nurse LD:

“We were promised when we completed the course that there will be mentors, but there was no such a thing”.

Pellico, Brewer and Kovner (2009) identified that new nursing graduates in the United States had ‘colliding expectations’ between what they were taught in university and what they experienced in clinical areas. *“Colliding expectations describes conflicts between nurses' personal view of nursing and their lived experience”* (Pellico et.al. 2009).

Nurse KN confirms the above notion when she says:

“I found that they were not doing things the way we were taught in College, and when you stick to details they say you are wasting time”

Maben, Latter and Macleod (2007) found that NQNs have a strong set of espoused ideals and plans to deliver high quality patient care, however, within two years in practice the intention to resign rises as they experience frustration and as a consequence of unmet ideals.

3.4.1.1 Sub-theme 1: Lack of support

Among expectations that NQNs of this study had were that they would be put through the work they were expected to do, and that they would be supervised by Senior Professional Nurses when they arrive to work as NQNs, but they found an opposite of their expectations in the clinical situation.

Nurse BS:

“Day one on duty I was told I was now a Professional nurse even though I had no distinguishing devices and I must work like one because there was no one to hold my hand due to shortage of staff...”.

Nurse LD:

“I had to teach myself everything. Sometimes I felt like an orphan who had to feed himself by picking from the floors and dustbins”.

This was reiterated by Nurse MP when she said:

“I found myself having to be left alone in the ward and run the ward as an in-charge, with junior people who are actually not junior by virtue of being long in the ward, and you find yourself having to do things for yourself because when you send them for anything they just ignore you”.

“It was baptism by fire”.

Lack of support seems to be a general problem of Newly Qualified Nurses in all areas. The participants in a study conducted by Pellico et.al. (2009) commented about being *“forced off orientation early”* and *“pushed into the role of primary care provider before feeling ready, added to their stress levels*. For some, there was no transition into the Registered Nurse (RN)’s role. Many novice nurses commented that they began with full patient loads from day one. They frequently complained about the need for them to function quickly as skilled seasoned RNs.

Comments of all participants of this study seemed to concur with each other, as they all mentioned lack of orientation; senior registered nurses who were unwilling to teach them the ways of registered nurses.

Nurse Mama had this to say:

“There was no orientation, no welcoming, and no mentoring. I worked like a chicken without a head. I adjusted myself, teach myself, and ask where I did not understand”.

The problems of some of the NQNs in this study were compounded by the fact that they were not even placed in a workplace they chose to work in. Nurse HM and Nurse SD explained.

Nurse HM:

“As a new employee you get to be placed in any department where {they say} there is a need. Apparently one does not even choose where he/she would like to be placed. ...This makes life a bit uptight for the newly appointed ...affecting productivity”.

Nurse SD:

“I learned that some NQNs had absconded because they were not placed in the area of their choice”

The findings of this study highlighted the ideal situations the NQNs were exposed to during training compared to the realities in the clinical professional practice where shortage of staff and material resources are an order of the day. This implies that there is still a significant gap between theory and practice, and Whitehead (2001) suggested that this issue should be seriously considered by those directly involved in nurse education. Her findings identify concerns about the preparation of newly qualified nurses from day one, regardless of any support packages that may or may not be in place. Recognition of the need to provide structured support for newly qualified practitioners during their initial period of employment in NHS Scotland gained momentum following the publication of *Caring for Scotland* in 2001 (Jamieson, Harris & Hall, 2012).

The above experiences cited by the NQNs evoked feelings of shock. Literature calls this reality shock described as resulting from conflict between a newly qualified nurse's

expectations of the nursing role and the reality of the actual role in the work setting (Marquis & Huston, 2009:383). Expressions of shock in the narratives were recurring, repetitive and sometimes forceful (Owen, 1984 & Overcash, 2004).

3.4.2. Theme 2: Reality Shock

The transition from student to qualified nurse is widely acknowledged in literature as a difficult period of adjustment, involving significant personal and professional challenges (Gerrish, 2000; Pellico et.al. 2009; Whitehead & Holmes, 2011). Kramer (1974) originally described this as a "reality shock" due to the differences experienced between the expectations of the newly qualified nurse and the actual clinical practice (Stacey & Hardy, 2011).

Marquis and Huston (2009: 384) discussed Schmalenberg and Kramer (1974)'s four phases of role transition from student nurse to staff nurse, and they named these: *honey moon phase*, followed by *shock*, *recovery*, and *resolution* phases.

HONEYMOON PHASE

With honeymoon phase, Marquis and Huston (2009: 384) argue that "as long as the novice nurse is sincerely welcomed into the workplace, the new nurse has little difficulty in the honeymoon phase.

Nurse NT in this study supported this notion when she said:

“I received a warm welcome from my seniors. They treated me with respect and were always willing to teach me, and that made me feel comfortable and determined to do my best”.

Nurse LD:

“I was afraid but the Sister in-charge and her team welcomed me and I felt I was part and parcel of the team”.

O’Shea and Kelly (2007: 1538) had this to say about one of their participants, in support of Marquis and Huston’s argument on honeymoon phase: “For one participant getting respect from others featured as the most satisfying aspect of her role”. They quoted the participant as saying:

“You come in and you are respected. You are a staff nurse and you have much as a lot of people have in that you are a registered general nurse and they respect you for it”.

O’Shea and Kelly (2007: 1538) also highlighted another aspect that is related to honeymoon phase, and that is feeling appreciated by patients as another satisfying aspect that was identified by the majority of their participants.

Mooney (2007:1614) says that in her study “participants reported feelings of recognition, acknowledgement and acceptance after they qualified”.

Nurse Nunu had this to say:

“According to my assessment, my work environment was so conducive and my staff members were the best. I enjoyed myself as a newly qualified nurse in a medical ward. Oh, what an experience I had. I was taught by everyone from their experiences because yes they have been in the profession longer than I am, and also they allowed me to teach where they were lacking”.

In this study it does appear that the majority of participants had no pleasure of enjoying the honeymoon phase, as some of them were “*humiliated; “treated like small children”* experienced “*insubordination from the junior members*”, “*humiliation from managers, and even doctors*” and some “*considered resigning to go and study something other than nursing*”.

Nurse BS:

“Even though there were good experiences, the not so good experiences stay in one’s mind”.

SHOCK

Marquis and Huston (2009: 384) argue that “during the second phase of reality shock, there is often a great personal conflict as the nurse discovers that many nursing school values are not prized in the workplace”. In this study, Nurse SD related a story about a patient who was admitted in a ward where she was working. She commented about their history taking as NQNs and said:

“...It’s quite different from the senior sisters’. Ours is more towards trying to get a diagnosis. The senior sisters just want to write a report and get the patient out. They are more like get the work done as fast as you can, and get the patient out from your hands. If the patient is still alive and breathing the better for them. They are not worried about the wrong diagnosis and staff like that, and this is shocking a person”.

Tappen (2001: 505) argues that “the first few weeks after orientation on a new job are the honeymoon phase” where the new employee is excited and enthusiastic about the new position. Tappen (2001:505) explains that reality shock stems from the realization that the way the graduate was taught to do things in school is not necessarily the way things are actually done on the job, and also points out that the honeymoon phase does not last forever, and soon the new graduate is expected to behave just like everyone else. It is during this time that the new graduate discovers that expectations for a professional employed in an organization are quite different from expectations for a student in school.

