

**EXPERIENCES AND MENTORING NEEDS OF NOVICE NURSE EDUCATORS AT  
A PUBLIC NURSING COLLEGE IN THE EASTERN CAPE**

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**2017**

**EXPERIENCES AND MENTORING NEEDS OF NOVICE NURSE EDUCATORS AT  
A PUBLIC NURSING COLLEGE IN THE EASTERN CAPE**

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Submitted in fulfilment of the requirements for the degree of

**MASTERS OF NURSING (RESEARCH)**

in the

**Department of Nursing Science**

**FACULTY OF HEALTH SCIENCES**

at the

**NELSON MANDELA UNIVERSITY**

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**December 2017**

### DECLARATION

I, Khanyisa Annelice Sodidi, student number 212438174 hereby declare that:

- The dissertation for Masters of Nursing (Research), entitled: EXPERIENCES AND MENTORING NEEDS OF NOVICE NURSE EDUCATORS AT A PUBLIC NURSING COLLEGE IN THE EASTERN CAPE dated 2017 is the result of my own work and that it has not previously been submitted in full or partial fulfilment of any postgraduate qualification at any other recognised institution.

**KA Sodidi**

**SIGNATURE:**



**DATE: 01 DECEMBER 2017**

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23 November 2017

To Whom It May Concern

I would like to confirm that a language edit has been conducted on the research document of Khanyisa Sodidi entitled: 'EXPERIENCES AND MENTORING NEEDS OF NOVICE NURSE EDUCATORS AT A PUBLIC NURSING COLLEGE IN THE EASTERN CAPE.'

Yours sincerely



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## **DEDICATION**

This study is dedicated to all the nurse educators who make it their business to provide guidance to novice nurse educators to ensure that their transition from the clinical environment to the academic environment is made easier.

## ACKNOWLEDGEMENTS

To God be the glory for the things He has done for me including this great achievement of having obtained a master's degree of Nursing (RESEARCH).  
"I can do all things through Christ who strengthens me." PHILIPPIANS 4:13



My sincere gratitude also goes to the following people:

My son, Zukhanye Owam Yaviwa Sodidi, for accompanying me wherever I went during my proposal writing as I was heavily pregnant with him until it was approved. I thank you my baby for being a sweet child when I left you with your grandmother day and night whilst I was busy working on my research study, especially when I left you for a week going to collect data.

My mother, Khuliswa Pearl Sodidi, for her love, encouragement, continual support and for looking after my baby boy when I was busy with my research study.

My three brothers, Thembelani Lawrence Sodidi, Thandisile Winston Sodidi (for helping out granny in looking after Zuzu) and Thandile Elton Sodidi, for their love, encouragement and continual support.

My supervisor, Dr Sihaam Jardien-Baboo, for your humanity, kindness, positive attitude, patience, motivation, mentoring and availability whenever needed. You are the greatest supervisor one could ever ask for. You inspired me not to be daunted and to continue working diligently towards achieving my master's degree. I thank you Doctor for believing in me.

Dr David Morton, for your guidance and valuable advice.

Mr Mabitja Moeta, for your valuable advice.

My colleagues, Mrs Nosintu Limba, Mr Theunnis Blouw, Mr Sandile Teyise, Mrs Warda Hendricks, Ms Ntombiyakhe Victoria Matshotyana and Mr Thandolwakhe Nyangeni, for their encouragement, perpetual support, and valuable advice.

The Eastern Cape Department of Health, for granting me permission to conduct my study in the Department.

The college principal, for granting me permission to conduct my study at the college.

The college campus and sub-campus heads, for granting me permission to access the research participants.

The research participants, for allowing me time to meet and work with them, for actively participating in my study and for sharing their experiences and mentoring needs as novice nurse educators.

Mr Kegan Topper, for independent coding, constructive criticism and feedback.

Mrs Gill Uderstadt, for language editing and valuable inputs.

Thank you.

## **ABSTRACT**

The nurse educator role is challenging to novice nurse educators and even more so when mentorship is lacking or ineffective. Novice nurse educators who enter the academic world are expected to demonstrate knowledge of both the clinical and classroom environment. Such an expectation creates role strain, stress and frustration. Mentorship has proved to make this entry easier. There appears to be a lack of mentorship for newly-appointed nurse educators in most schools and/or departments of nursing at higher education institutions in South Africa. This phenomenon prompted the researcher to investigate the experiences and mentoring needs of novice nurse educators with the goal of making recommendations on the mentorship of novice nurse educators.

A qualitative, exploratory, descriptive, contextual design and phenomenological approach was used to explore and describe the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. Purposive sampling of nurse educators with less than five years' experience at a public nursing college in the Eastern Cape, South Africa and with no experience, or less than one year's previous experience as a nurse educator at any other nursing education institution (NEI) was used. Data was collected using face-to-face, semi-structured individual interviews and unstructured observations. Sixteen in-depth, semi-structured interviews that were digitally recorded provided saturated data that was then transcribed verbatim.

To ensure that the study was trustworthy, the researcher used Guba and Lincoln's criteria, namely: credibility, confirmability, dependability and transferability. Ethical standards were maintained throughout the study as the researcher complied with the ethical principles: respect for persons, beneficence and justice. Tesch's method of thematic analysis was used by the researcher and the independent coder to analyse data and to draw meaning from the content. The five themes that emerged from the data were: novice nurse educators experience challenges related to theoretical mentoring; novice nurse educators experience challenges related to clinical mentoring; novice nurse educators experience a lack of orientation; novice nurse educators experience a lack of resources and novice nurse educators provide

recommendations in order to optimise the experience and performance of the novice nurse educators in their first year of teaching at a nursing college.

The results of the study reveal that novice nurse educators have reservations about their experiences. Their insights on how their mentoring needs could have been realized were incorporated into recommendations for the mentoring of novice nurse educators. These recommendations can be adopted at local, provincial, and national levels.

