EXPERIENCES OF R425 NEWLY QUALIFIED PROFESSIONAL NURSES DURING THEIR FIRST YEAR OF PRACTICE IN 3 SELECTED HOSPITALS IN THE EASTERN CAPE

by

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Abstract

Transition of the newly qualified nurses from an educational focus to professional practitioner has long been identified as a conflicted time of critical personal and professional adjustment and staggering reality shock. This study explored the experiences of newly qualified R425 professional nurses during their first year of practice in the Eastern Cape Province at three selected hospitals. The study followed a qualitative, exploratory, descriptive design using a phenomenological approach. The sample included newly qualified professional nurses in their first year of employment. Convenience sampling was used to select the participants. Data collection was conducted by means of semi-structured interviews from ten (n=10) participants. Each interview took about 45 minutes. Ethical codes of research were followed. Data was coded manually and analyzed using content analysis. Four themes and seven subthemes emerged from the data collected.

The findings revealed positive experiences such as sense of belonging and feelings of independence; negative experiences such as feelings of rejection, as well as management challenges. The study identified challenges which impacted on the performance of new nurses, namely shortage of human and material resources and inadequate support in the working environment.

Recommendation: Introducing mandatory education by service institutions on transition as well as extended, sequential and structured orientation and mentoring programs for newly qualified professional nurses as this will assist them in their career development.

Managers to use different strategies in enhancing quality environments in order to reduce frustration for these newly qualified nurses.

Keywords: Newly qualified nurses, experiences, community service, and professional nurse.
Declaration

I, PRISCILLA NOMATAMSANQA QWAQWA, Student Number 213135469, solemnly declare that this study entitled “Experiences of R425 newly qualified professional nurses in their first year of practice” is my original work. All sources used or quoted in the study have been indicated and acknowledged by way of complete references.

Student: PRISCILLA NOMATAMSANQA QWAQWA

Signature

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Acknowledgements

I am grateful to God for giving me the opportunity to complete this study and I embrace him and give thanks and praise.

No Master’s Degree student can complete a dissertation without receiving assistance from many role-players. It is with sincere gratitude that I acknowledge the following persons for their contribution.

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DEDICATION

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Table of Contents

Abstract ................................................................................................................................. i
Declaration............................................................................................................................ ii
Declaration on Plagiarism ................................................................................................... iii
Acknowledgements ........................................................................................................... iv
DEDICATION ......................................................................................................................... v

CHAPTER 1 .............................................................................................................................. 1

ORIENTATION TO THE STUDY .......................................................................................... 1

1.1 Introduction .................................................................................................................. 1
1.3 Background to the Problem ......................................................................................... 2
1.4 Significance of the Study .............................................................................................. 3
1.5 Research Question ........................................................................................................ 3
1.6 Purpose of the Study ..................................................................................................... 3
1.7 Objectives ....................................................................................................................... 4
1.8 Theoretical Framework ................................................................................................. 4
1.9 Definition of Concepts ................................................................................................. 5
1.10 Research Design and Methodology ............................................................................ 7
1.11. Data Collection ....................................................................................................... 9

CHAPTER 2 .............................................................................................................................. 12

LITERATURE REVIEW ........................................................................................................ 12

2.1 Introduction ................................................................................................................... 12
2.2 Nursing Globally........................................................................................................... 12
2.3 Nursing in Australia .................................................................................................... 13
2.4 Nursing in the United States of America ................................................................. 13
2.5 Education and Training of Nurses in South Africa .................................................... 13
2.6 Nursing in Nigeria ..................................................................................................... 14
2.7 Nursing in the United Kingdom ................................................................................ 14
2.8 Nursing in Canada...................................................................................................... 15
2.9 Transition Process ....................................................................................................... 15
2.10 Sources of Stress ....................................................................................................... 16
2.11 Role of Clinical Exposure in Practice ............................................................. 16
2.12 Grieving Process ........................................................................................... 16
2.13 Conclusion ...................................................................................................... 17

CHAPTER 3 ............................................................................................................. 18
RESEARCH DESIGN AND METHODOLOGY ................................................. 18
3.1 Introduction ....................................................................................................... 18
3.2 Research Design .............................................................................................. 18
3.6 Data Analysis .................................................................................................... 22
3.7 Measures for Ensuring Trustworthiness ......................................................... 23
3.8 Ethical Considerations .................................................................................... 24

CHAPTER 4 ............................................................................................................. 27
DATA PRESENTATION AND ANALYSIS ......................................................... 27
4.1 Introduction ....................................................................................................... 27
4.2 Research Findings ........................................................................................... 27
4.3 Summary .......................................................................................................... 37
4.4 Conclusion ........................................................................................................ 38

CHAPTER 5 ............................................................................................................. 42
DISCUSSION OF FINDINGS, LIMITATIONS AND RECOMMENDATIONS .... 42
5.1 Feeling of Acceptance ..................................................................................... 42
5.3 Sense of Belonging ......................................................................................... 43
5.4 Feeling of Independence ................................................................................ 43
5.5 Feeling of Rejection ....................................................................................... 44
5.6 Management Challenges ............................................................................... 45
5.7 Inadequate Support ....................................................................................... 46
5.8 Inappropriate Placement ................................................................................ 46
5.9 Limitations ....................................................................................................... 47
5.10 Conclusion ...................................................................................................... 47
5.11 Recommendations ....................................................................................... 48
REFERENCES ......................................................................................................... 49
LIST OF ANNEXURES

Annexure A: WSU ethical clearance certificate

Annexure B: Letter of request to conduct research to ECDOH

Annexure C: Letter of approval to conduct research from ECDOH

Annexure D: Letter of request to conduct research at NMCH

Annexure E: Letter of approval from NMCH

Annexure F: Letter of request to conduct research at St. BH

Annexure G: Letter of approval from St. BH

Annexure H: Letter of request to conduct research at DR. MMMH

Annexure I: Letter of approval from DR. MMMH

Annexure J: Informed Consent for Participants

Annexure K: Interview Guide
List of Tables

Table 4.1 Participants’ Demographic Profiles .................................................................28

Table 4.2 Analysis of Participants demographic profile ...................................................29
LIST OF FIGURES

Figure 4.1 Summary of Themes ................................................................. 30
Figure 4.2 Neuman’s Model ................................................................. 39
Figure 4.3 Roy’s adaptation model ......................................................... 40
ABBREVIATIONS

ANC  Antenatal Care
DR. MMMH  Dr Malizo Mpehle Memorial Hospital
ECDOH  Eastern Cape Department of Health
EC  Eastern Cape
ICU  Intensive Critical Unit
NMCH  Nelson Mandela Central Hospital
POPD  Paeds Outpatient Department
SANC  South African Nursing Council
St. BH  St Barnabas Hospital
WSU  Walter Sisulu University
CHAPTER 1
ORIENTATION TO THE STUDY

1.1 Introduction

Nursing has increasingly moved from apprentice model to academic settings. Degree level courses in nursing have become more prevalent. Today’s nurses are responsible for duties that range from basic patient care to highly specialized treatments that were the exclusive domain of physicians. Nurses who graduate in contemporary times are skilled professionals, trained to work in the challenges and competitive field of modern medical technology.

Nurse training in South Africa has gone through different phases since its inception in the times of Henrietta Stockdale, consequently influencing the training of nurses in various regions of South Africa (Mellish and Klopper, 2011: 25). The introduction of multidisciplinary nurse training program has posed a lot of questions. Studies conducted revealed that these newly qualified professional nurses underwent various phases before competency (Huda, 2012: 19). The driving force behind this program has been the profession’s compelling ideal of generalists who can function efficiently in all four disciplines – general nursing, midwifery, community and psychiatry (Mekwa, 2008:277). It is against this background that a closer look at the experiences of this nurse professional is of interest.

This chapter presents the background on which the problem is based. It also presents the research purpose and objectives formulated by the researcher. The research methods employed are briefly described to orientate the readers. The following section presents the research problem formulated by the researcher.

1.2 Statement of the Problem

Students enrolled under R425 of 22 February 1985, as amended (a South African Nursing Council Regulation guiding the comprehensive nurse training) program receive education and training at an approved nursing school accredited by South
African Nursing Council (SANC) such as Colleges and Universities (Mellish and Klopper, 2011:2). Since the drift towards academia, it has been observed that senior professional nurses in the wards lack confidence in the newly qualified professional nurses as they seem to lack caring ability. Trassare (2011:4) mentioned that although newly licensed qualified nurses had achieved the legal and professional minimum requirements to enter practice, studies indicated that many new graduate nurses lacked not only clinical skills and judgment needed to provide safe, competent care but were also grappling with personal and organizational stressors such as role stress (Dyess & Sherman, 2009; Morrow 2008).

1.3 Background to the Problem

Nursing is widely acknowledged nationally and internationally as an essential component of the health care delivery system (Nursing Strategy, 2008). Nurses are frequently viewed as the backbone of the health system. The change in emphasis from hospital centered care to primary health care and the establishment of the district health system both affect the way in which health care is delivered. Nursing Education therefore should be adapted to prepare nurses for the environment in which they will work (Mekwa, 2008: 272).

In response to a shift from a curative orientation to a comprehensive health service, South African Nursing Council introduced a four year comprehensive course leading to registration as a nurse (general, psychiatric, community and midwife – R425 of 22 February 1985, as amended). Nursing Council prescribed 4,000 hours for clinical practice with four disciplines built into this comprehensive program but later it was resolved that instead, competencies/outcomes and measures to control attainment should be specified (Mekwa, 2008:279).
1.4 Significance of the Study

Significance refers to the relevance of research to nursing and the potential for answers to address the research question, to improve nursing practice and contribute to nursing theory (Brink, 2012:61).

This study attempts to address challenges newly qualified professional nurses experience in their clinical practice. This study also endeavors to reveal issues facing newly qualified nurses so that positive aspects can be enhanced and negative ones attended to with a view to improve performance. Recommendations made may provide chances of improvement with regard to support given to the newly qualified nurses in the workplace. Such an intervention should close the gap between education and clinical practice. Findings of this study will hopefully enable the hospital management to determine strategies which can be used to transform their institution for the benefit of health care providers and consumers. Nursing Education will benefit from the study as it will assist towards evaluation of R425 of 22 February 1985, as amended (Four year comprehensive program) undergo by newly qualified professional nurses.