Most of the participants in this study seem to have suffered reality shock during the first few months after course completion. Feelings of shock were expressed as fear, anxiety, sad, hopelessness and being de-valued. This is what Nurse SD had to say:

“Okay you grow, but then again you feel like you are not important, you are not valued, and that is what is demotivating a lot of us, and that is why a lot of us are leaving the profession”.

Nurse LD:

“My clinical experience during the first few months was very bad. Firstly I was anxious and being afraid of what I was going to find in the ward”.

These NQNs’ experiences continue to be echoed throughout the literature exploring factors influencing the quality of compassionate care, post-qualification support strategies, and attrition rates. Maben, Latter and Macleod (2007) found that newly qualified nurses have a coherent and strong set of espoused ideals around delivering high-quality, patient-centred, holistic and evidence-based care. However, within two years in practice the majority of these nurses experienced frustration and some level of burnout as a consequence of their ideals and values being thwarted. Despite this, the phenomenon of a reality shock appears to have been accepted as an inevitable aspect of professional socialisation.

RECOVERY AND RESOLUTION PHASES

Marquis and Huston (2009: 384) argue that the organization and the managers must take sufficient action during the recovery and resolution phases if the new graduate is to be successfully socialized. They are of the opinion that “as long as the novice nurse is sincerely welcomed into the workplace, the new nurse has little difficulty in the honeymoon phase. Nurse NT supported the notion of Marquis and Huston when writing about her experience:

Nurse NT:

“I received a warm welcome from my seniors. They treated me with respect and {they} were always willing to teach me, and that made me feel comfortable and determined to do my best”.

Nurse LD confirmed this, when she said:

“I was afraid but the Sister in-charge and her team welcomed me and I felt I was part and parcel of the team”.

3.4.2.1 Sub-theme 2: Thrown into the deep end

The participants of this study found themselves being expected to be fully responsible for greater tasks than they could cope with, This provoked sense of shock, despair, feeling left alone and miserable.

This is what Nurse SD had to say:

“They don’t gently ease you to the routine, but you are thrown into the deep end from day one”.

Nurse MS:

“During my first three months I was at work I felt defeated and alone and I feel I was not prepared for the reality of the situation faced in the clinical area”.

Nurse BS:

“We were thrown at the deep end and we either swam or sank, but sinking was not an option”.

The participants of the study conducted by Whitehead and Holmes (2011) complained of having been thrown into the deep end as NQNs, and Whitehead and Holmes comment that “some newly qualified nurses learnt to cope with being “thrown in at the deep end”

but this is not always the best way of making the transition to becoming a staff nurse. The pressures of a busy ward environment mean that soon-to-be qualified students are being treated as part of the workforce, and their learning needs are not a priority”.

3.4.3 Theme 3: Professional Accountability

According to Burton and Ormrod (2011), with registration comes a shift in professional accountability together with wider clinical, management, and teaching responsibilities. On becoming a newly qualified nurse, the expectations and dynamics of relationships changes fundamentally, and overnight the NQN becomes the one who must ‘know the answers, whether it is a query from a patient, a career, a work colleague or a student. During this time the NQN encounters many challenging situations where she or he must lead care delivery. This includes dealing with care management within the team, dealing with patients/service users, dealing with other professionals, and dealing with the required needs of the whole workplace environment.

Legislated provisions for nursing education in South Africa assume that nurses, at registration, have reached a standard which prepares them for autonomous practice for which they can be held accountable (RSA, Act Number 33 of 2005). With this expectation newly qualified professional nurses must assume the caring responsibilities competently to provide quality patient care.

The demands that are expected of the NQNs include high levels of efficiency. Patients and the community expect nurses to be responsible and accountable for their acts and

omission while at the same time displaying their advocacy role to their benefit (SANC, Regulation 2598, Registered Nurses' Scope of Practice and Regulation 387, Acts and Omissions as amended) (RSA, Act Number 50 of 1978 & Act Number 33 of 2005). This high expectation causes a degree of anxiety and stress on NQNs. This is what some participants of this study had to say:

"Having to do what is right evoked fear of making mistake because if not I'll be accountability to the court of law according to SANC, Regulation 387".

"Fear of making mistakes".

Nurse KN confirms this:

"What worries me is that when the problem crops up in the ward all of you who were on duty. ... are going to answer".

Nurse MS:

"I was two months in the ward when I was told that I was going on night duty.... fear of legal issues during the day made me afraid and I was pleased when they told me I was going to do night duty ...little did I know".

Most of the participants in this study wrote about the fear they experienced as they were assuming the responsibility of a qualified nurse. Hasson and Gustavsson (2010) in their

study argue that “for nurses entering working life, taking on a professional role is associated with increased responsibilities, e.g. being accountable and responsible for choices that may affect patients’ health and wellbeing adversely”.

The results of this study confirm the results of Duchscher (2008:2) where the participants experienced this new role as stressful with moral distress, discouragement and disillusionment especially during the initial months of their introduction to professional nursing practice in acute care. The increase in newly qualified nurses’ responsibility and accountability was a major stressor in the transition process in all the literature the researcher reviewed (Maben & McLeod Clark, 1998; Gerrish, 2000; Whitehead, 2001; Mooney, 2007).

Nurse MP, a participant of this study confirmed:

“The responsibility sometimes became too much to handle, more especially that nobody seemed to care much. They take it that you are a registered nurse, and so that’s it, do it. These circumstances were really shocking a person”.

3.4.3.1 Sub-theme 3: Continuing Professional Development

Harvey (2004:9) defines continuing professional development as the means by which members of professional association maintain, improve and broaden their knowledge and skills and develop the personal qualities required in their professional lives, whilst

Wojtczak (2002) defines continuing professional development as a continuous process of

acquiring new knowledge and skills throughout one's professional life. On the other hand, Altmann (2007) argues that growth from novice to expert does not always occur and that not all nurses will become experts.

Because of ongoing development and changes in health care delivery, lifelong learning as a concept and a practical activity, has increasingly gained centre stage in the nursing profession (Gopee, 2001).

The current literature backs up the fact that nursing is life-long learning and that the opportunities to learn in the clinical professional practice are available far more than in the classroom. Self-disclosure of personal growth is around five months. Understanding and differentiating between the institutional and personal values begin to show as expressed:

"Personal goals and standards".

Despite the *"baptismal by fire"* those who stayed and braved these conditions were able to see a change in their practice through continuous learning.

Nurse SD confirms:

"Those who stayed are better nurses because of the exposure they received ...learning a lot from doctors. We built confidence through knowledge and experience gained".

As undergraduate education is insufficient to ensure lifelong nurse practitioners' competencies, it is essential to maintain the competencies of nurses, to remedy gaps in skills, and to enable professionals to respond to the challenges of rapidly growing knowledge and technologies, changing health needs and the social, political and economic factors of the practice of nursing. Continuing nursing education depends highly upon learner motivation and self-directed learning skills.

“It is essential and important for novices to know how. A new nurse begins with theory as a guide; an expert nurse refines theory through practice and proceeds to use past concrete experience as paradigms” (Benner & Wrubel, 1982: 13), and no one is a permanent expert. Professional development requires us to be novices at certain stages in our careers. It is possible to become an expert at being novice. “A true expert is expert at being novice” (Horii, 2007: 372).