## KEY WORDS

- College
- Expert
- Mentoring
- Novice
- Nurse educators
- Proficient

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## CHAPTER 1

### OVERVIEW OF THE STUDY

**“Tell me and I forget. Show me and I remember. Involve me and I understand.” (Hunt, 2013: 3)**

#### 1.1 INTRODUCTION

The nurse educator role is challenging to novice nurse educators and even more so when mentorship is lacking or ineffective. In South Africa, it is a requirement for nurse educators to have a post-basic qualification in nursing education in order to teach at a Nursing Education Institution. During their training to become nurse educators, novice nurse educators are equipped with pedagogical knowledge and skills. However, once they are appointed as nurse educators, they need to be mentored in their roles as educators within a nursing educational institution. The latter will encourage growth in proficiency levels and create expertise in the field of nursing.

Novice nurse educators who enter the academic world for the first time are expected to demonstrate knowledge of both the clinical and classroom environment. Such an expectation creates role strain, stress and frustration. Mentorship has proved to make this entry easier. The study investigated the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape Province with the goal of making recommendations on the mentorship of novice nurse educators. This chapter presents the background to the study, problem statement, research questions, aim and objectives. Concepts which capture the focus of the study are clarified. An explanation of the research paradigm is provided. Mention is made of what is contained in chapter two.

## 1.2 BACKGROUND

Novice nurse educators need the help of a mentor to navigate the new world of being a nurse educator. In Kirchoff and Goeres (2011: 4), Baker concludes that: "Nurse educators, during their first full-time teaching year, should feel they are being nurtured and provided with the tools they need to be successful in academia." According to the National League for Nursing (in Kirchoff & Goeres, 2011: 1) the adjustment into academia for nursing educators has been complicated because faculty members in general are prepared differently for their educator roles. Many nurse educators do not possess the clinical, classroom and pedagogical skills necessary to function effectively in the teaching environment. Depending on the educational background of the new faculty, some nurse educators may possess efficient clinical skills while others may possess a broader scope of knowledge regarding classroom and pedagogical skills.

In a study conducted by Young and McDonald (in Kirchoff & Goeres, 2011: 17) on nurse educators with experience in clinical practice, results revealed that despite having years of experience, many nurse educators have difficulty meeting the requirements associated with the teaching role. Furthermore, being an expert clinician does not necessarily make someone an expert teacher (Hunt, 2013:27). Siler and Kleiner (in Kirchoff & Goeres, 2011: 23), conducted a phenomenological study to determine the experiences of new nurse faculty and it was reported that although the participants received formal education in preparation for the classroom setting, it was not enough to enable them to comfortably conduct lectures.

According to Kirchoff and Goeres (2011: 9): "Novice nurse educators can be taught by expert veterans who are highly skilled, with a deep understanding of competency and with an ability to guide others." The authors also state that: "An effective nursing school is the one that mentors, builds good relationships and teaches its personnel." Seekoe (2014: 4) conducted a survey which indicated the lack of mentoring programmes for newly-appointed nurse educators at schools and/or departments of nursing at higher education institutions in South Africa. The survey revealed that fifteen (83%) of the eighteen (100%) universities responded negatively to the inquiry about the availability of mentoring programmes for newly-appointed nurse educators in their institutions.

Nurse educators have many core roles which include: facilitating learning in both the classroom and in clinical simulation; facilitating learner development and socialization; using assessment and evaluation strategies in both formative and summative assessments of student nurses (class tests, assignments, theory examination and Objective Structured Clinical Evaluations (OSCEs)); participating in curriculum design and evaluating programme outcomes; functioning as a change agent and leader; pursuing continuous quality improvement in nursing education; researching; and providing meritorious service (Kirchoff & Goeres, 2011: 3). These multiple roles have been reported to create role strain, stress and frustration for new faculty and could hinder their ability to successfully meet these complex expectations. The role strain, stress and frustration brought about by these roles are to be recognized and addressed by nursing education programmes, so that proper support can be provided to the new faculty during the difficult transition period (Kirchoff & Goeres, 2011: 5). "Mentorship has proved to make this transition easier and the outcome of mentorship is empowerment and capacity building in order to develop the competencies of the mentee (Seekoe, 2014: 12).

Mentorship not only enhances the development of novice nurse educators in their roles, but also establishes a welcoming environment for the individual." Vance and Olson (in Hunt, 2013: 198) state that: "Mentor connection is a developmental, empowering, nurturing relationship extending over time, in which mutual sharing, learning and growth occur in an atmosphere of trust, respect and collegiality. Mentoring is present in every human endeavour- growing up, learning, working, loving, and achieving life's goals and dreams." Everyone has had a mentoring involvement in their lives, either from families, teachers, co-workers, bosses or friends. Mentoring is also present in various collegial relationships among peers, between junior and senior teachers, clinical partners and with academic administrators (Hunt, 2013: 197). A major goal of the mentor developmental relationship is the promotion of potential, talent and achievement. Mentors deal in 'futures'. They believe in the dreams and possibilities of their mentees, hold high expectations of them and open doors of opportunity. Mentors' career activities are to guide, coach, network, promote, open doors, teach, role model, to precept and to protect the mentee. Their psychological activities include affirming, inspiring,

cheerleading, counselling, supporting, advocating, empowering and believing in dreams (Hunt, 2013: 200).

Successful mentoring occurs amongst peers, as well as between experts and novices. The relationship between mentors and mentees is reciprocal, providing mutual benefits to both mentor and mentee. Multiple mentors are more useful than only one exclusive mentor. Mentoring can be both formal (assigned) and informal (chosen). Mentors can occur in organizational or collective contexts as well as between two individuals; and mentor encounters and networks can be both long-term and of short duration through face-to-face, electronic, telephonic, and written vehicles (Hunt, 2013:198). Mentor intelligence is portrayed through mentoring mentality – knowing and learning about mentoring through study, self-reflection and experience; mentoring lens – seeing and viewing students, colleagues, and the self as deserving and needing the benefits of mentoring; and mentoring momentum – which is doing and living mentoring as an attitude and lifestyle in both mentor and mentee roles (Hunt, 2013: 201).