1.5 Research Question

Burns and Grove (2009:77) state that the type of question that can initiate the research process is one that requires further knowledge to answer it. Research questions in qualitative statements include the phenomenon of interest and the group or population of interest (Polit and Beck 2010: 155). The research question for this study is: What are the experiences of R425 newly qualified professional nurses in their first year of clinical practice at Nelson Mandela Academic Hospital, St Barnabas Hospital and Dr Malizo Mpehle Memorial Hospital in the Eastern Cape?

1.6 Purpose of the Study

The purpose of this study was to explore and describe the experiences of R425 newly qualified professional nurses in their first year of clinical practice after registration with South African Nursing Council in the Eastern Cape, and to examine the role of
community service in preparing these nurses for independent practice. Knowledge generated from this study should enable managers to plan and develop strategies of improvement. The study also brings to the fore, some strength.

1.7 Objectives

The objectives of the study were to:

- examine the role of Community Service in preparing R425 newly qualified professional nurses for independent practice;
- identify factors that negatively impact on clinical competency of R425 newly qualified professional nurses;
- explore the readiness of newly qualified nurses in performing their duties, and
- Identify the impact of experiences of community service of the R425 newly qualified professional nurses in independent practice.

1.8 Theoretical Framework

Research cannot be conducted in a theoretical vacuum even research of the exploratory type. Polit and Beck (2010) state that a framework constitutes the conceptual underpinnings of a study and not every study is based on a theory or conceptual model, but every study has a framework. In a study based on a theory, the framework is referred to as the theoretical framework; in a study that has its roots in a specified conceptual model, the framework is often called the conceptual framework.

This study was guided by Roy’s (1998) adaptation model. In this model, humans are viewed as bio-psycho-social adaptive systems who cope with environmental change through the process of adaptation. Within the human system, there are four subsystems: physiological/physical, self-concept/group identity, role function, and interdependence. These subsystems constitute adaptive modes that provide mechanisms for coping with environmental stimuli and change (Polit and Beck, 2010:200). Roy developed the adaptation model framework for nursing practice.
According to Tomey and Alligood (1998) Roy’s adaptation model focuses on the concept of adaptation of the person. Adaptation is defined as a process of responding positively to environmental changes. According to Roy’s adaptation model, self-concept constitutes a composite of beliefs and feelings that a person holds about him or herself at a given time. Roy’s adaptation model is based on social interaction. This adaptation depends on type of social interaction one has received. There are stimuli around the social interaction one has received which can have effect on adaptation (Tomey and Allgood, 1998:24). Newly qualified professional nurses may be able to adapt effectively in the new environment through use of Roy’s adaptation model and this will depend on type of orientation and welcoming on their first day in the new environment. Stimuli which influence the environment of these newly qualified nurses result in either effective or ineffective responses depending on the adaptive mode of the person.

1.9 Definition of Concepts

For the purpose of this study, it is important that the concepts used throughout be defined to ensure that the readers and the researchers share the same meaning attached to specific concepts.

Professional Nurse

A professional nurse is a person either male or female who has undergone three years of training in general nursing and one year of training in midwifery or a four year comprehensive course (Act No 33 of 2005). In this study is a person who underwent four year comprehensive program trained under regulation R425 of 22 February 1985, as amended, as stipulated by South African Nursing Council and qualified as a nurse (general, psychiatric and community) and midwife.
**Experience**
Experience is defined as perception of the world and such is able to generalize and recognize regularities, and make predictions based on observations (Polit & Beck 2010:12). In this study it means the experiences which these newly qualified nurses encountered and the effect in their practice whether positively or negatively affected.

**Clinical Practice**
Clinical practice involves participation in and responsibility for direct patient care. This includes direct or indirect nursing service (Government Gazette, 2013: 2). In this study newly qualified nurses will be able to display their performance while in clinical practice.

**Competence**
Competence is a demonstrated cognitive, affective and/or psychomotor ability required for the performance of specific activities (Government Gazette, 2013:2). In this study this refers to the ability of newly qualified nurses to safely and effectively fulfill his/her professional responsibility within her/his scope of practice.

**Newly qualified Professional Nurse**
In this study, such a person are those professional nurses in their first year of clinical practice post registration that is the 1st year after registration with South African Nursing Council. The period of interest 6 months to 1 year of practice.

**Clinical Placement**
This means time occupied by a learner in clinical and other experiential learning sites to ensure that the purpose of the program is achieved (Government Gazette, 2013).

**Comprehensive (R425) course/program**
The comprehensive course is a four year comprehensive program leading to registration as a nurse (general, psychiatric and community) and midwife (R425 of 22 February 1985 as amended).
South African Nursing council (SANC)

SANC is the body entrusted to set and maintain standards of nursing education and practice. It is an autonomous financially independent, statutory body (www.sanc.ac.za) and currently operating under the Nursing Act (Act No. 33 of 2005).

Community Service

It is a donated service or activity that is performed by someone or a group of people for the benefit of the public or institution. SANC regards remunerated community service placement as a prerequisite for registration as a professional nurse (Nursing Act No 33 of 2005).

1.10 Research Design and Methodology

Once the concepts used were defined, the researcher described the research design and methods used to achieve the research objectives stated in this chapter.

a) Research Design

According to Polit and Beck (2010) a research design is the overall plan for obtaining answers to the research question being studied and handling some of the difficulties encountered during the research process. The research design of this study is concerned with the broader course of action or plan of how the study was conducted. The research methodology relates to the specific research instruments or tools that were utilized to advance the research objectives (Henning, 2005:142).

The researcher chose a qualitative, exploratory, descriptive study design using a phenomenological approach to explore the meaning of the phenomenon of interest, namely the experiences of the newly qualified professional nurses. According to De Vos et.al (2011), qualitative research is concerned with subjective exploration of reality from the perspective of an insider in their naturalistic setting. In the study, the participants’ naturalistic setting was the hospital where they worked. The study was exploratory because the researcher had an interest in the participant’s Experiences as newly qualified professional nurses in their first year of clinical practice.
b) Research Site

The study was conducted at Nelson Mandela Academic Hospital which is at level 3. The hospital is situated in Mthatha under O.R. Tambo District associated with Walter Sisulu University. It is used for tertiary teaching and also as a referral for rural hospitals. The second hospital where the research was conducted was St Barnabas Hospital under Nyandeni District, which is a rural hospital about 30km from Mthatha. The third was Dr Malizo Mpehle Memorial Hospital situated 25km from Mthatha.

c) Population and Sampling

Once research design has been presented, it is necessary to give a brief overview of the population and sampling method used.

d) Population

This is the entire set of individuals or elements who meet the sampling criteria (Brink et.al, 2012; Burns and Grove, 2011; Meyer, Naude, Shangase and van Niekerk: 2009). All new professional nurses (40) who had trained under R425 program in Colleges and Universities working at Nelson Mandela Academic Hospital, St Barnabas and Dr Malizo Mpehle Memorial Hospital in the Eastern Cape constituted the population for this study. In this study, the target population refers to newly qualified professional nurses who were within their first year of practice in the three hospitals. In other words, it was those who had started as newly qualified nurses on March 2014 finishing their first year on March 2015.

e) Sampling

Sampling is the process of selecting a portion of the population to represent the entire population (Polit and Beck, 2010:307). In this study, the researcher used non-probability sampling technique. In this approach, not every element of the population has an equal chance of being included in the sample (Brink, et.al, 2012: 139). Elements were selected non-randomly. The researcher’s knowledge of the population determined which participants would be included in the study. Although this approach is convenient and economical, its weakness is sampling bias hence the research results or findings may not be generalizable to the entire population.
e) Sample
The researcher used own knowledge of the population to select a convenience sample of participants. This entails using the most conveniently or readily available potential candidates as respondents. Available subjects are entered into the study until the desired sample size is reached (Brink, et.al, 2012: 140). Only newly qualified professional nurses within their first year of experience in clinical practice were asked to participate. The size of the sample was determined by data saturation.

1.11. Data Collection
Data collection refers to the process whereby information is collected in order to achieve the objectives of the study (Burns & Grove, 2009:695). In-depth semi structured interviews were conducted by the researcher. The research study took place in 3 different institutions. The researcher approached the participants for appointments after gaining permission to conduct the study. The participants were willing to participate voluntarily and were able to give informed consent. Appointments were made for individual interviews at times convenient to the participants. Interviewing was suitable for this study because the latter was exploratory. In-depth semi-structured interviews were used to gather data rich in information. The researcher used an interview guide with a limited number of questions.

a) Evaluation of data quality
Four criteria for developing trustworthiness of a qualitative study are credibility, dependability, confirmability and transferability.

b) Credibility – refers to the extent to which study findings can be believed to be true. Findings of this study were tested against various groups from where the data was drawn. According to Lobiondo-Wood & Haber (2010) credibility is the truthfulness of findings as judged by participants and others within the discipline. The truth value is proved by using the strategy of credibility and criteria for prolonged engagement, member checking and peer debriefing (De Vos, et.al, 2011:
In this study, a voice recorder was used with permission from participants and the researcher was persistent in data collection, adequate time was given for interviews, and the supervisor analyzed the interview guide.

c) Dependability – refers to consistency meaning that findings would be consistent even if the inquiry were replicated with the same subjects in a similar context (Brink, 2012:172). This means whether the findings will be the same if repeated in a different situation with similar characteristics compared to those of the original research site. In this study, the researcher collected data from different institutions from the same participants with same characteristics using the interview guide to ensure consistency. The researcher maintained the interview time of 45 minutes for all the participants.

d) Confirmability – this means the degree to which the findings are a function solely of the research informants and there are no researcher biases, that is to say, objectivity is maintained (Brink, 2012:172). The researcher’s colleagues were requested as independent people to verify the data for accuracy and relevance.

e) Transferability – refers to the probability that the study findings have meaning to others in similar situations. The idea of transferability means the extent to which the findings can be transferred or applicable to other settings (Polit & Beck 2008:539). The findings in this study can be applicable to similar settings and research populations (De Vos, et al, 2011).

f) Ethical considerations
A researcher is responsible for conducting research in an ethical manner that will not violate human rights; failure to do that undermines the scientific process and may have negative consequences (Brink, 2012:32). Ethical clearance was requested and obtained from research ethics committee at Walter Sisulu University and permission
to conduct the study obtained from Department of Health and 3 Institutions (Annexures A, C, E, G and I).