Dearmun (2000:161) observed that newly qualified nurses went through four stages of professional development, and these were: first the initiation stage where they were making the psychological adjustment from student to qualified nurse, mastering technical skills, becoming accepted by the team, and ‘learning the ropes’. The initiation stage was then followed by the consolidation stage where there was an increase in confidence coupled with integration of knowledge and skills. The following stage Dearmun terms it “outgrowing the role” where the newly qualified nurses were looking for new challenges, and lastly the stage of promotion versus stagnation, confusion and uncertainty, where the newly qualified nurse makes difficult career decisions.

3.4.4 Theme 4: Managerial Challenges

Managerial challenges experienced by the NQNs of this study were described as frequent rotation, excessive workload, and shortage of human and material resources. In this study participants were allocated to the wards without orientation and without mentoring. Only two participants experienced the mentoring relationship and these two wrote about their good experiences with a sense of excitement about the choices they made about nursing. Nurse BS, a participant in this study, confirms the lack of mentors when she said:

“There was no mentorship whatsoever, but because I trained at this very institution I was able to hold my own and thus gaining respect and trust from my seniors”.

“.....staff was unwilling to teach.....”.

In a study by Jamieson, Harris and Hall (2012), authors found that newly qualified practitioners who worked closely with their mentors, either on the same shift or through regular meetings, reported feelings of being supported giving rise to a sense of being motivated.

Without supervision, the transitional period for the NQNs has been described as resulting in burnout and anger (Tappen, 2001:510). These unrealistic expectations are compounded by the high attrition rates experienced in public hospitals (Mokoka, Oosthuizen & Ehlers, 2010) and can be worse during the transitional period.

(Gerrish, 2000: 474). Some participants reported insubordination by their juniors, humiliation by management and sometimes doctors as major source of stress and anxiety. For example, Nurse NT describes humiliation as insubordination:

“I had problems with my subordinates who made the ward feel really tense by being really insubordinate towards me when my seniors were not around”.

Nurse MP:

“The negative comments from the subordinates: ‘You are a qualified nurse then you have to know it all’, while they have spent 20 years of their lives doing the same thing over and over”.

Griffin (2004) described the vulnerability of newly licensed nurses as they are socialized into the nursing workforce; lateral violence affected their perception of whether to remain in their current position. Rowe and Sherlock (2005) reported that nurses in particular were the most frequent source of verbal abuse towards other nurses. Patients’ families were the second most frequent source, followed by physicians and then patients (Rowe & Sherlock, 2005).

All participants of this study reported shortage of human and material resources as one of their stressors in the clinical area.

Nurse HM had this to say:

“I found myself being placed in a medical ward where expectations were high; shortage of staff was the most of all the problems. Patient to staff ratio was a nightmare, but funny enough management wanted things as they were, like it’s normal. One nurse is expected to do a job that can be done by four people”.

Nurse CS:

“Shortage of everything, i.e. resources both material and personnel, made it impossible for one to perform one’s duties adequately”.

Mokoka et.al. (2010) identified that conditions in the workplace influence professional nurses’ intentions to leave their organisations. Nursing shortages with resultant heavy workloads, excessive mandatory overtime, the unsatisfactory physical state of hospitals (without basic resources and equipment) and demands by management, authorities, patients and visitors made it almost impossible for nurses to function effectively, prompting their decisions to leave their employer.

The participants of this study perceived high patient ratio and equipment shortage as their dominant sources of stress as evidenced by a large number of respondents’ statements. This perception appeared to cause concern for newly qualified nurses. This heavy workload was perceived to have a negative impact on patient care, particularly to

attending the emotional needs of the patient.

Nurse MB explains:

“Working in large level 3 public hospital, new qualifications, no experience, and expected to lead without being led is stressful. This hospital being level 3 public hospital has high patients volume. Therefore working here is challenging. It is so busy; there is no time for learning”.

Nurse HM:

“It was hectic for me as a fulltime employee of the Department of Health. I found myself being placed in a medical ward where expectations were high; patient to staff ratio was a nightmare. One nurse was expected to do a job that can be done by four people”.

Nurse MP:

“The responsibility sometimes became too much to handle, more especially that nobody seemed to care”.

The above comments were supported by findings in Suresh (2009)’s study. The following is a comment from Suresh’s study by one of the participants:

'Too many non-nursing tasks, which adds to workload in limited time. This leads to stress at work. People are always busy and rushing'.

In a study by Oelke, White, Besner, Doran, McGillis Hall and Giovanetti (2008), heavy workload and high patient acuity were commonly identified theme by all participants. Findings in a study conducted by Banks and Bailey (2010:1489) suggest that those in positions of healthcare management should consider how they can create a workplace environment that provides newly licensed registered nurses the opportunity to fulfill their employment expectations.

Another managerial challenge that came out very strongly in this study was frequent rotation to new areas which caused confusion and little or no time to be well established in one area. Majority of participants were shocked, de-valued and humiliated and contemplated resigning and others known to participants even absconded. These findings are similar to Olson (2009)'s findings, where the millennial novice nurses reported role confusion and a sense of being overwhelmed during orientation.

Nurse ND confirms:

"We were rotated from out of the unit you've began to master to a new environment. I found myself lost all over again".

In a study by Evans, Boxer and Sanber (2008), the new graduate nurses never viewed themselves as permanent staff members on any ward due to the rotating nature of the transition support program, and this led to feelings of not belonging or being accepted as part of the team. This means then that much as rotation would be viewed as part of development for a newly qualified nurse, it can also pose some challenge if it is done too frequently.

Being rotated in the first months was considered a challenge by the participants of this study as this decision interfered with consolidation of learning, and also interfered with their role that they were beginning to grasp.

3.4.4.1 Sub-theme 4: Lack of role clarification

Evidence of managerial role conflict and challenges of being left alone without adequate formal transitioning efforts were apparent. It appears from the narratives that the NQNs had understood the information on their contracts as Community Service Nurses.

Nurse BS had this to say:

“There was no set document entailing/stipulating our job description or work hours and even our core responsibilities”.

NURSE Mama had this to say:

“We were welcomed but Mrs. (so and so) never explained what is expected of us as NQNs.... we were separated from externally qualified nurses as I was internal having received a study leave. Mrs. (so and so) told us that there was no need for community nursing because we were already in the field, and this was confusing”.

Nurse KB:

“There was no separate scope of practice for Com-Serve Professional Nurses. The only difference was that as a Com-Serve Professional Nurse you had to work under supervision at all times, which was highly unlikely in this institution”.

Despite being thrown in the deep or working as headless chicken participants found that they could function with a degree of confidence around six month. Mastery of nursing role consists of highs and lows, which Gerrish (2000) terms ‘fumbling along’. Problems of insubordination by juniors can be an additional area of stress, contributing to NQNs leaving the nursing profession.

Gerrish (2000:477) cites that in groups that were interviewed, nurses received no induction into their new role and shortly after qualifying, sometimes as little as 4 days later. They had found themselves in charge of a ward with responsibility for a team of less qualified nurses, and consequently they described themselves as ‘fumbling along’. Unsurprisingly they found the transition process very stressful and this was exacerbated

by there being no formal support systems in place. Gerrish's study is in support of the managerial challenges experienced by participants of this study.