Clearly, everyone benefits from good mentorship. Positive outcomes for teachers, student nurses, nurses, the academic institution, and the nursing profession include: enhanced career mobility, success and achievement; increased professional, personal, and work satisfaction; increased self-confidence and self-esteem; preparation for leadership roles and activities; development of talent and potential; seeking advanced education; increased motivation and productivity; high performance and excellence in practice; increased recruitment and retention rates; empowerment and networking skills; and sustaining a professional legacy (Vance, 2010: 36). Seekoe (2014: 3) reports that: “In South Africa, nursing colleges are still affected by the same problems that characterize higher education in South Africa; such as the need to ensure quality despite the increase in student numbers, which leads to an increased workload for nurse educators. According to Waters et al. (in Seekoe, 2014: 3): “It is important that nurse educators be effectively capacitated and supported.” Booyens and Muller (in Seekoe, 2014: 3) state that: “Nurse educators receive an induction, which is conducted for all newly-appointed staff, but this does not embrace the nursing educators’ needs.”

In South Africa, the increase in student numbers has resulted in an increased need for nurse educators. Educational institutions for nurses were challenged to recruit more academic staff members and there was consequently a greater need for mentoring of newly-appointed nurse educators. However, holding a particular credential and having been educated in a certain area does not guarantee a person's ability to function efficiently in the role. The researcher observed the struggle of novice nurse educators at a public nursing college. These nurse educators had intense workloads and demands in their new positions; they were required to teach without a guide in both clinical and classroom settings; they were expected to demonstrate a knowledge of both these domains while simultaneously transitioning into the academic world (in Seekoe, 2014: 3).

Lack of required competencies hinders previously disadvantaged nurse educators from accessing higher education institutions for further development and this affects both nurse educators from the college and university environments (Seekoe, 2014: 3). Those who possess the required qualifications such as master's degrees find it difficult to climb the ladder of success because of a lack of support and mentoring by more experienced nurse educators. This in turn leads to a shortage of qualified staff of this calibre in higher education.

### **1.3 PROBLEM STATEMENT**

In the Eastern Cape, recruiting and retaining newly qualified nurse educators has been a challenge in public nursing colleges. Experts were either retiring or resigning from the college resulting in a shortage of nurse educators. To curb the shortage, a strategy to recruit newly qualified nurse educators was introduced by the college by offering an opportunity to young, enthusiastic professional nurses to be funded by the college to study nursing education and subsequently be absorbed in the college on completion of the course, to fill the vacant nurse educators' posts. A memorandum dated 22 November 2011 was forwarded by the public nursing college in the Eastern Cape to the clinical service managers requesting professional nurses to be released for studying a nursing education diploma at the university. The candidates completed the diploma in nursing education and were absorbed by the college. At the academic staff meetings, veteran nurse educators of the college raised concerns that the professional nurses who were being recruited were new in

the nursing profession and lacked the necessary clinical nursing experience to become nurse educators.

The novice nurse educators were caught in the middle of the disagreements between the college management and the veteran nurse educators and were thus left unsupported and unguided by the veteran nurse educators. Consequently, novice nurse educators lacked direction and confidence and were uncertain of their expected roles. As much as most novice nurse educators take on the nurse educator role at advanced beginner proficiency level, according to Benner's theory, they are not experts and need guidance. The researcher found novice nurse educators mentoring one another with the little knowledge and experience which they had in order to move forward; learning their roles through trial and error (Kirchoff and Goeres, 2011: 9). According to Greyling (in Seekoe, 2014: 2), neither universities nor colleges have sufficient mentoring programmes. It is imperative to address this problem, enabling novice nurse educators to be guided and directed in order to be able to assume the teaching role with confidence and less difficulty.

#### **1.4 RESEARCH QUESTIONS**

The two main questions the study posed were:

- What are the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape?
- What recommendations can be made for the mentoring of novice nurse educators at a public nursing college in the Eastern Cape?

#### **1.5 RESEARCH AIM**

The aim of the study was to explore and describe the experiences of novice nurse educators and their mentoring needs at a public nursing college in the Eastern Cape in order to make recommendations for the mentoring of novice nurse educators.

## **1.6 RESEARCH OBJECTIVES**

The objectives of the study were to:

- Explore and describe the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape.
- Make recommendations for the mentoring of novice nurse educators at a public nursing college in the Eastern Cape.

## **1.7 CONCEPT CLARIFICATION**

According to Botma, Greeff, Mulaudzi and Wright (2010: 272): “It is necessary to clarify the main concepts in research because of the multiplicity of interpretation of concepts in the human sciences.”

The following concepts are therefore clarified for the purpose of this study:

### **1.7.1 Experience**

“Experience is what you learn from doing, seeing things or something that has happened to you” (Oxford Dictionary of English, 2010: 615). In the current study, experience refers to what happened/happens to novice nurse educators in their first year at the college; what they saw/see, felt/feel, did/do or lived/live through upon entering into their role as nurse educators at a public nursing college in the Eastern Cape.

### **1.7.2 Mentoring**

“Mentoring is a reciprocal relationship that positively influences the development of self and career” (Hunt, 2013: 8). “Mentoring is the guidance and support of a junior or inexperienced personnel member by a professional, mature person. The mentor acts as a teacher, friend or guide and is actively involved in the empowerment and professional development of the junior member” (Meyer, Naudé, Shangase & Van Niekerk, 2013: 160). For the purposes of this study, mentoring is the guidance, support and empowerment of a novice nurse educator by a veteran nurse educator to ensure a smoother transition into the field of nursing education.

### **1.7.3 Novice nurse educator**

According to the Oxford Dictionary of English (2010: 1215) “a novice is a person new to and inexperienced in a job or situation.” According to Utley (2011:2) “a nurse educator is a nurse who has been academically prepared to facilitate the learning of theory in the classroom, skills in the simulation laboratory and clinical practice and in a variety of speciality settings.” “A novice nurse educator is a nurse educator who has a maximum of 12 months’ teaching experience and assumes a new position in an academic setting” (Kirchoff & Goeres, 2011: 9). For the purposes of this study, a novice nurse educator is a registered professional nurse who has a nursing education qualification and is employed by the Eastern Cape Department of Health at a public nursing college to facilitate learning in the classroom, in simulation laboratories and in clinical practice environments; with less than five years’ experience at the college, with no experience or less than a year’s experience as a nurse educator at any other nursing education institution (NEI).