Consent was obtained from individuals who agreed to participate in the research. (Annexure J). The researcher focused on informed consent, anonymity and confidentiality and right to self-determination to maintain ethical considerations.
CHAPTER 2
LITERATURE REVIEW

2.1 Introduction

Literature is defined as a critical summary of research on the topic of interest. It is presentation of what has been researched previously by other researchers and experts concerning the study in order that the reader is aware what has been researched about this phenomenon of interest. The literature review further provides a foundation on which to base new evidence (Polit & Beck 2012:58).

In this study, the main focus of the literature was to analyze the literature and findings of previous studies that were conducted in relation to the experiences of the newly qualified nurses. As the study was to explore the experiences of the newly qualified nurses in their first year of clinical practice post registration, the researcher observed there were limited studies conducted post registrations more studies were conducted during their community service.

Newly qualified professional nurses enter the work force and find that they have neither the practice expertise nor confidence of facing highly intense clinical environments burdened by escalating levels of patient acuity and nursing workforce (Duchscher, 2008:447).

2.2 Nursing Globally

Florence Nightingale played a key role in initiating organized nursing education programs (Mellish and Klopper, 2011). Nurses learnt their job mainly through on-the-job training. Schools of nursing were associated with hospitals rather than academic settings. The three year programme had no formal academic recognition till 1990 when both process and product nurse education was redefined. The aim was to equip
student nurses with the necessary knowledge and skills to assume the role of graduates and to achieve academic recognition (Bjerkones and Bjork, 2012).

2.3 Nursing in Australia

Registered nurses obtained training through universities at degree level lasting for 3 – 4 years and enrolled nurses obtained their 3 year training through colleges qualifying for advanced certificate or diploma. Australian Nursing Incorporated Council sets national standards of nursing competency and assesses qualification of nurses for migration purposes (http://en.Wikipedia.Org/wiki/Nursing in Nigeria) [Assessed 25 February 2014].

2.4 Nursing in the United States of America

Formal training of nurses became necessary in the early 1900’s as the lack of formal training led to high mortality rates within hospitals as nurses had scattered skill sets. Nursing was mostly done within the hospital context and nurses learned by trial and error on the job, under the supervision of other superior nurses. Nursing now is practiced in a wide range of specialties. There is a Diploma in Nursing, leading to graduation with a three year certificate from hospital based school of nursing, there is also Associate of Science in Nursing which involves two to three years of college level, then Bachelor of Science in Nursing, a four or five year university program (http://en.Wikipedia.Org/wiki/Nursing in United States of America)[Accessed 26 February 2014].

2.5 Education and Training of Nurses in South Africa

This dates back to 1877 when Sister Henrietta Stockdale started a training program at the Carnovan Hospital in Kimberly (Mellish and Klopper, 2011:25). Training of nurses in South Africa is done in colleges and universities as it was felt that colleges were not producing enough nurses to curb shortage of nurses (Horwitz, 2011:4). Training lasts for four years. Colleges are affiliated with universities in order to enhance quality care
of patients through improving education and skills (Dolamo & Olubiyi, 2011:17). Nursing colleges became autonomous units in 1986, no longer subordinated to hospitals. This meant that colleges conducted their own academic education, set their own examinations under the academic guardianship of universities (Horwitz, 2011:8).

### 2.6 Nursing in Nigeria

Nursing and midwifery practice was given its prime position, because of its relevance and its intense and direct impact on the lives and health of families in society generally. In 1930 formal training of nurses and midwives started in Nigeria mostly in the mission hospitals and a few locations in the existing government hospitals. The Nursing and Midwives Board of Nigeria was established by the Ordinance of 1930 and inaugurated in June 1931. The Trained Nurses Association was formed to uphold the dignity and honor of the nursing profession in 1908 (http://en.wikipedia.org/wiki/Nursing_in_Nigeria) [Accessed 25 February 2014].

### 2.7 Nursing in the United Kingdom

Florence Nightingale is regarded as the founder of modern nursing. There was no real hospital training school for nurses until one was established in 1846 by Florence Nightingale at St Thomas in London and this school was founded primarily to train nurses. The profession has gone through many changes in role and regulation. During the latter part of the 20th century, increases in autonomy and professional status changed nursing role from handmaiden to independent practitioner. All nurses in United Kingdom must be registered with Nursing and Midwifery Council in order to practice. In order to become a Registered Nurse, one must complete a program recognized by the Nursing and Midwifery Council. This involves completing a degree available from a range of universities offering these courses. These courses are three years long. The first year is known as the common foundation program where basic knowledge and skills required of all nurses are taught. The remainder of the program consists of training specific to the student’s chosen branch of nursing e.g. adult
nursing, child nursing or mental Nursing (http://en.wikipedia.org/wiki/Nursing in United Kingdom).

2.8 Nursing in Canada

Nurses in Canada practice nursing in a wide variety of specialties. Entry of practice required in Canada is a 4 year degree in Bachelor of Nursing obtained at a university. Registered practical nurses in Canada are educated at college level and receive their diploma after 2 years. Registered nurses still practicing with previously obtained 3 year diplomas are encouraged to upgrade their education (http://en.wikipedia.org/wiki/Nursing in Canada)[Accessed 26 February 2014].

2.9 Transition Process

According to Trassare (2011), the transition of the new graduate nurse from an educational focus to professional practitioner has long been acknowledged as a conflicted time of critical personal and professional adjustment and staggering reality shock. This period of transition is characterized by rapid self-development, high anxiety and reality shock. Newly qualified nurses have struggled with the transition from the protected thinking orientated environment of academia to the clinical practice orientated environment in the real world of nursing. Kahlamen & Salminen (2012) refer to transition as the process of learning and adjustment that a new staff member undergoes to acquire the skills, knowledge and values required to become an effective member of the health care team. This process involves shifting from one set of expected positional behavior to another in a specific social system. According to Duchscher (2008) transition means the act of moving from known student role to relatively familiar role of professionally practicing nurse. Transition period experienced by these newly qualified nurses is acknowledged as a time of significant stress. These newly qualified nurses are expected to consolidate their nursing knowledge and gain mastery in clinical skills in a working environment (Karen & Watt, 2003).
2.10 Sources of Stress

Qualitative studies on newly qualified nurse’s experiences within the first 2 years of practice in the United States revealed common findings that the main source of stress for newly qualified professional nurses resulted from the conflicting demands of practice realities (Pellico, Djukic, Kovner and Brewer, 2009). Studies revealed overwhelming stress related to role anxiety displayed by these newly qualified professional nurses, pressure to conform to the norms of the team and ward routines and pressures of the working environment (Huda, 2012:45).

2.11 Role of Clinical Exposure in Practice

Elliot and Watt (2008) state that clinical practice and clinical competence are often used interchangeably. The graduate nurses in this study embarked on community services where they were rotated in different clinical areas for their clinical practice which involves participation and responsibility for direct care. Newly qualified professional nurses are expected to have competence, accountability, and practical application of knowledge. They are also expected to follow ethical guidelines as set forth by the governing body of nursing and to become advocates for the patients. Furthermore, they are expected to respect and treat every patient as a unique individual and show love. Moeti et al. (2004) claimed that nursing curriculum was not always guided by the clinical practice. It has been acknowledged that there is disparity between the ideological teachings in the classroom and the reality in the clinical practice (Suresh, 2009:15).

2.12 Grieving Process

Mckenna and Newton (2008) mentioned that newly qualified professional nurses undergo a grieving process as they move away from their academic environment and enter a work environment. This may be due to values embraced in academic contexts which may be challenged by those encountered in practice settings. For example, students usually use one shift at school whereas in a clinical setting there are different shifts. Duchsher (2009) commented that graduates are often fearful of making
mistakes, lack confidence; feel incompetent and fearful of facing new situations and dealing with doctors.

2.13 Conclusion

The development and growth of newly qualified professional nurses is not well reflected beyond the graduate year, that is, after the community service. Community service is a structured, one year graduate nurse program offered by health care facilities. Little is known about their experiences once they have gone through this period of community service. Interest in this study is in how these newly qualified nurses survive once support of the transition program is no longer present.

Literature search mostly reflects that being a newly qualified nurse is particularly stressful; however this subject of the experiences of newly qualified nurses after transition program is not well searched and particular, in the Eastern Cape. Limited studies have been conducted to examine newly qualified nurses’ transition experience in rural hospitals where the cultural context and nursing education and clinical practice are different to urban areas. These studies are specific to certain units and not general involving all different units in an institution.
CHAPTER 3
RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction
The research design and methodology explain the methods and strategies that were used in conducting this study including research setting, population, sample size, data collection and analysis, ensuring validity and reliability as well as ethical considerations. The choice of the research design for this study was determined by the research question and research objectives posed. The main objective of the study was to explore and describe experiences of R425 newly qualified professional nurses in their first year of clinical practice after registration with South African Nursing Council in 3 selected hospitals in the Eastern Cape Province of South Africa.

3.2 Research Design
It is the overall plan in addressing the research question. It addresses how the research will be conducted so that research question was answered (Polit & Beck 2008:765).

A qualitative, explorative, descriptive design using phenomenological approach was chosen for this study. The purpose was to describe what people experience and how they interpret those experiences. This qualitative research design focused on generating more and better understanding of the newly qualified professional nurses’ experiences in real life situations. The study was explorative in nature because after the interviews the researcher was able to discover what the new area of research of the experiences was and describe them. The researcher used a qualitative approach because the researcher wanted to understand the experiences of newly qualified nurses during their first year within their clinical practice as described by participants through in-depth interviews.
3.3 Research Setting

It is the location where study was conducted. According to Polit and Beck (2010:568), a research setting is defined as the physical location and conditions under which data collection has taken place or specific places where information is gathered.