According to William, Goode and Krsek (2007), there's high turnover rate of newly qualified nurses in the US, as high as 35% to 55% in first year of employment that has been reported, and in the UK nursing employment fell to 82% 3 years after qualification in a longitudinal study of early career nurses. For role satisfaction, during this period a newly qualified nurse needs a lot of supervision and a well planned program of mentoring as dissatisfaction may be the reason to leave the profession, especially when patient nurse ratios are high (Scott, 2011: 4).

3.4.5 Theme 5: Performance Adequacies

The concept performance adequacy is defined as directly related to the concept role adequacy and relates directly to the skills and competencies of individuals who undertake the nursing role (Shuriquie, White, & Fitzpatrick, 2007:144). Participants in this study felt inadequately prepared in terms of the skills required and the situations encountered and reported that their training was an introduction and more had to be learned after qualifying.

Nurse MB explained:

“The practical we did during training is just an introduction. You learn a lot after training”.

This was attributed to the limited time spent to general wards during fourth year.

Nurse MS explained:

“I feel if more time was spent in the fourth year preparing the soon to be qualified nurse for the real situation instead of 50% in the clinics and 50% in psychiatric hospitals we would be better prepared and confident for work”.

The participants of this study in their final year of training are placed in clinics and psychiatric hospitals only. They last get exposed to general wards and midwifery during their third year of training.

Nurse MS wrote:

“Subjects like General Nursing Science were too limited. At least two or three months should be dedicated to recapping General Nursing Science in the fourth year”.

In the study conducted by Gerrish (2000), the nurses felt inadequately prepared, having had limited opportunity to develop management skills. There was a realization that as nursing students they had spent little time in an acute care facility. By 6 months, their assigned patient care unit was becoming familiar, and they were now more confident. This confidence, however vanished as soon as they were allocated to other new units.

3.4.5.1 Sub-theme 5: Inadequately prepared for reality of clinical practice

Participants in this study voiced that they felt their practical experience was inadequate.

Nurse N explains:

“I was not psychologically prepared for the overwhelming overcrowding and shortage of staff because as students we were always shielded from dealing with such situations”.

In Olson (2009)’s study, there were similar findings about the Novice Nurses that participated, where the millennial novice nurses reported confusing and overwhelming state during orientation. There was a realization that as nursing students they had spent little time in an acute care facility. By 6 months, their assigned patient care unit was becoming familiar, and they were now more confident. This confidence, however vanished as soon as they were allocated in other new units. Nurse LD in this study seemed to concur with the findings in Olson (2009) when she said:

“We were rotated from out of the unit you’ve began to master to a new environment. I found myself lost all over again”.

Hinton and Chirgwin (2009:65) argue that “the reasons that students remained in the course and succeeded at Batchelor Institute can be summarized as the unique time tabled workshops, relevant course content and delivery mode, intensive teaching delivery, and maximum clinical placement”.

In a study by Mooney (2007), the newly qualified nurses described how, as students, they yearned for diverse learning to help them to prepare for the staff nurse role. The participants reported that they had insufficient opportunities in the clinical area to prepare for the transition to becoming a qualified nurse. They reported that being a supernumerary student means that they are basically doing basic nursing care, without knowing the routine of a unit.

The participants in this study are no different. Nurse MS had this to say:

“After qualifying more of the newly qualified nurses are put into general wards than clinics or psychiatric hospital, and we are inadequately prepared for that. Few months of the last year of nurses’ training must be used by the College to prepare senior students for what they are going to encounter in the general wards after qualifying”.

Expressing their feelings of being inadequately prepared, participants had this to say:

Nurse KN:

“I was not adequately prepared in some things like counting of drugs. I was doing mistakes here and there”.

Nurse ND:

“You have spent the last one year of the course in the clinics; you don’t insert drips, catheters, giving of intravenous treatment, etc. Then now you are supposed to do those things instantly, without help”.

Nurse Nunu

“I was scared. I asked myself if I was going to manage the workload and the attitudes of staff members”.

Nurse N:

“I feel I was not adequately prepared for the reality of the clinical situation faced by qualified professional nurses”.

Kramer (1974) reported that newly qualified graduate nurses in the United States experienced a ‘reality shock’ and feelings of being inadequately prepared for their new role. Research in Australia supports the notion that graduates perceive that there is a gap

between their knowledge and the skills they require in the workplace (Goh & Watt, 2003). Earlier research suggests that newly qualified nurses experience a degree of stress and uncertainty with feelings of incompetence (Whitehead, 2001).

Sykes (2006) confirms the above reports when she says: "The difficulty in accessing appropriate clinical placements is making it difficult to adequately prepare undergraduate nurses. The inability to provide timely and quality clinical placement experiences affects the link between theory and practice and the consolidation of learning".

Whitehead and Holmes (2011) concur with the above when they say: "The pressures of a busy ward environment mean that soon-to-be qualified students are being treated as part of the workforce, and their learning needs are not a priority".

Mooney (2007) noted that the participants in her study felt there was no time for nursing care, suggesting the time spent as students did not prepare them for the realities of practice. Her study found that other staff and patients had high expectations of newly qualified nurses once they were in practice, along with an assumption that qualified meant "all knowledgeable".

3.5 CONCLUSION

The above was the presentation and illustration of findings of this study. The lived experiences of the NQNs have been discussed through descriptions of their narrations; their views of personal adequacies have been discussed. Five major themes and five

sub-themes have been presented and discussed and supported with direct quotations from the participants involved and situated in previous literature.

All the challenges NQNs were faced with had led to lack of job satisfaction for some of the participants of this study, as Nurse MB confirms:

“Because of all these challenges you don’t get satisfaction as a newly qualified nurse”.

Job satisfaction is an important component of nurses' lives that can impact on patient safety, staff morale, productivity and performance, quality of care, retention and turnover, commitment to the organisation and the profession with additional replacement costs (e.g. agency staff) and further attempts to hire and orientate new staff (Bowles & Candela, 2005).

CHAPTER 4

SUMMARY, LIMITATIONS OF THE STUDY, IMPLICATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

This chapter presents a summary of this study, implications for the clinical practice and the nursing education, and the implications of Benner's model on this study; the limitations experienced whilst conducting this study and the recommendation for further research to be done. The aims is to review and comment on the findings of this study.

4.2 SUMMARY

Chapter one provided an overview of the study which outlined the background to the problem, which was that newly qualified nurses in the Republic of South Africa are trained according to SANC, Regulation 425 and placed in the clinical professional practice according to the requirements of RSA, Act Number 33 of 2005. However, there seemed to be no empirical evidence of a follow-up done to check their work-related experiences and their views about their performance adequacy in the clinical professional practice in the selected institution and selected nursing college. Hence the purpose of this study was to explore work-related experiences of the newly qualified nurses and their views about their own performance adequacy in clinical area during their first year of clinical professional practice, working as professional nurses who

trained under the SANC, Regulation 425 of four- year diploma course.

The specific objectives of this study were to:

- Explore work-related experiences of the NQNs and their views about their own performance adequacy in clinical area during their first year of clinical professional practice.
- Describe the work-related experiences of the NQNs and their performance adequacy in the clinical area during their first year of clinical professional practice.