### **1.7.4 Public nursing college**

According to the South African Oxford school dictionary (2006: 359) “‘public’ means belonging to everyone, not private.” For the purposes of this study and according to Matshotyana (2015: 11): “A public nursing college refers to a nursing college that is funded by the provincial government and governed by the Eastern Cape Department of Health.”

## **1.8 RESEARCH PARADIGM**

“A research paradigm is a basic set of beliefs that guide action” (Creswell, 2013: 18). The current study is guided by the framework of Benner’s “From Novice to Expert” (1984) theory in defining the proficiency level of novice nurse educators as they enter into practice. In Kirchoff and Goeres (2011: 9), Benner’s framework (1984) is developed from the Dreyfus Model of Skills Acquisition and describes the experiences of how individuals transition through stages as they gain knowledge and practical experience. These stages are referred to as levels of proficiency and include the following categories: novice, advanced beginner, competent, proficient, and expert. Benner examines the experiences of nurses who enter into practice as novices, gain knowledge through practice over time and evolve into experts. Through

interviews and observations Benner documents these experiences, and interprets the data which is compared and validated by research team members. A brief description of Benner's five levels of proficiency is found in Kirchoff and Goeres (2011: 9).

#### Stage 1: Novice

This stage of proficiency examines individuals when they first enter into practice. During this stage, the individual has no experience of the situation at hand. In order for the individual to begin to develop, only objective data is given to them.

#### Stage 2: Advanced beginner

At this stage of proficiency, the nurse educator has acquired some experience from which to begin to "demonstrate acceptable performance". The individual is able to transfer the knowledge gained to other similar situations but has difficulty in distinguishing or prioritizing the data.

#### Stage 3: Competent

Benner states that to develop into a competent professional, an individual should have at least two to three years of practice in this field. At this stage, the individual should begin to balance the demands placed upon them and prioritize their responsibilities.

#### Stage 4: Proficient

Benner states that proficiency is usually achieved after the nurse educator has had experience in a given setting for three to five years. In unfamiliar situations, the nurse educator may regress to previous stages, but is able to make appropriate decisions based on these experiences. The faculty member now has the ability to offer various perspectives on a situation because of the experience gained in the field.

#### Stage 5: Expert

At this stage, the nurse educator does not have to depend on others to understand the situation and is able to comprehend various situations and to initiate the care or action required. The nurse educators are able to approach problems and offer solutions to those problems because of their deep understanding of the nature of the problem.

The study is framed by this model (see Table 1.1) as it describes the different levels of proficiency that novice nurse educators must reach before becoming experts in the field of nursing education. The recommendations for the mentoring of novice nurse educators will be of assistance in the escalation of nurse educators from novices to experts.

**Table 1.1: Benner’s five proficiency levels** (Kirchoff and Goeres, 2011: 9)

| PROFICIENCY LEVEL    | EXPLANATION  |
|----------------------|--|
| 1. No experience     | No previous knowledge or practical experience with stated competency; requires continuous guidance – considered a novice within a given field. |
| 2. Advanced beginner | Some previous knowledge or practical experience with stated competency; requires frequent guidance.  |
| 3. Competent         | Sufficient knowledge, able to perform confidently with little guidance.  |
| 4. Proficient        | Holistic understanding of competency; past experiences guides decisions.   |
| 5. Expert            | Highly skilled; deep understanding of competency; provides guidance to others.   |

## **1.9 RESEARCH DESIGN AND METHODS**

“A research design is the overall plan that the researcher follows in answering the research question” (Polit & Beck, 2010: 74). “The techniques which researchers use to structure a study and to gather and analyse information relevant to the research question are the research methods” (Polit & Beck, 2012: 12). A qualitative, exploratory, descriptive, contextual design and phenomenological approach was used in this study. Sampling was purposive and the data was collected using in-depth, face-to-face, semi-structured individual interviews and unstructured observations. Chapter two provides a comprehensive description of the research design and methods.

## **1.10 RECOMMENDATIONS**

Phase two of the study was the development of recommendations. Recommendations for the mentoring programme, for nursing practice, nursing education and nursing research were formulated by the researcher, based on the data collected and suggestions made by the participants as well as the evidence from existing literature. A comprehensive discussion of recommendations is presented in chapter four.

## **1.11 TRUSTWORTHINESS**

Polit and Beck (2008: 768) regard trustworthiness as “the degree of confidence qualitative researchers have in the quality of gathered data and the research findings.” To ensure trustworthiness of the study, the researcher used Guba and Lincoln’s criteria, namely: credibility, confirmability, dependability and transferability. Chapter two provides a comprehensive description of trustworthiness.

## **1.12 ETHICAL CONSIDERATIONS**

Ethical standards were maintained throughout the study as the researcher complied with the ethical principles: respect for persons, beneficence and justice.

### **1.13 OUTLINE OF CHAPTERS**

The research study is divided into four chapters:

Chapter 1: Overview of the study

Chapter 2: Research design and methods

Chapter 3: Research findings and literature control

Chapter 4: Summary of findings, recommendations, limitations and conclusion

### **1.14 CHAPTER SUMMARY**

In this chapter the background to the study, problem statement, research questions, aim and objectives were explained within the context of the topic. Concepts capturing the focus of the study were clarified. An explanation of the research paradigm was provided. A brief outline of the research design and methods, trustworthiness and ethical considerations was given; these are discussed in detail in chapter two.

## CHAPTER 2

### RESEARCH DESIGN AND METHODS

**“Those that know, do. Those that understand, teach.” (Hunt, 2013: 221)**

#### 2.1 INTRODUCTION

In chapter one, an introduction to the study was provided; the background to the study, problem statement, research questions, aim and objectives were presented. In this chapter, a detailed discussion of the research design and methods is presented.

#### 2.2 RESEARCH DESIGN

Brink, van der Walt and van Rensburg (2012: 96) state that: “the research design is the set of logical steps taken by the researcher to answer the research question or the blueprint of how one intends conducting the study.” The study followed a qualitative, exploratory, descriptive, contextual design and phenomenological approach as stated in chapter one.