Data was collected from participants working in different units. The study was conducted from participant’s working environment i.e different institutions in the Eastern Cape. Three hospitals were used to conduct the study (1) Nelson Mandela Academic Hospital – Tertiary level, (2) Regional Hospitals- St Barnabas and Dr Malizo Mpehle Hospitals.

3.4 Inclusion Criteria

According to Burns and Grove (2011) inclusion criteria are the characteristics that restrict the population to a homogenous group. The following were criteria for inclusion:-

- Newly qualified R425 professional nurses at their first year of practice who had trained at colleges and universities in the Eastern Cape.
- Currently registered with as professional nurses with SANC.
- Minimum of six months’ experience after registration with SANC.

3.5 Research Methods

Research method is based on the research approach that is selected that is relevant to the research question. This entails population, sampling methods, data collection, and interviewing and data analysis.
### 3.5.1 Population

According to Smith L. (2013) a study population is that aggregation of elements from which the sample is actually selected. The research population refers to the individuals who meet the sampling criteria of the study (Burns & Grove, 2009:343-344). The population for this study comprised newly qualified professional nurses trained under the R425 program in universities and colleges in the Eastern Cape. Within the population there is target population and accessible population. The target population in this study is newly qualified professional nurses within their first year of clinical practice after registration with South African Nursing Council.

### 3.5.2 Sampling

Sampling is the process of selecting a portion of the population to represent the entire population (Polit and Beck, 2010:307). The use of samples result in more accurate information than might have been obtained if one had studied the entire population.

Sampling in phenomenology tend to rely on very small samples of participants – typically 10 or fewer, there is one guiding principle in selecting the sample, all participants must have experienced the phenomenon and must be able to articulate what it is like to have lived that experience (Polit and Beck, 2010:323).

The researcher used non-probability sampling. The focus was on quality data not statistics. Convenience sampling was used to select the respondents and data was collected from 10 participants. The readily available participants were used. The sample size was determined based on the fact that these newly qualified professional nurses have lived the experience. Sampling discontinued when data saturation was reached. The participants were approached and informed consent was signed, however those newly qualified professional nurses not willing to participate were not coerced and not included in the sample.
3.5.3 Data collection

Data collection refers to the process whereby information is collected in order to achieve the objectives of the study (Burns & Grove, 2009: 695). Data collection plan gives details on how a study will be implemented (Burns & Grove 2010:733). According to De Vos et.al. (2011:335) a variety of strategies can be used to generate qualitative research data such as interviews, observations, narratives, participant observation and field notes.

In this study, in-depth semi-structured interviews were used to obtain detailed descriptions of the experiences of newly qualified professional nurses in their first year of clinical practice. After gaining the necessary permission to conduct study from Walter Sisulu University clearance ethics committee, health department, 3 institutions, Individual arrangements for interviews were made with participants in order to accommodate them. The naturalistic inquiry was conducted in participants work area, a room was located to enable to conduct interview. This shows privacy was ensured.

Data was collected from 10 participants working in 3 selected different institutions that is (1) Tertiary - Nelson Mandela Central Hospital (2) Regional- St Barnabas Hospital and (3) Regional - Dr Malizo Mphle Memorial Hospital. The researcher was the interviewer in this study. The duration of each interview was 45 minutes. An interview guide was used and the same questions were asked in the same order to ensure consistency. With the permission of the participants, a voice recorder was used in order to capture the information accurately.

All the ten participants were exposed to the following guiding questions:

- What type of orientation did you receive on your 1st day in clinical practice as a Professional nurse?
- What is the attitude of other professionals towards you?
- What challenges are you facing in your role as Professional Nurse?
• What is the impact of experiences of Community Service on your independent practice?

3.6 Data Analysis

Data analysis involves a process of sorting the information that differs from the other information and to correlate information that explains the same phenomena (Creswell 2013:156). According to Brink (2012:193) qualitative research is non-numerical, usually in the form of written words or videotapes, voice recorder and photographs. Analysis of data in qualitative studies therefore involves an examination of text rather than the numbers that are considered in quantitative studies.

Data collection and analysis occurred concurrently in this qualitative study, clustering together of related types of narrative information into a coherent scheme and identifying themes and categories to build a more detailed description of the phenomenon under investigation (Polit & Beck 2008:507).

In depth semi-structured interviews were collected on 10 participants using a voice-recorder. The data was transcribed and proofed against the recorded interview. The researcher read and re-read the scripts in order to understand the meaning of the information gathered, and also to be able to group similar topics and themes for the purpose of coding and categorizing them.

Data was analyzed using content analysis which means the process of organizing and integrating narrative, qualitative information according to emerging themes and concepts. The researcher first read through the content and developed possible codes. Common phrases from the content of the interviews were put on coding (level 1). The researcher created another set of similarity to the content that is coding (level 2). The researcher attached meaning to the two levels (Creswell, 2014:197) alleged that coding is the process of organizing the material into segments of text before bringing meaning to the information. These were refined into categories. Thus themes were developed. The relationship within data was noted that enabled to formulate themes.
Categorical distinctions define units by identifying something they have in common. Thematic distinctions delineate units according to themes (Polit & Beck 2008:518). Major themes and sub-themes are displayed in table form (see table 4.1). A co-coder was engaged to verify that coding was done correctly.

### 3.7 Measures for Ensuring Trustworthiness

The researcher used Lincoln and Guba’s (1999) model for trustworthiness to ensure the validity and reliability of this study. Trustworthiness has four criteria, namely credibility, dependability, conformability and transferability (Brink, 2012:172).

- **Credibility**
  Credibility could be defined as finding the truth and presenting it accurately (Polit & Beck, 2012:724). The goal of credibility is to ensure the integrity of the qualitative study (Polit & Beck, 2012:726). Credibility also displays that the inquiry was conducted in such a manner to ensure that the subject was accurately identified and described (De Vos, 2012: 420). A voice recorder was used for this study to collect data directly from the participants. Various strategies were implemented in order to increase the credibility of the study. Member checking was done whilst transcribing the interviews for clarifying aspects that were unclear to the interviewer through telephone calls. During data analysis, two coders were responsible for the coding and development of themes – the researcher and an independent coder. A friendly relationship with the participants was maintained throughout in order to build the assurance that the findings obtained were truthful. Some transcripts were read back to the participants to confirm that the information obtained was their true response.

- **Transferability**
  Transferability, according to Polit and Beck (2012:745) refers to the degree according to which the findings of a study can be transferred to similar situations. In order to facilitate transferability, Smith (2013:35) states that the researcher
should provide rich data in his/her report, so that the information can be verified in future.

- **Dependability**
  This means considering whether findings would be consistent if the inquiry were replicated with the same subjects in a similar context (De Vos, 2012:420). It thus measures the stability of the study over time (Polit & Beck, 2012:725).

- **Confirmability**
  Confirmability refers to the extent to which two or more researchers can reach agreement about data that has been collected by another researcher. The researcher submitted the transcriptions and voice recordings to another researcher for data auditing, to determine whether the same conclusions can be reached concerning the data.

### 3.8 Ethical Considerations

Conducting an ethical research study implies that the researcher adheres strictly to certain moral principles which are accepted by the wider research community as acceptable conduct (Smith, 2013:37). Considerations of ethics are both legal and professional compliance mechanisms which prove that no human subject is abused or exploited. The researcher took the following ethical considerations into account while conducting the study:

- **Permission to conduct the study**

  Ethical clearance was requested and obtained from research ethics committee at Walter Sisulu University and permission to conduct the research study was requested from EC Department of Health and also from Nelson Mandela Central Hospital, St. Barnabas Hospital and Dr Malizo Mpehle Memorial Hospital.
• Informed Consent

This concept refers to the participants’ agreement to participate in a study after being given detailed adequate information in order to make a decision. The informed consent equipped the participants regarding goal of the study as well as how the study would be conducted (De Vos et.al, 2012). The participants voluntarily agreed to participate and were informed that they would not be rewarded financially or otherwise for participating in the study. The participants were informed of their rights, particularly the fact that they could withdraw at any stage of the research if they felt uncomfortable. The researcher gave them her telephone number and physical address so that they could contact her if a need arose.

• Anonymity

Anonymity is ensured when participants’ names cannot be linked to information collected (Burns & Grove, 2009:196). The participants’ right to anonymity was respected in this study. Code numbers were used when discussing the data.

• Confidentiality

Burns and Grove (2011:117), state that confidentiality is the researcher’s management of private information shared by a subject or participant. To ensure confidentiality, no unauthorized persons should gain access to data pertaining to the study. The researcher respected the participants’ right to confidentiality. The voice recorder that was used during interview sessions was kept secure throughout the whole process. Transcriptions were done in a room whose access was strictly controlled. The researcher and independent co-coder were the only people who had access to the transcripts.

• Privacy

Privacy refers to individuals’ rights to determine what personal information they will divulge to or withhold from others (Burns & Grove, 2009:715). The participants’ privacy was protected in this study as they were fully informed about the nature
and purpose of the study and their informed consent to participate voluntarily was obtained. Participants’ privacy was also respected when the researcher informed them that a voice recorder would be used to record the interviews and their permission was obtained.
CHAPTER 4
DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter mainly addresses data analysis and presentation of findings of the study in order to obtain better understanding of each participant’s information from the data that was collected. Data analysis is a crucial step in a study where data should be pulled together in order to understand the case (Baxter & Jack, 2008:40).

Data analysis was done by breaking up the data into manageable themes in order to understand the various constitutive elements of data by inspecting the relationship between concepts to establish themes. The researcher read and re-read all the scripts of data collected from the participants. The voice recordings were transcribed verbatim and codes developed using content analysis (Polit and Beck, 2010: 556). The researcher read each participant’s data and extracted significant information in order to derive better understanding and meaning of the description of the data and this enabled the development of themes and subthemes.