Chapter two discussed the research methodology. The research approach followed in this study was a qualitative, exploratory, descriptive and interpretive design. This research design was selected to explore and describe the work-related experiences of the newly qualified nurses and their views about their own adequacy in clinical area during their first year of clinical professional practice in a public hospital in Gauteng Province. To understand and interpret the meaning inherent within each story of this study's participants, a qualitative research approach was selected. Analysis of the data was dealt within this chapter.

Chapter 3 presented the findings of the data analysis and discussion of narratives from participants of this study. Central themes and sub-themes were presented, discussed and integrated with existing literature. Benner's Novice to Expert model which guided this

study was extensively discussed, followed by the discussion of themes and sub-themes emerging from this study, which were integrated into the existing literature. The themes and their sub-themes that emerged were: the unmet expectations with sub-theme *lack of support*; reality shock with sub-theme *thrown into the deep end*; professional accountability with sub-theme *continuing professional development*; managerial challenges with sub-theme *lack of role clarification*; and performance adequacy with sub-theme *inadequately prepared for reality of clinical practice*.

Research results are based on the findings of the data collected from the newly qualified nurses in a public hospital. Studies that have been documented investigating the competencies of newly qualified nurses suggested that newly qualified nurses experience feelings of insecurity as they enter the profession and lacked managerial skills.

Newly Qualified Nurses cite lack of support (Boswell, Lowry & Wilhoit, 2004) staffing and patient workload issues (Bowles & Candela, 2005) as stressful. They experience difficulty with interprofessional interactions, and feel they lack the skills to communicate with their subordinates and senior professional nurses.

4.3 LIMITATIONS OF THE STUDY

In this study the limitations were methodological. First the setting of this study is a single setting, and this might restrict the population to which the findings can be generalized (Burns & Grove, 2011: 48). Using narratives it meant the participants must use recall. While the role of the researcher was known to participants, having worked with all the

participants in the selected nursing college and hospital for clinical practice, it is a limitation. Writing of narratives at home assisted objectivity.

4.4 IMPLICATIONS

4.4.1 Implications for Clinical Professional Practice

Marquis and Huston (2009: 384) argue that “managers should be alert for signs and symptoms of the shock phase of role transition”. They recommend that managers should “intervene by listening to new graduates and help them cope in a real world”. Marquis and Huston (2009: 384) further argue that “managers should also ensure that some of the new nurses’ values are supported and encouraged so that work and academic values can blend. One participant of this study in her comment supported the recommendations made by Marquis and Huston when she wrote:

“The more senior sisters in the wards have to appreciate that those nurses from College have done more theory than practical, and it will be good for them to bring their practical side, their experience with the theory side from newly qualified nurses, because some of them, really, they have forgotten”.

Tappen (2001:507) suggests that some of the shock experienced by the graduates can be prevented, and recommends an honest description of the organization’s work environment with respect to employee policies and preparing deliberate programs to receive the new employees. A formal orientation program with mentors will assist the

NQNs to transition and blend their personal values with institutional values.

In a study conducted by Banks and Bailey (2010) in Mississippi, USA, on newly licensed registered nurses, data analysis identified the emerging themes of altruism, which is unselfish concern for the welfare of others, self-fulfillment, challenging career. This study results revealed that role models are a determining factor for nurses staying in the field (Banks & Bailey, 2010: 1489). Findings of Banks and Bailey's study suggest that those in positions of healthcare management should consider how they can create a workplace environment that provides NQNs with an opportunity to fulfill these employment expectations.

According to NHS Employers (2010:8), programmes to help newly qualified nurses adapt to their roles have led to reduced absenteeism, improved patient safety and lower clinical risk. These can be researched and be adapted for the Republic of South African newly qualified nurses.

Preceptorship provides experiential learning, facilitating knowledge transfer from an expert to a novice (Dracup & Bryan-Brown, 2004). In the clinical areas the acquisition of new knowledge relevant to a specific patient and situation needs is a thoughtful selection and use of existing knowledge. Knowing the profession reflects incorporation of knowledge of the scope and standards of nursing practice, including competencies, skills, and roles of nurses. Many of the NQNs will have to be coached to use these advanced skills of clinical decision-making (Gillespie & Patterson, 2009). Structured relationship

between an experienced nurse and a novice nurse can evolve into a mentor relationship (Carlson, Pilhammar, & Wann-Hansson, 2010). A clinical supervisor should be available full time to support and give guidance to newly qualified nurses while on shift (Whitehead, 2009). This could alleviate much of the anxiety felt by these nurses as they could seek advice at any time without putting extra pressure on other staff.

4.4.2 Implications for Nursing Education

In this study, it came out as a suggestion that more time be spent in the fourth year of the students' training preparing them for the real situation they are going to face in the wards. Participant MS felt that if this can happen, NQNs will be better prepared and confident to start their job as NQNs. She further suggested that the four year nursing course could be designed in such manner that:

“At least two to three months should be dedicated to recapping General Nursing Science in fourth year of the student nurse's training”.

Participant MS felt that General Nursing Science time during their training was limited, more especially time for learning how to manage a unit, and once they qualify more of the NQNs are placed in the general wards than in any other place. One participant of this study commented that:

“More night duty should be allocated in fourth year to psychologically prepare the Newly Qualified Nurses for the forth-coming reality of the work environment”.

These findings highlight a problem that exist in the curriculum design of the current four year nursing diploma course that will need to be seriously addressed in future. In line with current literature on novice nurses and clinical nursing decision-making, the importance of creating structures and processes that promote consultative and collaborative practice through development of formal clinical mentorship programs are suggested. Effective clinical decision-making requires the nurse to do more than simply have knowledge; therefore Lecturers may be in a position to generate optimal conditions to nurture the professional development of neophyte nurses, thus aiding the retention of NQNs (Dearmun, 1998).

Good practices can be learned by South African Nursing Colleges from places like Australia, where Hinton and Chirgwin (2009:65) has confirmed that the unique time tabled workshops, relevant course content and delivery mode, intensive teaching delivery, and maximum clinical placement at Batchelor Institute is the reason that made students remain in the course and succeeded”.

4.4.3 Implications of Benner’s model: Novice to expert for this study

In wrapping up this work, Benner’s model is important in order to draw up conclusions. Benner’s model of novice to expert as advanced by Benner, Tanner and Chelsa (1996), posits that an individual, while acquiring and developing skills, pass through five levels of proficiency: novice/beginner, advanced beginner, competent, proficient and expert.

These five different levels reflect changes in three general aspects of skilled performance: reliance on abstract principles to reliance on experience; development from segmental to holistic assessments; and progression from observer to engaged care provider.

A move from a reliance on abstract principles to the use of past concrete experiences has to be deliberately planned during this transitional period. A change from viewing a situation as multiple fragments, to seeing a more holistic picture cannot be left to the newly qualified nurse to experience alone without guidance to those who have managed to acquire these skills (Altmann, 2007).

Benner (1984) comments that practice is within a prolonged time period and a novice is unable to use discretionary judgement, and based on these comments, it can therefore be deduced that newly qualified nurses cannot be expected to have managerial skills immediately after qualifying, as they have no experience in the situations in which they are expected to perform, and they lack confidence to demonstrate safe practice and require continual verbal and physical cues (Benner, 1984).

4.5 RECOMMENDATIONS FOR FUTURE RESEARCH

- Future research coming out of this study will bring more clarity to the findings of this study if this research is done using other public nursing colleges in Gauteng Province for comparison purposes.