##### 2.2.1 Qualitative research

According to Brink et al. (2012: 121) the ‘qualitative research approach’ refers to a broad range of research designs and methods used to study phenomena of social action and of which we do not have an understanding. Qualitative methods focus on the qualitative aspects of meaning, experience and understanding, and these methods are used to study human experience from the viewpoint of the research participants in the context in which the action takes place. “Qualitative research produces data in the form of words related to a specific phenomenon, including feelings, behaviours, thoughts, insights, and actions rather than in the form of numbers” (Botma, Greeff, Mulaudzi & Wright, 2010: 182). “It focusses on how people perceive their experiences and the world they live in” (Holloway & Wheeler, 2010: 3). “A qualitative enquiry is conducted to empower participants to share their stories and to minimize power relationships that often exist between the researcher and the participants in a study” (Creswell, 2013:48).

The study explored and described the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape in their role as nurse educators. The researcher was an effective data collection instrument and conducted in-depth, face-to-face, semi-structured individual interviews and unstructured observations in the participants' natural environment – which were the campuses and sub-campuses. Broad, open-ended questions were posed to the participants to gain an understanding of their experiences regarding their role as nurse educators and their mentoring needs. The researcher performed this task without any preconceived ideas and sentiments as that would have interfered with the data collection and interpretation. Direct quotes from the transcripts supplemented the researcher's reports on novice nurse educators' experiences. In the current study, the researcher categorised the data she collected into themes and sub-themes, which captured a complex picture of the experiences and mentoring needs of novice nurse educators. Prior to the main study, the researcher conducted a pilot study to ensure that the design and methods selected for the study were correct and that she herself would be an effective data collection instrument.

### **2.2.2 Exploratory design**

“Exploratory studies are undertaken as preliminary investigations into relatively unknown areas of research. They employ an open, flexible, and inductive approach to research as they attempt to look for new insights into phenomena” (Terreblanche, Painter & Durrheim, 2006: 44). The three main aims of exploratory research, identified by Babbie (2010: 92), are: “to satisfy the desire and curiosity of the researcher to understand the phenomenon of interest better, to establish the possibility of a more extensive study on the particular phenomenon and to develop tools/methods that could be used in subsequent studies on that phenomenon.” The study explored the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. This happened through in-depth, face-to-face, semi-structured individual interviews and unstructured observations. The researcher (without any preconceived ideas) asked broad, open-ended questions of the participants. Since little was known in this regard, the researcher wanted to explore the experiences and mentoring needs of the participants. Literature reveals that mentoring programmes for novice nurse educators at schools and/or departments of nursing at higher education institutions in South Africa are scarce.

### **2.2.3 Descriptive design**

“The purpose of a descriptive research study is to observe, describe and document aspects of a situation as it occurs” (Polit & Beck, 2012: 226). “Descriptive designs may be used to identify problems with current practice; to justify current practice, make judgements or determine what other professionals in similar situations are doing; or to develop theories” (Burns & Grove, 2011: 256). The researcher used a descriptive design to describe the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape in order to make recommendations for the mentoring of novice nurse educators. The researcher directly observed the participants during the interviews and attentively listened (without any preconceived ideas) to what they were sharing with her regarding their experiences and mentoring needs.

### **2.2.4 Contextual design**

According to Babbie (2010: 297): “All research takes place within a context and for the researchers to understand the experiences of research participants fully, they should place the research within the setting in which it occurs.” “Context is both personal and social” (Holloway & Wheeler, 2010: 4). The public nursing college under study is in the Eastern Cape Province – one of the nine provinces of South Africa. It originated from the amalgamation of public nursing colleges and nursing schools that existed in the Eastern Cape Province until 2004. The college was established through the Education and Training of Nurses and Midwives Provincial Act, 2003 (No. 4 of 2003).

The college comprises five main campuses and eighteen sub-campus. The four-year comprehensive diploma programme that prepares a student for registration as a nurse (general, psychiatric, community) and midwife with the South African Nursing Council, and some post-basic diploma programmes is offered at the five main campuses. The sub-campus prepare nursing students for enrolment with the South African Nursing Council as enrolled nurses and enrolled nursing assistants, as well as offering bridging from being an enrolled nurse to being a registered nurse. All students registered at this college are full-time students.

Each of the campuses has a campus head who reports to the college principal at a central office of the college. The sub-campus heads report to their respective main campus heads. The study was conducted at three main campuses and three sub-campuses of the college, which are scattered throughout the Eastern Cape Province in both urban and rural areas. The researcher selected these campuses and sub-campuses as they offer different programmes and have different dynamics due to their being situated in either rural areas or in urban areas.

### **2.2.5 Phenomenological approach**

According to Brink et al. (2012: 121), a phenomenological study is a study that examines human experiences in regard to certain phenomena through descriptions that are provided by the people involved. The researcher focuses on what is happening in the life of the individual, what is important about the experience and which alterations are needed – all through the eyes of that person. Bracketing is an important basic action that the researcher has to use during the enquiry process. It is a process in which the researcher identifies and sets aside any preconceived beliefs and opinions that he/she might have about the phenomenon under investigation.

The researcher used a phenomenological approach to examine the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape through descriptions that were provided by the participants. The researcher as a nurse educator at the nursing college under study conducted the interviews without any preconceived beliefs and ideas to avoid bias and manipulation of the collected data.

**Table 2.1: Location of campuses and sub-campuses**

| <b>MAIN CAMPUSES OF THE COLLEGE</b>      | <b>URBAN or RURAL</b> |
|--|-----------------------|
| Campus number 1= xxxxx main campus       | Rural                 |
| Campus number 2= xxxxx main campus       | Rural-Urban           |
| Campus number 3= xxxxx main campus       | Urban                 |
| <b>SUB-CAMPUSES OF THE MAIN CAMPUSES</b> | <b>URBAN or RURAL</b> |
| Sub-campus number 1= xxxxx sub-campus    | Rural                 |
| Sub-campus number 2= xxxxx sub-campus    | Rural-Urban           |
| Sub-campus number 3= xxxxx sub-campus    | Urban                 |

### **2.3 RESEARCH METHODS**

“Research methods are the techniques researchers use to structure a study, and to gather and analyse information relevant to the research question” (Polit & Beck, 2012:12). “The purpose of the research method is to inform the reader of how the investigation was carried out, what the researcher did to solve the research problem or to answer the research question” (Brink et al., 2012: 199). Face-to-face, in-depth, semi-structured individual interviews and observations were used to collect data. The research study was divided into two phases; each phase aimed at addressing each of the study objectives. The research phases are outlined below.