4.2 Research Findings

The following section presents findings of the experiences of R425 newly qualified professional nurses within their first year of clinical practice.

4.2.1 Participant’s Demographic Profiles

Prior to each interview, all participants were asked a number of demographic questions which were used to help describe the participants’ background. The following table depicts the demographic distribution of the participants.
Table 4.1 Participants’ Demographic Profiles

(N=10)

<table>
<thead>
<tr>
<th>Code Number</th>
<th>Gender</th>
<th>Age of Participant</th>
<th>Marital Status</th>
<th>Length in Institution</th>
<th>Work Area</th>
<th>Educ. Qual.</th>
<th>Training Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Male</td>
<td>26</td>
<td>Single</td>
<td>10months</td>
<td>Dr Malizo Memorial</td>
<td>Diploma</td>
<td>Lilitha College</td>
</tr>
<tr>
<td>002</td>
<td>Female</td>
<td>28</td>
<td>Single</td>
<td>9months</td>
<td>Nelson Mandela</td>
<td>Diploma</td>
<td>Lilitha College</td>
</tr>
<tr>
<td>003</td>
<td>Female</td>
<td>22</td>
<td>Single</td>
<td>9months</td>
<td>Dr Malizo Memorial</td>
<td>Degree</td>
<td>Walter Sisulu University</td>
</tr>
<tr>
<td>004</td>
<td>Female</td>
<td>43</td>
<td>Single</td>
<td>9months</td>
<td>St Barnabas</td>
<td>Diploma</td>
<td>Lilitha College</td>
</tr>
<tr>
<td>005</td>
<td>Female</td>
<td>32</td>
<td>Single</td>
<td>8months</td>
<td>Nelson Mandela</td>
<td>Diploma</td>
<td>Lilitha College</td>
</tr>
<tr>
<td>006</td>
<td>Male</td>
<td>30</td>
<td>Single</td>
<td>9months</td>
<td>Nelson Mandela</td>
<td>Diploma</td>
<td>Lilitha College</td>
</tr>
<tr>
<td>007</td>
<td>Female</td>
<td>35</td>
<td>Married</td>
<td>9months</td>
<td>St Barnabas</td>
<td>Diploma</td>
<td>Lilitha College</td>
</tr>
<tr>
<td>008</td>
<td>Female</td>
<td>26</td>
<td>Married</td>
<td>10months</td>
<td>Dr Malizo Mpehle Memorial</td>
<td>Diploma</td>
<td>Walter Sisulu University</td>
</tr>
<tr>
<td>009</td>
<td>Female</td>
<td>26</td>
<td>Single</td>
<td>9months</td>
<td>Nelson Mandela</td>
<td>Diploma</td>
<td>Lilitha College</td>
</tr>
<tr>
<td>010</td>
<td>Female</td>
<td>26</td>
<td>Single</td>
<td>9months</td>
<td>St Barnabas</td>
<td>Degree</td>
<td>Walter Sisulu University</td>
</tr>
</tbody>
</table>
Table 4.2 Analysis of Participants Demographic Profile

<table>
<thead>
<tr>
<th>Age Ranges</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Qualifications</th>
<th>Duration P/N</th>
<th>Area of Work</th>
<th>Where Qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 - 43</td>
<td>2 Males 8 Females</td>
<td>2 Married 8 Single</td>
<td>2 – Degree 8 – Diploma</td>
<td>All 9 months experience.</td>
<td>4- NMC 3- St Barnabas Hospital 3- Dr MMM Hospital</td>
<td>2 – University 8 - College</td>
</tr>
</tbody>
</table>

Table 4.2 shows that majority of participants were from College, 2 from University. Participants were on the same level of experience. The study was mostly represented by 8 females as in this group there were more females than males. Selection of participants was distributed evenly – 4 participants from Nelson Mandela as Tertiary Hospital, 3 – St Barnabas as District Hospital and 3 – Dr Malizo Mpehle Memorial as also District Hospital.
4.2.2 Themes

After the data analysis had been done, positive and negative experiences emerged and from these experiences, four themes and seven subthemes were identified.

**POSITIVE EXPERIENCES**

- Sense of belonging
  - Feeling of Acceptance
  - Satisfaction for respect

- Feeling of independence
  - Development of confidence
  - Acquisition of a sense of responsibility

**NEGATIVE EXPERIENCES**

- Feeling of Rejection
  - Frustration

- Management challenges
  - Inappropriate placement
  - Stress and Anxiety

Figure 4.1 Summaries of Themes
POSITIVE EXPERIENCES

Major Theme One: Sense of Belonging
Subtheme 1: Feeling of Acceptance
The participants felt accepted when the hospital authorities organised a welcoming ceremony for new staff. This was interpreted as acceptance of the newly qualified professional nurses and this made the newly qualified nurses feel that they belonged. The feeling of acceptance was expressed by one of the participants as follows:

“They did welcome us from the first day, we were welcomed there in the administration block by all managers and handed over to unit managers to allocate, orientate us and introduce us to others in our different units.”

(Participant 003)

The welcoming was followed by a full orientation by the institutions as there was an orientation programme organised by the hospitals for newly qualified nurses. Participant 003 commented that she got full orientation in her unit but others complained about the lack of orientation in the units. As Participant 009 said, “Orientation was good from the physical structure of the ward and duties related to male medical unit.”

Subtheme 2: Satisfaction for Respect
The participants voiced their feeling of happiness or satisfaction at being placed in one ward with other team members, where they felt welcome as they gained a feeling of security, recognition and ability to participate. One male participant had this to say about the sense of belonging:

I was treated with respect and since we are few as males, they showed that balance of gender equality. My feeling working with females they treat other as brother and sister and so there is no feeling of a man as they guide you

(Participant 006)

Theme Two: Feeling of Independence
Subtheme 1: Development of Confidence

Participants commented that their confidence was boosted when they were rotated to different units. They stated that given a chance to take charge of the unit helped them develop the necessary confidence in themselves as professional nurses. In her own words, one participant stated:

"What really assisted me when I was still doing community service, sometimes you were left alone given a chance to working alone as Community Serve without depending on somebody for example in Maternity I was left alone especially in pueperium and doing ANCs where I had to work alone with enrolled nurses, only alone that made me to grow independently and boost my confidence" (Participant 007).

Emphasizing the issue of development of confidence, another participant said:

"I am confident because I can make a decision now and I am able to delegate [to] my subordinates and also to report like here in POPD to the management when I am in charge and also when the staff is quarrelling about something I am able to sit down and solve that problem " (Participant 003).

Subtheme 2 – Acquisition of a sense of responsibility

The participants expressed having acquired a sense of responsibility as they felt that they could now stand alone as stated by Participant 006:

I have learnt a lot during my 9 months as newly qualified nurse, different cases that are being done here in theatre. Now in some cases I can stand alone I can take the lead and do the cases even if there is no senior. I have gained a lot of experience (Participant 006)

NEGATIVE EXPERIENCES
Theme Three: Feeling Of Rejection

Emotions are an important part of human beings. Emotional reactivity means you have an uncontrollable reaction to a stimulus. Most of the participants in this study had been affected by emotional reactions.

Subtheme 1: Frustration

Some participants experienced frustrations while they were providing care. Two of the participants viewed this reaction positively, as necessary to make them strong in the profession. Their frustrations emanated from lack of co-operation from doctors who viewed them as minors. One participant commented:

"Attitudes of doctors are not good, like if you don’t see eye to eye with him they undermine you. For example, other time I had a problem with a doctor as he left the unit while there were still many patients to be seen. When I asked him what to tell the patients, he said who am I to ask him that question and I answered him that I am a professional nurse and we work together for patients”

(Participant 003).

The sub-professional nurses (nursing auxiliaries) do not see the newly qualified nurses as having authority to delegate those (nursing auxiliaries) as the latter would have been working in the unit for a long time. One participant expressed her frustration thus:

"I am experiencing resistance in lower category, especially Nursing Auxiliaries having challenge in allocating them and you end up doing their job and they will grumble especially to us [newly qualified nurses], if you ask him or her to help you and there is no follow-up done on them, even if reported to higher level. I don’t know whether it’s because they have got many years in this maternity ward”

(Participant 004).

As the participant above indicates, there was no intervention from senior members of staff regarding such cases, hence the participant’s frustration. Inconsistencies in
procedures were another cause of frustration. Nursing professionals who had been long
in the units did not have a uniform way of doing procedures. One participant stated:

"The challenges [include] working with different senior professional nurses who
trained in different institutions with different way of setting the table. So now
today you work with this one and tomorrow came another telling [you] a
different way of setting this table, at least some guidelines are needed to show
how to do this as this now causes some confusion" (Participant 006).

There was also interference from “old staff” when allocation was done by newly
qualified nurses because the “old staff” wanted to grant nursing auxiliaries some
favours. This was reported as frustrating because in some instances it led to imbalances
in allocation of duties. One participant cited the challenge as follows: “[There are]
challenges in [scheduling] off duties when lower categories [nursing auxiliaries] need
some favours so that they get what they like “ (Participant 006).

What was reported as even more frustrating was the lack of a multidisciplinary team
approach that the new nurses had been taught during training. A concerned participant
commented:

"The problem is that doctors undermine nurses and don’t want to discuss
anything with nurses even those who are ICU trained and have experience of
ICU and those doctors don’t want to listen to these nurses whereas we have
been told that we must work as a multidisciplinary team” (Participant 002).

Another source of frustration was stated as follows:

"Patients blaming nurses for everything for example when they are discharged,
they put blame on nurses if transport does not pitch up and [don’t] understand
that the transport does not depend on a nurse just like today the relative came
and shouting why her father was still in the ward” (Participant 009).
Theme Four: Management Challenges

Some participants were concerned about how their managers’ problem-solving skills, leadership skills and criteria used for staff development. While the intention of placement for these newly qualified professional nurses was to help them develop values, knowledge, understanding and competence that are relevant to their professional fields, participants were not satisfied with their placement.