- Further research can also be conducted focusing on efforts on how to minimize stress levels on newly qualified nurses. There may be other qualitative measures which could highlight strategies that could be used to minimize stress levels on newly qualified nurses.
- Further research is needed to address the current situation in the Republic of South Africa, in relation to the transition period of newly qualified nurses in different care institutions, quantitatively, to reveal programs that support transitioning to clinical practice.
- The nursing shortage and the high incidence of turnover among newly licensed nurses within the first year of employment need to be investigated.

It is well documented that nurses are leaving the profession because they are dissatisfied with current working conditions and not because they are disenchanted with the idea of nursing, which originally attracted them to the profession (Strachota, Normandin, O'Brien, Clary & Krukow, 2003; Lynn & Redman, 2005).

Current research shows that newly graduated nurses can successfully transition into acute care settings with the provision of pertinent information; the guidance from key stakeholders including, educators, managers, and administrators; and the support of preceptorship, mentorship, and orientation programs. For a new graduate nurse, the first two years of employment is a crucial period that will greatly determine whether they will successfully transition from being a novice to a competent staff nurse (Price, 2008).

4. 6 RECOMMENDATIONS FOR GAUTENG DEPARTMENT OF HEALTH

4.6.1 STUDENTS

- Teaching and support of student nurse s need to be strengthened in clinical settings to prepare them for when they will be unit managers. This can be achieved by bringing back clinical teaching departments in the clinical areas. Teaching relationship between Nursing Colleges and clinical areas needs to be revitalised.
- Nursing Colleges to be supported in their efforts to implement clinical teaching model as recommended by the Ministerial Task Team Report (2012:9). In supporting the Nursing Colleges, preceptors are needed and the recommendation is that preceptors should be in the nursing college establishments, to ensure that teaching of students will take place without interruption.

4.6.2 NEWLY QUALIFIED NURSES

- Clinical Staff Development Departments to be strengthened and be fully utilised for continuous professional development of newly qualified nurses. This can be done by introducing formal orientation and induction programmes where these are lacking and workbooks/ portfolios can be designed for this purpose and be monitored by the staff members in the Staff Development Department. They will also serve as evidence that support of newly qualified nurses did take place as required.
- Mentoring of newly qualified nurses to be made compulsory in the clinical areas, at least during their first four months of clinical professional practice.

- In-service education sessions to be strengthened or be made compulsory where these are lacking. This will promote continuous professional development for the newly qualified nurses as well as for other staff members in the clinical area.

4.7 CONCLUSION

A strong case has been made for qualitative research to be valued for the potential it has to inform policy and practice (Davies, 1999; Campbell, Pound, Pope, Britten, Pill, Morgan, Donovan, 2003; Newman, Thompson, Roberts, 2006; Popay, 2006).

The findings of this study support the calls in literature for a “mandatory preceptor programmes” for the first 4 months so that newly qualified nurses can consolidate their knowledge and feel confident about their role transition and future practice. Experienced clinical nurses can act as role models supporting the newly qualified nurse developing clinical skills and building existing knowledge to boost confidence (Whitehead, 2001; Wangenstein et al. 2008; Gillespie & Patterson, 2009;).

Newly graduated nurses view their first employment opportunities as transformational periods, and during this period the organizations which hired the newly graduated nurses are assumed to be responsible for their support, orientation, and education during the transition period from student to practicing nurse (Boswell, Lowry, & Wilhoit, 2004; Fink, Krugman, Casey & Goode, 2008; Hodges, Keeley & Troyan, 2008).

Oermann and Garvin (2002) purport that new graduates are faced with stresses associated with beginning practice as they enter the workplace, therefore there should be some support system provided by the nurse managers, preceptors, and nursing staff so that these NQNs can cope with the new situation. Furthermore it has been suggested that if they are nurtured through preceptorship it will ease the transition into their professional role (Dearmun, 1998). Therefore it can be seen that from a management perspective it is essential to offer NQNs appropriate support and development opportunities, and it is important to appreciate the factors which attract new nurses to the nursing profession or those features in the environment which create dissatisfaction.

Finally, the researcher can confirm that the purpose and objectives of this study have been achieved through activities that took place during this investigation.

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APPENDIX A

UNIVERSITY OF THE WITWATERSRAND. JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

R14/49 Mqokozo

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M080518

PROJECT

Personal narratives of newly qualified nurses in a public hospital in Gauteng Province

INVESTIGATORS

Miss NJ Mqokozo

DEPARTMENT

Nursing Education

DATE CONSIDERED

08.05.30

DECISION OF THE COMMITTEE*

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.



DATE

CHAIRPERSON

(Professor P E Cleaton Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor: Dr A Minnaar

DECLARATION OF INVESTIGATOR(S)

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

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX B1

46 Mesolite Crescent
Ennerdale Ext 5 1830
18.04.08

Enquiries: Ms N.J. Mqokozo
Tel : (011)983-3050(w)
 :(011)855-9373(h)
Cell : 0737841901
Fax : (011)983-3091(w)
E-mail : n.mqokozo@webmail.co.za

Mrs D. Ngidi
The Deputy Director of Nursing Services
Chris Hani Baragwanath Hospital

THE RESEARCH ON NEWLY QUALIFIED NURSES

I, humbly, request to do a research in your institution on newly qualified nurses who qualified in December 2007. I am a Masters' degree student in University of the Witwatersrand, and this research is for my study purposes.

The aim of this research is to explore the views of newly qualified nurses about their own performance adequacy in clinical practice during the first six months after registration as professional nurses.

My intention is to do the study in July/August, after I have obtained an ethical clearance from the university.

Your assistance will be highly appreciated.

Thank you

Sincerely yours

N.J. Mqokozo (Miss)

APPENDIX B2



CHRIS HANI BARAGWANATH HOSPITAL

Mrs. D. F. Ngidi
Deputy Director - Nursing
P.O. BERTSHAM
2013



Tel: (011)933-0269/9154 Fax:(011)938-8161 e-mail: DuduN3@gpg.gov.za.

24/04/2008

Attention: Ms. Mqokozo

Chris Hani Baragwanath Nursing College

Dear Ms. Mqokozo

RE: APPLICATION TO DO RESEARCH IN THE HOSPITAL

Your request to do research in the hospital premises has been acknowledged, and approved.

Please keep my office informed of your progress. Good luck with your studies.

Yours faithfully

A handwritten signature in blue ink, appearing to be "D. F. Ngidi".

Mrs. D. F. Ngidi
Deputy Director
(Nursing)

APPENDIX C

46 Mesolite
Crescent Ennerdale
Ext 5 1830
2008.07.01

Enquiries: N.J. Mqokozo

Tel : (011) 983-3050 (W)

: (011) 855-9373 (H)

Cell : 0737841901

PERSONAL NARRATIVES OF NEWLY QUALIFIED NURSES IN A PUBLIC HOSPITAL IN GAUTENG PROVINCE

Dear Colleague

Thank you for spending some time reading this letter.

I am Joyce Mqokozo, a Masters' degree student in University of the Witwatersrand, doing research as partial fulfillment of my degree, on your work-related experiences as a newly qualified professional nurse. Your input is highly valued, and I appreciate the time you'll spend with me.