### **2.3.1 Phase one**

The first objective of the study was to explore and describe the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. Phase one was concerned with meeting this objective. Sampling, recruitment of participants, qualitative data collection and analysis of the data was covered in this phase.

#### **2.3.1.1 Research population**

“A population is the entire group of persons or objects that is of interest to the researcher and meets the criteria that the researcher is interested in studying” (Brink et al., 2012: 131). In this study, the research population included all the newly appointed nurse educators at a public nursing college in the Eastern Cape, with less than five years’ experience at the current college and with no previous experience or less than one year’s previous experience as nurse educators at any other Nursing Education Institution (NEI). The researcher chose to include nurse educators who had been at the college for less than five years as part of the research population as the number of nurse educators with no experience or less than a year’s experience might have not been sufficient to obtain rich data. The selected population of novice nurse educators shared their first-year experiences at the college. These experiences were vivid and easy to recall since they were so recent.

#### **2.3.1.2 Sampling**

The research population group is usually large and it is often not possible to study all its members. For this reason, researchers usually study a sample drawn from the total research population. According to Brink et al. (2012: 132): “Sampling refers to the process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest.” “Probability and non-probability sampling are the two types of sampling procedures. Probability sampling is done based on randomization and non-probability sampling is done without randomization” (Strydom, 2012: 228) in de Vos (2012).

In this study purposive sampling was used. “Purposive sampling is a strategy in which the researcher hand-picks participants, because they are typical of the phenomenon or they are knowledgeable about the issues under investigation” (Boswell & Cannon, 2010: 154). Non-random sampling was used to draw a reasonable number of participants per campus and sub-campus. No incentives were offered. Six campuses were included in the study; three of the five main campuses and three of the sub-campus which were affiliated to the respective main campuses of the college. The researcher selected these campuses and sub-campus for the study as they offer different programmes and are situated in either rural or urban areas.

Inclusion criteria for the participants were:

- Newly appointed nurse educators who understood the purpose of the study and were willing to participate in the study and signed informed consent.
- Nurse educators with less than five years’ experience at the current college and with no previous experience or less than one year’s previous experience as nurse educators at any other Nursing Education Institution (NEI).

Exclusion criteria for the participants were:

- Any nurse educator with five years’ experience or more at this particular college or other higher educational institution (HEI).
- Any newly appointed nurse educator at the college under study who already had a year’s previous experience as a nurse educator at another NEI.
- Any newly appointed nurse educator at the college under study who already had one year’s previous experience as a clinical facilitator.
- Any personnel member who had been newly appointed for a position other than nurse educator, for example, Head of Department (HoD) and sub-campus head.

### **2.3.1.3 Recruitment**

Nurse educators who met the inclusion criteria were recruited via recruitment letters that were written and dispatched to all six campus and sub-campus heads of the sampled campuses and sub-campus. The researcher followed these up telephonically with the respective campus and sub-campus heads. The heads

passed on the names and contact details of the prospective, voluntary participants to the researcher. All clarity-seeking questions were addressed telephonically. The researcher decided to use this method of recruitment because it was practical and economical. According to King and Horrocks (2010:31): “a gatekeeper is a person who has the authority to grant or deny permission to access potential participants and/or the ability to facilitate such access.” In this study, the campus and sub-campus heads were the gatekeepers.

#### **2.3.1.4 Data collection**

“Data collection involves gaining permission, conducting a good quality sampling strategy, developing means for recording information, storing the data, and anticipating ethical issues” (Creswell, 2013:145). After gaining ethical approval to conduct the research study from the Nelson Mandela University, (Annexure E), the Eastern Cape Department of Health Research Committee (Annexure F), and the principal of the college under study (Annexure H); the researcher approached the gatekeepers by means of a formal letter (Annexure K) requesting to access and work with the participants.

According to Creswell (2009: 178): “Qualitative data collection procedures, are four basic types, namely: observations, interviews, document analysis, and analysis of audio-visual materials.” According to Brink et al., (2012: 150): “Observation is a technique for collecting descriptive data on behaviour, events and situations. It allows the researcher to observe behaviour as it occurs. Observations may be structured or unstructured. In unstructured observations, researchers attempt to describe behaviours or events as they occur, with no preconceived ideas of what they will see.”

“Interviewing is a method of data collection in which an interviewer obtains responses from a participant in a face-to-face encounter, telephonically or by electronic means. Interviews are frequently used in exploratory and descriptive research, and in case studies. Interviews can either be structured, unstructured or semi-structured” (Brink et al., 2012: 157). In semi-structured interviews, the interviewer must ask a certain number of specific questions, but can also pose additional probes. Both closed-ended and open-ended questions are included in a semi-structured interview (Brink et al., 2012: 158).

In this study, unstructured observations and face-to-face, in-depth, semi-structured individual interviews that were digitally recorded by means of a voice recorder were used as a means of data collection. Semi-structured interviews require an interview schedule; see (Annexure C) for the type of questions that were posed to the participants. The researcher made use of silence, nodding, minimal verbal response, probing, paraphrasing and summarising as communicating skills during the interviews. Prior to the interviews, the researcher arranged to meet with the participants who had agreed to participate in the study in a comfortable setting, at a time that was convenient for them. The researcher introduced herself and the study by giving a brief background to the study and reread the recruitment letter which contained the research aim, objectives and the broad questions that were to be posed during the interviews. Ethics approval letters from Nelson Mandela University, the Eastern Cape Department of Health, the college and the consent form were also read out. The researcher allowed the participants an opportunity to ask questions. She answered all the questions honestly and as comprehensively as possible. She later obtained informed consent from the participants. The rationale for using these types of data collection methods is that: “The semi-structured interviews allow the researcher to obtain a detailed picture of participants’ perceptions about the phenomenon” (de Vos, Strydom, Fouché and Delport, 2011: 351).