Subtheme 1: Inappropriate placement

In response to the question regarding allocation by choice, most participants cited that it would be better if their area of interest had been considered after completion of their community service during allocation. They complained that their interests had not been catered for. The general feeling was that they should have been approached before they were allocated because they felt they could function better in their areas of preference. In this regard, one of the participants stated:

"My favourite unit was maternity but you will find that plenty of us are not on the areas of interest, as such I won’t be as productive as would be in Maternity as my interest was not here, as such I can’t do anything for this unit” (Participant 001).

Another participant had this to say, concerning the same theme of placement and stress:

"I don’t like theatre because it’s always quiet in this theatre and you will find out that you gonna have cases that are more interesting when we got visitors from Mthatha – surgeons so that is why I don’t like this theatre, I don’t gain any experience here” (Participant 010).

Most participants envied those who had been placed in their areas of interest.
Subtheme 2: Stress and Anxiety

Eight out of the ten participants commented about the shortage of resources e.g. human and material resources, particularly equipment regarding the latter form of resources. The shortages resulted in increased stress levels and a decline in expected job performance. Sometimes staff shortage, e.g. doctors and nurses, resulted in newly qualified nurses being left alone in charge of units. Furthermore, staff shortages also led to those on duty being overwhelmed with work and not breaking for tea and lunch.

Shortage of material resources such as medications was another concern as it affected the nurses’ performance and led to medico-legal hazards. One participant emphasized the importance of staffing and medication in order to give proper patient care by saying:

“You find that you don’t have the equipment to do things and yet everyone is expecting high quality care but they don’t provide equipment. On my understanding you may lose some patients if you don’t have resources. In order to retain the life of patient you need to have staffing, medication... I mean everything in good standard in order to give proper patient care” (Participant 001)

There seemed to be a problem in staff employment as revealed by participants, especially in high care areas such as intensive care units. This had led to poor nursing care as the staff was always tired due to being overworked. One participant confirmed this when she commented:

[There is a] “challenge of shortage of professional nurses especially here in high care. Sometimes I had to be alone, managing the unit alone, working with nursing assistants and enrolled nurse, and also that challenge of not being able to do your work competently because of shortage of equipment” (Participant 005).
Two Participants commented about being anxious when they started as newly qualified nurses as they were not sure what was expected of them. The following participant mentioned what really contributed to her anxiety as follows: “I was a bit nervous and anxious as it was my first day as a professional nurse as I was to be responsible... as I was going to be a manager for the unit.” (Participant 009) The participants mentioned that support was not adequate in their allocated units.

Participant 004 registered unhappiness about omission of newly qualified nurses regarding workshop attendance:

“Managers don’t take us to workshops. They always take the old ones... they don’t want to renew our knowledge as we are from different institutions. I think we need these workshops and to rotate all of us so that we are aware of new things” (Participant 004).

One participant was not impressed about how her manager solved the problem of those nurses who did not comply with their allocated duties. The participant uttered the following statement:

“I have experienced that when our Operational Manager is solving a problem, she would take the one who is a problem and allocate [that person] with one who is a hard worker and she knows that the work will be done at the expense of the one who is a hard worker” (Participant 005).

4.3 Summary

The purpose of this study was to explore and describe the experiences of R425 newly qualified professional nurses in their first year within a clinical practice and to identify factors that negatively impact on their clinical competency. This was a phenomenological study in which 10 newly qualified professional nurses participated. They worked in three different hospitals as mentioned in the study.
These participants eloquently described their experiences as well as the perceived barriers and facilitators to their new role. The work experience of these participants was within the first 12 months of their appointment as professional nurses. Following the guiding questions mentioned above, it can be concluded that the questions were answered and objectives have been achieved. The newly qualified professional nurses entered their new role with enthusiasm for their profession. However, this was sometimes dampened by some organizational and professional limitations.

The participant’s negative experiences included feelings of rejection and management challenges. Their frustration was due to lack of cooperation from junior colleagues and some medical practitioners as well as lack of support from management. Stress was reported to be due to shortage of human resources and equipment, resulting in newly qualified nurses failing to do their work competently. Positive experiences included, for example, sense of belonging and feeling of independence both of which were considered as facilitators in their new roles. These feelings were built upon the community service that had empowered the nurses with relevant skills.

4.4 Conclusion

Nursing is widely acknowledged nationally and internationally as an essential component of the health care delivery system (Nursing Strategy: 2008:108). Nurses trained under Regulation R425 as introduced by the South African Nursing Council undergo a four year comprehensive course leading to registration as a nurse (general, psychiatry, community and midwife (R425 of 22 February, as amended). These nurses follow a one year community service programme offered by health care facilities for clinical support in preparation for independent practice as professional nurses. Studies on the experiences of newly qualified professional nurses during their community service year have been conducted but little is known about their experiences once they have gone through this one year community service as their development does not end at this phase.
This study is guided by Neuman’s System Model which focuses on the environmental stressors that face new nurses within their first year of clinical practice and Roy’s (1998) adaptation model focusing on clients, whether individuals or groups, as an open system, in constant interaction with their environment, to which people have to adjust. The system is at the centre and surrounded by concentric rings known as defences. The outer ring, called the flexible line of defence, protects the inner ring, called the normal line of defence from penetration by stressors. The normal line of defence protects the lines of resistance. Preventing stressors from penetrating the system can achieve the system’s stability.

Figure 4.2 Neuman’s Model

According to Neuman’s theory, the participants in this study are a system that is in constant interaction with the unit environment as they are allocated in different institutions. The focus is on the prevention of new nurses’ stressors as revealed in the study, for example frustration, inadequate support and resources. These could lead to negative reaction such as poor productivity, lack of sense of belonging, weak coping
processes and reduced self-concept. Reducing stressors could minimise the emotional reactions displayed by the new nurses. The aim of stressor prevention is to assist the new nurses to adapt to the unit environment.

Figure 4.3 Roy’s adaptation model

Adaptation is defined as a process of responding positively to environmental changes (Toomey and Alligood, 1998:24). In her theory, Roy (1998) sees the individual as a set of interrelated systems striving to maintain balance between various stimuli. Roy believes that an individual’s adaptation occurs in four different modes that are physiologic/physical, self-concept/group identity, role function and interdependence.

The study revealed that although new nurses had encountered stressors, they had managed to resist them. The new nurses’ adaptive system was strengthened through
acceptance, positive attitude received in some other units. Through this intervention, the new nurses managed to adjust to the new environment. This results in “Reconstitution” as mentioned in Neuman’s theory, which means maintenance of system stability. Adaptation of new nurses will lead to increased role function, gaining of interdependence, raised self-concept, positive group identity and elevated sense of responsibility. By extension, it will also contribute to enhanced patient care, based on their level of knowledge, skill and ability.
CHAPTER 5
DISCUSSION OF FINDINGS, LIMITATIONS AND RECOMMENDATIONS

The purpose of this chapter is to embark on the discussion of results that were analysed and presented in chapter 4. Findings from this study describe the experiences of ten new nurses in their first year of clinical practice. The chapter describes each of the themes that emerged from the data.

5.1 Feeling of Acceptance

This study revealed that most participants felt accepted in their institutions as there had been a formal organised orientation programme. This in turn promoted a sense of confidence, competence and satisfaction to the new nurses. Egan (2010) mentioned that acceptance emphasises the importance of uniqueness of each and every person, their right to be treated with dignity and respect. The fact that these new nurses were exposed to orientation programme reveals that they received information which would help them to function as competently as possible. This is also noted by Andrew Jewell (2013) who found that new nurses need to feel accepted as members of the health care team for them to participate actively in a respectful and dignified manner.

Institutional orientation often helps to reduce a new nurse’s level of anxiety and aids with transition from community service to practising nurse, though some of the nurses in this study said they had not been orientated when they started in the units where they were allocated. According to Lawson (2006:3) orientation process aims to provide smooth and quick integration into a unit, to make the employee feel welcomed.

The positive attitude displayed by staff working in units where the new nurses had never worked before enhanced their feeling of acceptance as noted in the study. Some staff members portrayed negative behaviours towards the new nurses which resulted in poor communication, with the result that some members of staff refused to performed duties delegated to them by new nurses. This is noted in the study by Huda (2012) who
found that some new nurses had problems in communicating with doctors and lower category nurses as a result of lack of support from more experienced staff members.

5.3 Sense of Belonging

Sense of belonging entails the desire for recognition as the greatest human emotional need. The study revealed that it was after the completion of their community service that the new nurses gained a sense of belonging and a feeling of satisfaction. This is affirmed in a study by Dranistaris (2014:40) that a sense of belonging connects the new nurses’ own identity to the organisation and enables them to find meaning in their work. In this study, participants indicated that being allocated in one unit came with recognition and being treated as an equal by colleagues, especially after registration with SANC as a professional.

This study showed that it was having a stable clinical practice setting that contributed to participants’ sense of belonging. McKenna and Newton (2008) supported this finding by noting that a sense of belonging is gained as the new nurses have completed their socialization into clinical practice. As noted in a study by Shelly (2014:24) the impact of failing to create a sense of belonging with other employees not only affects their interest at work, but also has a significant effect on the productivity of new employees. This means that a sense of belonging enables workplace learning to occur. As the new nurses become more engaged in their workplaces, this fosters confidence which ultimately leads independent growth. According to Mckenna & Newwton (2003) sense of belonging assists these new nurses in completing their socialisation into the clinical workplace.

5.4 Feeling of Independence

Allocation of the new nurses in one unit after completion of community service assisted them in being more independent in their practice and this ultimately boosted their confidence. This resulted in them acquiring some accountability and responsibility; this proves their readiness in performing their professional role. This also affirms that rotation of trainee nurses during the community service enhanced their development; a
point which validates the positive impact of community service in their independent practice. McKenna and Newtown (2008) mentioned in their study that new nurses recognised a need for this independence once the graduate program was no longer there to support them. A study by Huda (2012) highlighted that most of the new graduate nurses believed that the internship programme helped them to increase their confidence in assuming their responsibilities as newly qualified professional nurses. One participant acknowledged her teaching function as she provided education support to the students.