I, humbly, request your assistance by taking part in my research. The purpose of this research project is to give newly qualified nurses a chance to express their views about their own adequacy in the clinical placement within a year of their clinical practice after qualifying as professional nurses, and it is for my study purposes as a Masters' degree student.

The study will be in narrative, written form, where you'll be expected to tell me, in writing, your story about your experiences and your views about your own performance adequacy in the clinical practice as a newly qualified professional nurse. This

information will not be shared with anybody except my supervisor for the purpose of examinations.

This is going to help me capture the data properly and be able to represent you in a true manner. The information will only be used by me and kept safe for three years and until the results of this study are published.

During data analysis, I'll have to come back to you for verification of themes that might come out of the information you gave, therefore for this reason I'll keep a record of your particulars so as to be able to come back to you when I'll need to. To further keep your identity anonymous, you'll be given a pseudo-name or a code.

You have a right to refuse to participate in this study without fearing negative effects of your refusal. After you have agreed to participate in this study, you have a right to terminate your assistance at any stage of the study and withdraw from participating without fearing negative repercussions.

There may be no direct benefits to newly qualified nurses as participants in this study, but there may be changes in the care of newly qualified professional nurses following this study. I offer to make a summary of results available on request. You are free to contact me at any of the above contact numbers for any questions you might be having or any assistance you might need from me.

Professional assistance will be offered to you after the study if you feel in need of it.

Your assistance will be highly appreciated.

Thank you

Sincerely yours

N.J. Mqokozo (Miss).

APPENDIX D

TITLE

PERSONAL NARRATIVES OF NEWLY QUALIFIED NURSES IN A PUBLIC HOSPITAL IN GAUTENG PROVINCE

INFORMED CONSENT FOR PARTICIPATION IN THE STUDY

I ----- agree to participate in this study on a voluntary basis.
am satisfied about the information I was given about the study, and I fully understand my
rights concerning participating in this study.

I am also satisfied about the explanation that has been given about how my identity is
going to be protected.

Signature of the Participant:

Date: -----

Signature of the Researcher:

Date: -----

APPENDIX E1

46 Mesolite Crescent

Ennerdale Ext 5 1830

2008.07.18

Enquiries: Ms NJ. Mqokozo

Tel : (Oil) 983-3050 (w)

: (Oil) 855-9373 (h)

Cell : 0737841901

Fax : (Oil) 983-3091

E-mail : n.mqokozo@webmail.co.za

Dr Lekibi

Gauteng Department of Health

Johannesburg—2001

Dear Dr Lekibi

APPLICATION FOR PERMISSION TO DO RESEARCH IN CHRIS HANI BARAGWANATH HOSPITAL

I am Joyce Mqokozo, a Masters Degree student in University of the Witwatersrand, conducting a research project for partial fulfillment of my degree. I humbly request to do a research on newly qualified nurses who qualified in Chris Hani Baragwanath Hospital.

The aim of this research is to explore the work-related experiences of newly qualified nurses and their view about their own performance adequacy in clinical practice, during the first year after course completion.

My intention is to collect the data around July/August, after I have obtained an ethical clearance from the University of Witwatersrand. A copy of the research results will be forwarded to your office after research completion.

Thank you

N.J. Mqokozo (Miss)

APPENDIX E2

GDOH RESEARCH EVALUATION FORM FOR POSTGRADUATE STUDENTS For approval by director: Policy, Planning and Research



GAUTENG DEPARTMENT OF HEALTH (GDOH)

POLICY, PLANNING AND RESEARCH

Enquiries: Sue le Roux

Tel: +2711 3553362

Fax: +2711 355 3675

Email: Sue.LeRoux@gauteng.gov.za

Office of the Director: Policy, Planning and Research

37 Sauer street, Marshalltown, Johannesburg, 2001

CONTACT DETAILS OF THE RESEARCHER	
Date	02 December 2008
Tel number	+27737841901
Fax number	+271 1 983 3091 (w)
Email	<u>n.mgokozo@webmail.co.za</u>
Researcher /Principal investigator (PI)	Ms. N.J. Mgokozo
Supervisor	Dr. A. Minnaar
Institution	University of Witwatersrand
Research title	Personal Narratives of Newly Qualified Nurses in a Public Hospital in Gauteng Province

Approval is hereby granted by the Gauteng Department of Health for the above research project to be conducted. Approval is limited to compliance with the following terms and conditions:

All principles and South African regulations pertaining to ethics of research are observed and adhered to by all involved in the research project. Ethics approval is only acceptable if it has been provided by a South African research ethics committee which is accredited by the National Health Research Ethics Council (NHREC) of South Africa; this is regardless of whether ethics approval has been granted elsewhere.

Of key importance for all researchers is that they abide by of all research ethics principles and practice relating to human subjects as contained in the Declaration of Helsinki (1964, amended in 1983) and the constitution of the Republic of South Africa in its entirety. Declaration of Helsinki upholds the following principles when conducting research, respect for:

- Human dignity;
- Autonomy;
- Informed consent;
- Vulnerable persons;
- Confidentiality;
- Lack of harm;
- Maximum benefit;
- and justice

The GDoH is indemnified from any form of liability arising from or as a consequence of the process or outcomes of any research approved by HOD and conducted within the GDoH domain.

1. Researchers commit to providing the GDoH with periodic progress and a final report; short term projects are expected to submit progress reports on a more frequent basis and all reports must be submitted to the Director: Policy, Planning and Research of the GDoH;
2. The Principal Investigator shall promptly inform the above mentioned office of changes of contact details or physical address of the researching individual, organisation or team;
3. The Principal Investigator shall inform the above office and make arrangements to discuss

- their findings with GDoH prior to dissemination;
4. The Principal Investigator shall promptly inform the above mentioned office of any adverse situation which may be a health hazard to any of the participants;
 5. The Principal Investigator shall request in writing authorization by the HOD via PPR for any intended changes of any form to the original and approved research proposal;
 6. If for any reason the research is discontinued, the Principal Investigator must inform the above mentioned office of the reasons for such discontinuation;
 7. A formal research report upon completion should be submitted to the Director: Policy, Planning and Research of the GDoH with recommendations and implications for GDoH, the Directorate will make this report available for the HOD.

AGREEMENT BETWEEN THE GAUTENG DEPARTMENT OF HEALTH (GDoH) AND THE RESEARCHER



,1s. S. le Roux

Director: Policy,

Planning and

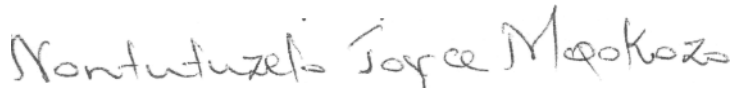
Research

Date: 2008.12.11

**Name and surname
Researcher**

of Principal

Principal Researcher



Research Institution University of the Witwatersrand

Date: 2008.12.11

APPENDIX F: PARTICIPANT GUIDE

PERSONAL NARRATIVES OF NEWLY QUALIFIED NURSES IN A PUBLIC HOSPITAL IN GAUTENG PROVINCE

Please indicate tick on the correct preferred code name. The age is optional.

--	--

Age Code Name (any letters of the alphabet)

Reflect on all your the work-related experiences AND your own perceived personal adequacy in clinical area during this first year of clinical practice exposure after course completion.

Consider carefully your work-related experiences this year from where you started working to where you are now (even if you have been allocated somewhere else since you started in this hospital.