The broad questions that were asked of the participants during the interviews were:

- Tell me about your experiences as a novice nurse educator (both positive and negative).
- What are/were your mentoring needs as a novice nurse educator?
- What recommendations would you make for inclusion in the mentoring programme of novice nurse educators?

The interviews were digitally recorded to ensure that all the responses by the participants were correctly captured by the interviewer in order to transcribe them verbatim and for data analysis. The interviews were face-to-face and one-on-one because the researcher wanted to observe the behaviours of participants which could not be captured by the digital recorder, such as gestures and facial expressions (communication can be non-verbal as well). To ensure a high degree of confidentiality and the freedom of the participants to share sensitive information, the

researcher decided to interview the participants individually rather than conducting focus group interviews. Data saturation was reached when no new themes emerged from the interviews.

### **2.3.1.5 Data analysis**

“Data analysis entails categorising, ordering, manipulating and summarising the data, and describing it in meaningful terms” (Brink et al., 2012: 177). “In qualitative research, data collection and data analysis occur simultaneously” (Grove, Burns & Grey, 2013: 280). In this study, the collected data was transcribed in its entirety from the digital recordings by the researcher; the researcher translated any isiXhosa responses by the participants and made use of an independent coder who was appointed to ensure the trustworthiness and reliability of the study and who is an English expert to interpret and analyse data accurately. The researcher provided the independent coder with the soft and hard copies of the transcripts containing pseudonyms, together with the proposal that presented the background to the study and amplified the aim and objectives of the study.

The researcher and the independent coder simultaneously and independently coded the transcriptions using Tesch’s method of data analysis and reached a consensus after discussing the themes and sub-themes that emerged from the data. The supervisor was also kept informed by the researcher during this process and the themes and sub-themes were discussed with her. Tesch’s method was used by both the researcher and the independent coder to analyse data. Creswell (2009: 186) concurs with this method of drawing meaning from the content.

Creswell (2009:186) cites the 8 steps suggested by Tesch:

- Get a sense of the whole. Read all the transcriptions carefully and make summaries. Write thoughts in the margin.
- Pick one document at a time and go through it in search of the underlying meaning.
- When this task has been completed for several informants, make a list of all the topics and cluster similar topics together, forming these topics into columns that might be arranged as major topics, unique topics and left-overs.

- Take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try this preliminary organising scheme to see if new categories will emerge.
- Find the most descriptive wording for the topics and turn them into categories. Find ways of reducing the total list of categories by grouping topics that relate to each other, and draw lines between the categories to show interrelationships.
- Make a final decision on the abbreviation for each category and use alphabetic codes.
- Assemble the data material for each category in one place and perform a preliminary analysis.
- Re-code the existing data if necessary.

#### **2.3.1.6 Pilot study**

According to Polit and Beck (2010: 563): “A pilot study is a small-scale study that is conducted before the main study to determine the adequacy and appropriateness of the methods that will be used in the main study.” According to Polit & Beck (2012: 195): “A pilot study is conducted to evaluate the adequacy of the selected research methods and procedures; likely success of the participant recruitment strategy; the extent to which the preliminary evidence justifies more rigorous research; the testing of the research question and if it yields valid results.”

To ensure the feasibility of the study and to decide whether to retain the study design and methods, a pilot study was conducted with one nurse educator from a main campus and one nurse educator from a sub-campus, who met the inclusion criteria of this study as previously explained. The researcher made use of local participants for the pilot study. Data collection and data analysis mimicked the main study selection methods. Once the two participants had been interviewed for the pilot study, the data was transcribed verbatim from the digital interview recordings and was analysed using Tesch’s method.

The supervisor was furnished with the soft copies of the transcripts containing pseudonyms, the themes that arose, together with the voice recordings to assess the quality of the interview technique, the pertinence of the questions and the appropriateness of the collected data. The two broad questions that were asked of the participants during interviews were revised and refinements were made (See effected changes on Annexure C). Amendments were made to all documents containing the broad questions in preparation for the main study. Data collected in the pilot study was included in the main study as the interviews were a success. The pilot study was a success; its feasibility meant that the main study could proceed.

#### **2.3.1.7 Literature control**

“Literature control is conducted to compare the findings of a study with those of other related studies” (Holloway & Wheeler, 2010: 37). It is used to verify the research findings. Here the researcher links the collected data to existing literature to check if the findings of the study confirm or contradict the findings of other studies. It also serves to establish the contribution of the study. Literature control is detailed in chapter three.

#### **2.3.2 Phase two**

The second objective of the study was to make recommendations for mentoring novice nurse educators at a public nursing college in the Eastern Cape. Phase two was concerned with meeting this objective.

##### **2.3.2.1 Recommendations**

“Recommendations are considered as a course of action that is advisable, desirable or will gain a favourable reception” (Oxford dictionary of English, Online version 4-1-4). The researcher made use of the themes and sub-themes that emerged from the study to formulate recommendations for mentoring novice nurse educators at a public nursing college in the Eastern Cape. Other recommendations which were made included those for nursing practice, nursing education and nursing research. Detailed recommendations are discussed in chapter four.

## **2.4 TRUSTWORTHINESS**

“Qualitative research is based on trustworthiness rather than reliability and validity. In fact, qualitative researchers tend to reject the terms ‘reliability’ and ‘validity’ in favour of trustworthiness” (Brink et al., 2012: 126). “The methods that support the analysis of qualitative studies namely: credibility, confirmability, dependability, and transferability are Guba and Lincoln’s criteria,” as cited in De Vos, Strydom, Fouché and Delport (2011:419). These criteria were used to assess research data quality and to ensure the trustworthiness of the study.

### **2.4.1 Credibility**

“Credibility alludes to confidence in the truth of the data, believability and the interpretation thereof” (Brink et al., 2012: 172). Guba and Lincoln (in Brink et al., 2012: 172) describe specific procedures for aiding the believability of qualitative findings, these include: ‘prolonged engagement and persistent observation, peer debriefing, member checks and triangulation techniques. Triangulation is the confirmation and completeness of data.’