5.5 Feeling of Rejection

The researcher’s findings in this aspect are related to frustration, stress and anxiety which could hinder competency of the new nurses. This stress is revealed in a study by Huda (2012:45) that it is related to pressure to conform to the norms of the team and ward routines. The transition of the new nurses to professional role brings a huge responsibility and accountability. Jewell (2013) confirmed that the new nurses needed support regarding coping skills as they would be dealing with mixed emotions and challenges of professional integration. Stress will also result from the conflicting demands of practice realities (Pellico, Djukic, kovner & Brewer, 2009).

Encounters with physician can be sources of extreme stress and anxiety for new nurses due to lack of professional confidence (Jewell, 2013). One participant in this study, cited anxiety as she was not sure of what was expected of her. In the current study, nurses felt frustrated and stressed especially when they were undermined by doctors because they (nurses) were new. One participant cited her conflict with a doctor while she was performing her patient advocacy at a moment when the doctor had clearly displayed negligence towards a patient. As noted in Huda (2012) some doctors are unwilling to accept nurses as educated professionals who are entitled to have an opinion. One participant commented that doctors were not willing to take advice even from experienced nurses.
According to Ndaba (2013) frustration and demoralisation contribute to the inability to deliver quality care to the expected standards. These new nurses were faced with gross staff shortage which contributed to failure of the new nurses to deliver as expected. One participant cited that their manager who had since retired had not been replaced. The participant also cited challenges of working with non-co-operative older staff. The study findings revealed the modifiable workplace factors as having great influence in new nurses’ job and career satisfaction.

Whitehead and Holmes (2011) found that staff shortage was a major contributor to inadequate support for new nurses. The patient care and safety may be compromised by such state of affairs. In this study, it was revealed that new nurses encountered some hidden interpersonal conflict in other units and these resulted in reduced self-esteem and confidence. However, some felt that these conflicts enabled them to stand up for themselves and made them feel stronger. This is affirmed in a study by White & Holmes that this is direct result of not feeling adequately supported where now cope with “thrown in at the deep end” this in itself was often significant turning point for them, helping them to develop their analytical skills and boost their confidence. The new nurses were left in a situation where they had to cope rather than being taught.

5.6 Management Challenges

Managers need to ensure a safe and productive workplace. Managers are challenged to keep clients and customers happy. The findings in this study revealed that some managers seemed un-convinced about nurses’ complaints of increased workload. The manager in question believed that the high workload was typical in nursing. A study by Casey, Fink and Proust (2004) suggested that it is important for leaders to understand the new nurses’ experiences so that they can offer effective strategies to ease transition, thereby enhancing satisfaction. Huda (2012:219) mentioned that nursing management can have a fundamental role in improving the nurses’ professional life and the quality of nursing practice. According to Macquarie (2006), lack of support from managers is a key contributor to employee’s disengagement in the workplace. Her
findings reinforce the importance of engaging a happier workforce if a manager is keen to have a successful business. Whitehead & Holmes highlighted how ward manager’s expectations of newly qualified nurses were unrealistic, suggesting that pressures of the ward environment, being able to adapt and integrate quickly.

5.7 Inadequate Support

Employees need to feel that they are adequately informed and that they are valued. The study highlights the inconsistency in application of support across the institutions and even from unit to unit in the same institution. Some participants commented about the inadequate support. The support received depended on the unit where the new nurse was working. According to Fenwick and Davis (2012) the culture of support is important to enable successful transition. One participant cited that since she was supported in her unit, stress levels had decreased. In one unit, there were some conflicting expectations where experienced nurses expected the new nurse to have current knowledge. One participant commented that she was allocated on night duty immediately as it was said she knew everything and would cope in maternity. A supportive environment will assist the new nurses in their professional development. Overall, the participants suggested that their experiences would be improved through the provision of sustained genuine support, reduce workload, change of attitude by senior staff and greater choice of placement. According to study by O’Shea & Kelly (2007) highlighted that it is appropriate that new nurses should be given assistance in their professional role, in the immediate post-graduation period especially the focus on the development of skills required for professional role should be introduced and consistency maintained in all placement where there are new nurses.

5.8 Inappropriate Placement

Most participants indicated that the allocation was not done according to their areas of interest after completion of community service. Study findings revealed that the new nurses after completing their initial 12 months of practice thought of speciality areas of nursing and were not happy when their choice of placement was not considered. The
new nurses were happy to be placed in an environment which was not new to them and this assisted towards higher productivity. Literature revealed that as early as 12 to 18 months after their initial registration, newly qualified nurses were seeking to move on in their thinking, as well as for some, into speciality areas of nursing (McKenna & Newton : 2003).

In line with this above argument, one participant said that he could have been placed in maternity as he had developed interest in this area. The findings from this study demonstrate the fundamental importance of authentic leadership needed for creating a supportive working environment, reducing culture of workplace bullying and one that contributes to a nursing workforce that has less burnout and has more job satisfaction.

5.9 Limitations

The sample consisted of newly qualified professional nurses in their first year of employment allocated in the 3 different institutions as mentioned in the study. This study did not include the views of senior professionals in those 3 different institutions.

The sample was from public institutions and findings might not be applicable to the private sector. The study was done in institutions in the Eastern Cape.

5.10 Conclusion

This study revealed that these new nurses have experienced some challenges in their first year in professional practice after registration though there is little attention on them once they have completed their community service. Resolving challenges they experience while delivering patient care will change the image of the nursing profession. The study has revealed that there are some positive experiences which really motivate the new nurses to continue with the profession though there are also negative experiences which need to be resolved in order to maintain system’s stability. The factors that impact on the transition experiences of new nurses to the workplace are complex and integral to challenges that confront nurses and health care generally.
The findings showed that their transition is to a large degree a personal journey of learning to negotiate workplace culture, building skill and confidence over time.

5.11 Recommendations

Recommendations will be made with the view of overcoming the challenges experienced by the newly qualified nurses. These recommendations are based on the findings of the study. The new nurses should preferably be placed according to their unit of interest. As noted in Parker et al. (2014), the nature of new nurses’ experiences in their first year of employment has been shown to have a significant impact on their future career directions.

Managers need to understand workplace frustration and the negative consequences it has on individuals and the organisation. This means managers can employ strategies to enhance quality work environments. New nurses should be allocated to the same institution where they were involved with community service as this will contribute to their orientation to work environment.

Implementation of structured orientation programmes both for institution and units for new nurses as this study revealed is critical. There must be a consistency in such implementation. Structured coaching and mentoring programmes for new nurses must be offered. These new nurses need mentoring and coaching by experienced nurses in order to assist them towards this professional role. Related to this, there should be collaborative meetings between service providers and nursing education for evaluation of work performance of the new nurses for the purpose of closing the theory-practice gap.

Scheduled meetings for multidisciplinary teams should help build trust among the team members. In-service education for all staff members can also strengthen staff relations and motivate all involved to maintain inspired team work that will make it easy to include or receive newcomers. Planned human resource development programmes including induction workshops especially for new nurses in the working environment, should become standard.
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Annexure A: WSU ethical clearance certificate

FACULTY OF HEALTH SCIENCES
POSTGRADUATE EDUCATION, TRAINING, RESEARCH AND ETHICS UNIT

HUMAN RESEARCH COMMITTEE
CLEARANCE CERTIFICATE

PROTOCOL NUMBER : 020/2014
PROJECT : EXPERIENCE OF 425 NEWLY QUALIFIED PROFESSIONAL NURSES WITHIN THE FIRST YEAR OF PRACTICE AT NMAH, ST BARNABAS AND DR MAUZO MPEHELE MEMORIAL HOSPITAL IN THE EASTERN CAPE

INVESTIGATOR(S) : NOMATAMSANQA PRISCILLA QWAQWA
DEPARTMENT : NURSING
DATE CONSIDERED : 28 MAY 2014
DECISION OF THE COMMITTEE : APPROVED

N.B. You are required to provide the committee with a progress or outcome report of the research after every 6 months. The committee expects a report on any changes in the protocol as well as any untoward events that may occur at anytime during the study as soon as they occur.

Dr. N. Nkabinde
CHAIRPERSON

DECLARATION OF INVESTIGATOR(S)
(To be completed in duplicate and one copy returned to the Research Officer at Office L311, 3rd Floor, Old Library Building, NMD Campus, WSU)

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 Research Ethics Committee. I/We agree to a completion of a yearly progress report.

N.B. Please quote the protocol number in all enquiries.
Institutional Review Board (IRB) 00007448

HREC 1202009-020

[56]
Annexure B: Letter of request to DoH

Walter Sisulu University
School of Nursing
Nelson Mandela Drive
Mthatha
04/09/2014

Department of Health
Epidemiology
Bisho
Attention: Mr Merile
Dear Sir,

Re-application for conducting a research project

I, Priscilla Nomatamsanqa Qwaqwa, master's student at WSU involved with research project, kindly request permission to conduct a research project on EXPERIENCES OF R425 NEWLY QUALIFIED PROFESSIONAL NURSES WITHIN THEIR FIRST YEAR OF PRACTICE AFTER REGISTRATION. The following institutions will be requested to participate:

- Nelson Mandela Academic Hospital
- St Barnabas Hospital under Nyandeni district municipality and
- Dr Malizo Mpehle Memorial Hospital.

The research will be conducted during the month of October 2014.
Attempts will be made not to interfere with staff activities during the period of research.
Attached please find an abridged copy of my research proposal.

Thanking you in advance
PN Qwaqwa
0738989982
Dear Mrs NP Qwaqwa,

Re: Experience of R425 newly qualified professional nurses within the first year of practice at Nelson Mandela Academic Hospital, St Barnabas and Dr Malizo Mphela Memorial Hospital in the Eastern Cape

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.

2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.

3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.

4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.