- Set a time most comfortable to you at the end of the day of beginning of the day.
- During the writing activity write directly and avoid deleting, if new ideas come after initial writing write them in and not delete to show change of mind.
- Conclude and summarize

At the end ensure that you write the code to identify your narrative.

For submission: as agreed on the submission plan (within five days). The researcher will call to arrange the collection date.

Thank you for participating

APPENDIX G1
TRANSCRIPTS
OF
PERSONAL NARRATIVES OF NEWLY QUALIFIED NURSES IN A PUBLIC
HOSPITAL IN GAUTENG PROVINCE

Code: NT

Transcript: 1

My Clinical Experience since Qualifying 6 Months Ago

I received a warm welcome from my seniors (i.e. the Ward Manager and The Chief Professional Nurse). They treated me with respect and were always willing to teach me and that made me feel comfortable and determined to do my best.

On the downside I have been having some problems with my subordinates who make me feel real tense by being really insubordinate towards me when my Seniors are not around.

The ward that I have been allocated to is a medical ward with 69 patients and it is really hectic as most of our patients require total nursing care. At times it gets so busy to the extent that Ican't render total nursing each patient due to shortage of nursing staff.

The other stressor for me is that there are frequent shortages of supply/stock or medication which really hamper /delay our productivity and results in patients not getting medication/medical care when it is due and /or properly.

Even though the ward is busy I have been able to apply what I have learned in my 3rd year of study i.e. how to run the ward, order and control stock as well as h

The transition from "studenthood"/ being a student to being a/the Sister in Charge was/is a stressor as well because I now have to assume responsibility and be answerable for things

that go wrong in the ward like -missing patients, a fallen patient, Acts and Omissions (*of deleted*) by subordinates. So I am no longer in the comfort zone (*where deleted*) rather than me reporting to the Sister, students and other subordinates report to me. All in all I can say there are more joys for more than stressors because I got to interacts with patients, monitor their progress and feel the satisfaction of seeing them get better. I also got to learn a lot from the doctors.

APPENDIX G2
TRANSCRIPTS
OF
PERSONAL NARRATIVES OF NEWLY QUALIFIED NURSES IN A PUBLIC
HOSPITAL IN GAUTENG PROVINCE

Code: MS

Transcript: 2

I, as a Newly Qualified Professional Nurse might have been equipped with the adequate knowledge, but I feel not prepared for reality of the situation faced in the Clinical working area.

I was barely two months in the unit I'm working in and there was shortage on day duty. I was managing the unit mostly alone. Fear of a patient going missing or other legal issues made me afraid, so when they (Senior Nurse Managers) told me I needed to go on night duty I was relieved than anything, little did I know. At night I worked with one Nursing Assistant and a Staff Nurse with 25 patients to see to. As the "Sister in charge "I was solely accountable for my actions, with no supervision, no guidance I felt lost and alone.

During my first three months at work I considered resigning and going to study a different field. I felt defeated and alone.

But as the first month passed I gained confidence and began to relax and ran the ward but according to the South African Nursing Council Community Service nurses are required to rotate around the whole institution, if the institution deems it a need. We were rotated from out of the unit you've began to master to a new environment and as it was done in the four year course we were rotated but I feel the time spent in certain areas were limited and not of much benefit in being allocated to certain areas.

I found myself lost all over again and for the year of my Community Service we were shunted around as there was a shortage all over the hospital. (We) I was put "to fill the spaces".

I suppose Nursing is a calling and we answer for different reasons such as financial contracts or the love of the profession but I feel if more time was spent in Fourth year preparing the soon to be Qualified Nurse for real situation instead of 50% in the clinics and 50% in psychiatric hospitals, we would be better prepared & confident for work - for the most of the Diploma we did, *(it)* was a comfort zone, what we see in the clinical practical working environment as a Registered Nurse role is no comparison to the student nurse role.

Although compressed the time given for practical subjects like General Nursing Science during training, it was limited, according to me. I feel that more of the Newly Qualified Nurse are put into General wards than clinics and or psychiatric hospitals at least two or three months should be dedicated to recapping general nursing in fourth year.

Although it sounds strange more night duty allocation in fourth year is needed to prepare the Newly Qualified Nurse to the forth coming reality of the work environment.

As well as, personally I feel even if it's at the finishing course, a financial adviser could come in and speak to the soon to be qualified Registered Nurses, as with the salary adjustment. Some Newly Qualified Nurse took up too much financial burden as there was more money.

Thank you

APPENDIX H1



Faculty of Health Sciences Medical School, 7 York Road, Parktown, 2193
Fax :(011)717-2119 Tel: (011)717-2745

Reference: Ms Tania Van Leeve
E-mail: tania.vanleeve@wits.ac.za
15 August 2008
Person No: 9509531V
PAG

Mrs NJ Mqokozo
46 Mesolite Crescent
Ennerdale Ext5
1830 South
Africa

Dear Mrs Mqokozo

Master of Science in Nursing: Approval of Title

We have pleasure in advising that your proposal entitled "*Personal narratives of newly qualified nurses in a public hospital in Gauteng Province*" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn
Faculty Registrar Faculty
of Health Sciences

APPENDIX H2

46 Mesolite Crescent
Ennerdale Ext 5 1830
20.08.08

Enquiries: Ms N.J. Mqokozo Tel
:(011)983-3050(w) :(011)855-9373(h)
Cell : 0737841901 Fax : (Oil)
983-3091 (w) E-mail :
n.mqokozo@webmail.co.za

The Ethics Committee University
of the Witwatersrand

**M080518: PERSONAL NARRATIVES OF NEWLY QUALIFIED NURSES IN
A PUBLIC HOSPITAL IN GAUTENG PROVINCE.
DECLARATION OF INVESTIGATOR**

I, full understand the conditions under which I am
authorized to carry out the abovementioned research and I guarantee to ensure
compliance with these conditions. Should any departure to be contemplated from the
research procedure as approved I undertake to resubmit the protocol to the Committee.
I agree to a completion of a yearly progress report.

Sincerely yours
N.J. Mqokozo (Miss)

APPENDIX I

Nursing Education

School of Therapeutic Sciences • Faculty of Health Sciences • 7 York Road, Parktown 2193, South Africa
Telegrams 'Witsmed' • Tel: +27 11 488-4272 • Fax: +2711488-4195 • E-mail: apfelpc@therapy.wits.ac.za
Website: <http://www.wits.ac.za/fac/med/nursing>

Ms. Nontutuzelo Joyce Mqokozo
46 Mesolite Crescent Ennerdale
Ext. 5 1830



2008

Dear Ms. Mqokozo

I am pleased to inform you that you have been awarded the **Shirley Williamson Bursary** in Nursing Education. The bursary is awarded to a postgraduate student primarily on academic merit.

It is a condition of this bursary that you complete the course in the required time and to publish your research findings in an accredited journal. Your supervisor's guidance in this regard is paramount.

The University's Donor Liaison Officer, Ms Pooven Naiker will advise you of the monetary value and any other conditions attached to this award.

I would like to congratulate you on this fine achievement and wish you every success in your research endeavors.

Yours sincerely

Professor J Bruce

Head: Department of Nursing Education



THERAPEUTIC
Sciences

cc. Dr. A. Tjale
Dr. A. Minnaar