5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT
Annexure D: Letter of request to Nelson Mandela Academic Hospital

DIVISION OF ACADEMIC AFFAIRS AND RESEARCH
DIRECTORATE OF RESEARCH DEVELOPMENT

Nelson Mandela Drive
Mthatha Campus
Private Bag X1
MTHATHA 5117
Tel: +27 47 502 2947/2967
Fax: +27 47 502 2185
bandlov@gmail.com

Web Fax: 0866 541 693
E-mail: echtc@wsu.ac.za

Buffalo City
Potshom Campus
EAST LONDON
Tel: +43 708 5444
Fax: +43 708 5458

10/11/2014

The Nursing Service
Nelson Mandela Academic
Mthatha
Sir/Madam

Re-application for Conducting Research Project

I, Priscilla Nomatamsanqa Qwaqwa, Master’s student at the abovementioned institution involved in research project on “Experiences of R425 newly qualified professional nurses within their first year of practice after registration with the South African Nursing Council” in the clinical practice at Nelson Mandela Academic Hospital,

I, kindly request the use of Professional nurses (as participants in this study) who are at their first year of practice after registration with SANC that is who have started practising as Registered Professional Nurses from (March 2014 to March 2015) at least having six months experience as Professional Nurse.

I am also requesting to conduct this study during the week from 17th to 21st of November 2014.

Attached: 1. A approval letter from the Epidemiological Research & Surveillance Management
2. Human Research Committee Clearance Certificate.

Thanking you in Advance
Yours Sincerely
P.N. Qwaqwa (0738989982)

Walter Sisulu University
Annexure E: Letter of approval from Nelson Mandela Academic Hospital

TO

Dear Madam,

This is to confirm that Mrs. N.P. Qwaqwa have been granted permission to conduct research on "Experiences of R425 Newly Qualified Professional Nurses within their First Year of Practice After Registration with the South African Nursing Council".

The research will be conducted in Nelson Mandela Academic Hospital during the week from 17th November 2014 to 21 November 2014.

Yours in health,

[Signature]

DR. T.M. MADIBA
Director Clinical Governance
Makutha Hospital Complex
Date: 11/11/2014
Annexure F: Letter of request to ST. Barnabas Hospital

WSU
Walter Sisulu University

DIVISION OF ACADEMIC AFFAIRS AND RESEARCH
DIRECTORATE OF RESEARCH DEVELOPMENT

Nelson Mandela Drive
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Private Bag X1
MTHATHA 5317
Tel: +27 47 502 2947/2647
Fax: +27 47 502 2185
bandtieg@gmail.com

10/11/2014

The Nursing Service
St. Barnabas Hospital
Mthatha
Sir/Madam

Re-application for Conducting Research Project

I, Priscilla Nomatamsanqa Qwaqwa, Master’s student at the abovementioned institution involved in research project on “Experiences of R425 newly qualified professional nurses within their first year of practice after registration with the South African Nursing Council” in the clinical practice at St. Barnabas Hospital.

I, kindly request the use of Professional nurses (as participants in this study) who are at their first year of practice after registration with SANC that is who have started practicing as Registered Professional Nurses from (March 2014 to March 2015) at least having six months experience as Professional Nurse.

I am also requesting to conduct this study during the week from 24th - 28th of November 2014.

Attached: 1. A approval letter from the Epidemiological Research & Surveillance Management
2. Human Research Committee Clearance Certificate.

Thanking you in Advance
Yours Sincerely
P.N. Qwaqwa (0738989982)

Walter Sisulu University
Annexure G: Letter of approval from ST. Barnabas Hospital

PROVINCE OF THE EASTERN CAPE

DEPARTMENT OF HEALTH
ISEBE LEZEPLIO
Enquiry: Mrs Z. H. Mabandla.
Tel/Fax: 047 568 7774

FROM: HOSPITAL CEO
TO: MRS QWAQWA P.N.

SUBJECT: APPLICATION TO CONDUCT A RESEARCH PROJECT

SIR/ MADAM

Application to conduct a research study in our Institution, on the following topic "Experience of R425 newly qualified professional nurses within their first year of practice after registration with the South African Nursing Council" has been granted. Kindly be reminded that confidentiality to the clients must be maintained as agreed.

Hope you find this in order

[Signature]

HOSPITAL CEO

LIBODE MENTAL UNIT
SOCIAL WORKER

2014 -11- 2

ST BARNABAS HOSPITAL
PROVINCE OF THE EASTERN CAPE
Annexure H: Letter of request to Dr Malizo Mpehle Memorial Hospital

Walter Sisulu University
Nelson Mandela Campus
08/05/2014

The Chief Executive Officer
Dr Malizo Mpehle Memorial Hospital
Tsolo
Dear Sir/Madam

Re-application for conducting a research project

I, Priscilla Nomatamsana QwaQwa, master’s Degree student at WSU involved with research project, kindly request permission to conduct a research project on “Experiences of R425 newly qualified professional nurses within their first year of practice after registration with the South African Nursing Council” in your institution during the month of November 2014.

Attempts will be made not to interfere with staff activities during the period of research.

Thanking in advice.

Yours Sincerely

P.N. Qwaqwa
Annexure I: Letter of Approval from Dr Malizo Mpehle Memorial Hospital

DR MALIZO MPEHLE MEMORIAL HOSPITAL
P/BAG X1004 TSOLO SOUTH AFRICA

Date: 05/05/2014
Enquiries: Mr Z. Ndakisa

Sir/Madam

Re- request for permission to conduct research

Kindly be informed that Priscilla NomteMSanqaQwaqwa has been granted permission to conduct a research project ("experiences of 425 newly qualified professional nurses within their first year of practice") at the aforementioned institution in June 2014 as per her request. The institution would highly appreciate if she will be able to share the results of her study with the institution. This will assist us as well to improve our service delivery and have insight on challenges experienced by the target group.

Yours truly

Mr Z. Ndakisa, Nursing Service Manager
Annexure J: Informed consent form

Research Title:
Experiences R425 newly qualified professional nurses within the first year of practice at Nelson Mandela Academic Hospital, St Barnabas Hospital and Dr Malizo Mpehle Memorial Hospital in Mthatha.

Institution: Walter Sisulu University
Department of Health Sciences

Researcher: Mrs. P.N. QwaQwa
Supervisor: Dr NF Nonkelela

Dear Participant

I am herewith inviting you to participate in a research study on experiences of R425 newly qualified professional nurses within the first year of clinical practice at Nelson Mandela Hospital, St Barnabas Hospital and Dr Malizo Mpehle Memorial Hospital in Mthatha.

The purpose of the study is to explore and describe the experiences of R425 newly qualified professional nurses in their first year of clinical practice after registration with South African Nursing Council at 3 selected Hospitals in the Mthatha.

You will be asked to share information about your experiences as newly qualified professional nurse in your first year of practice after registration with South African Nursing Council.

Your participation will mean you will meet with me once for an interview lasting 40 minutes. You are assured that any information you share will remain strictly confidential. Record of people participated in the study, recordings of our interviews; these will be kept together with transcriptions of these recordings of our interviews. Your name will not be linked to data collected as your name will not appear in the recordings or on the transcriptions, as code numbers will be used. All data will be stored in a secure place, only research team will have access on it. Your identity will not be
revealed when the study is reported or published. There will be no monetary compensation for your participation in the study.

_________________________   _______________________
Researcher                                      Date

_________________________
Signature of witness  Signature of Participant  Date

ANNEXURE J : CONSENT

I realize that my participation in this study is entirely voluntary and I may withdraw from this study at any time without any penalty. The study has been explained to me, I have read and understand this consent, all of my questions have been answered and I agree to participate in the above mentioned study.

_________________________   _______________________
Signature of witness                                      Date
Annexure K: Interview guide

INTERVIEW GUIDE

EXPERIENCES OF R425 NEWLY QUALIFIED PROFESSIONAL NURSES WITHIN THEIR FIRST YEAR OF PRACTICE

Participants’ particulars:

Age:

Gender:

Educational Status:

Years of experience as a Professional Nurse:

Area of work:

Open-ended questions to the participant:

- What type of orientation did you receive on your 1st day in clinical practice as a professional nurse.
- What is the attitude of other professionals towards you?
- What challenges are you facing in your role as Professional Nurse?
- What is the impact of community service on your independent practice?
WALTER SISULU UNIVERSITY
DIRECTORATE OF POSTGRADUATE STUDIES
MANDATORY CONSENT FORM: ELECTRONIC THESSES & DISSERTATIONS (ETD) AND PLAGIARISM REQUIREMENT (For postgraduate research outputs from 2009 September)

TEMPLATE FOR THE STUDENT AND SUPERVISOR CONSENT FOR PUBLICATION OF ELECTRONIC RESEARCH OUTPUT ON INTERNET AND WSU INTRANET

FACTORY: ____________________________

QUALIFICATION NAME: ____________________________ ABBREVIATION: ____________________________ YEAR: ____________________________

STUDENT'S FULL NAME: ____________________________ STUDENT NUMBER: ____________________________

TYPE OF RESEARCH OUTPUT: RESEARCH PAPER/ MINI-DISSERTATION/ DISSERTATION/ THESIS (TICK ONE)

TITLE OF THE RESEARCH OUTPUT: ____________________________

CONSENT: I HEREBY GIVE MY CONSENT TO WALTER SUSULU UNIVERSITY TO PUBLISH MY RESEARCH OUTPUT FOR THE QUALIFICATION ABOVE ON THE WSU INTRANET AND INTERNET. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THERE IS NO PLAGIARISM IN THE RESEARCH OUTPUT AS SUBMITTED. I HAVE TAKEN REASONABLE CARE TO ENSURE THAT THE RESEARCH OUTPUT MEETS THE QUALITY LEVELEXPECTED FOR THE PRESENT QUALIFICATION LEVEL BOTH IN TERMS OF CONTENT AND TECHNICAL REQUIREMENTS. I FULLY UNDERSTAND THE CONTENTS OF THIS DECLARATION.

SIGNATURE OF STUDENT: ____________________________ DATE: ____________________________

ENDORSEMENTS BY:

SUPERVISOR:

FULL NAME: ____________________________ SIGNATURE: ____________________________ DATE: ____________________________

CO-SUPERVISOR(S):

1. FULL NAME: ____________________________ SIGNATURE: ____________________________ DATE: ____________________________

2. FULL NAME: ____________________________ SIGNATURE: ____________________________ DATE: ____________________________