Prolonged engagement, persistent observation and member checks were hallmarks of this study. The researcher kept her opinions, experiences and values to herself to avoid bias and ensured credibility in how the data was collected, interpreted and analysed. The researcher used a voice recorder to record her interviews to ensure that she was not dependent on her memory for recalling the participants’ responses. All data collected was transcribed verbatim, analysed carefully and interpreted accordingly. The researcher made use of an independent coder to review the data and furnished the independent coder with the transcripts together with the proposal. This ensured that the independent coder had a solid understanding of what the researcher wanted to achieve through the study. The researcher’s supervisor provided feedback on all work prior to the final writing of the research report. The researcher was thus able to rectify any identified errors before her final submission.

- Prolonged engagement: the researcher’s engagement with the voluntary participants started when she received the list of prospective participants from the respective campus and sub-campus heads and continued through telephonic communication between the researcher and the prospective

participants and finally a face-to-face meeting with them arranged through the gatekeepers. This prior engagement with the participants before data collection, created a relaxed atmosphere for the interviews as participants shared their experiences freely. The researcher stayed in the field and collected in-depth data until data saturation was achieved.

- Persistent observation: a tentative analysis was made of what the participants were saying during the interviews, data was interpreted in all possible ways and confirmed with the participants where multiple interpretations existed. The researcher also observed the facial expressions and gestures of the participants during the interviews to see if they matched their verbal responses as these could not be recorded.
  
- Member checks: The researcher asked clarity-seeking questions where participants were vague during the interviews and confirmed any information that could be interpreted in various ways with the participants. At the end of each interview participants were given an opportunity to provide any additional information about their experiences and mentoring needs. The researcher telephonically clarified any ambiguous responses with the participants concerned.

#### **2.4.2 Confirmability**

Confirmability refers to the potential for congruency of data in terms of accuracy, relevance or meaning. It is concerned with establishing whether the data represent the information provided by the participants, and that the interpretations of the data are not fuelled by the researcher's imagination, but reflect the voice of the participants and not the researcher's biases or perceptions (Brink et al., 2012: 173). The researcher's personal experience, opinions and values on the topic did not interfere with the data collection and its interpretation. The researcher made use of field notes on each contact session with the prospective participants so that all the information regarding the method used was available. Voice recorded interviews, verbatim transcriptions, a supervisor who is a research expert and an independent coder helped the researcher to ensure confirmability.

### **2.4.3 Dependability**

Dependability refers to the provision of evidence such that if it were to be repeated with the same or similar participants in the same or similar context, its findings would be similar. Dependability is most conceptually similar to the concept of test-retest and internal consistency reliability in quantitative research approaches, and refers to how stable or unstable the data patterns tend to be over time or occasions (Brink et al., 2012: 172). By ensuring credibility, the researcher was simultaneously ensuring dependability. An independent coder helped the researcher to ensure dependability as both the researcher and the independent coder analysed the findings and compared them before a conclusion was made.

### **2.4.4 Transferability**

“Transferability refers to the ability to apply the findings in other contexts or to other participants. The qualitative researcher is not primarily interested in generalising the findings, but rather in defining observations within the specific contexts in which they occur” (Brink et al., 2012: 173). The researcher described the context, study design and methods thoroughly; made use of purposive sampling, thick descriptions, and data saturation strategies to enhance transferability.

## **2.5 ETHICAL CONSIDERATIONS**

“Any research study must comply with sound ethical practices and standards, and there must be a balance between contributing to science and protecting the rights and dignity of human subjects” (Pera & van Tonder, 2012: 326). According to Terreblanche et al. (2011: 61): “the essential purpose of ethics is to protect the welfare of research participants.” The researcher adhered to the three fundamental ethical principles namely: respect for persons, beneficence and justice. These principles are based on human rights such as the right to self-determination, privacy, anonymity and confidentiality; fair treatment and protection from discomfort and harm.

### **2.5.1 Respect for persons**

According to Brink et al. (2012: 35) this principle: “encompasses the right to self-determination as individuals are autonomous and in some cultures and religions

where individuals might not be regarded as autonomous, the traditional practice is to be respected without disregarding human rights. This principle also encompasses the fact that individuals with diminished autonomy require additional protection.” The right to freedom of choice was practised and persons with diminished autonomy were not involved or made to sign any consent form. Participants voluntarily accepted to participate in the study. They were not coerced or subjected to undue pressure to participate. Signed consent forms were obtained from all participants before data collection.

### **2.5.2 Beneficence**

“Beneficence is the ethical principle regarding the duty to promote good and prevent harm” (Peate, 2012:440). “Beneficence is a philosophical principle that obliges the researcher to attempt to maximize the benefits that the research affords to the participants in the research study” (Terreblanche et al., 2011: 67). Although research directly or indirectly benefits society and the particular institution over and above the benefit to individuals, research can also harm societies, institutions and individuals. Participants have the right to be protected from discomfort and harm; hence it was important for the researcher to state in the consent form any risks and discomfort that the participants may be exposed to by accepting to participate in the study, be it physical, psychological, emotional, spiritual, economic, social or legal.

The researcher was particularly careful not to identify the institutions, individuals in the report or any publication based on the report, to such an extent that the image or reputation of parties involved in the study could be diminished. Pseudonyms for campuses and sub campuses were used instead of the real names for anonymity and confidentiality purposes and the names of the participants were kept confidential. Document (transcript) numbering for campuses and sub-campus was also used to ensure confidentiality. Interviews were conducted privately and individually to ensure confidentiality. Data was stored in a place where access was limited to the researcher only and where other researchers were involved, anonymity was ensured. Copies of the research results will be distributed to the study sample on completion of the study. The research findings will benefit all current and future novice nurse educators, the students of the college, the college, the Department of Health and the communities of the Eastern Cape Province at large.

### **2.5.3 Justice**

“The ‘principle of justice’ refers to the participants’ right to fair selection and treatment” (Brink et al., 2012: 36). The researcher selected the study population and participants with fairness for reasons related to the research problem; the participants’ right to privacy was respected and any form of coercion or penalty was avoided. The study objectives were explained to the participants and all clarity-seeking questions were answered honestly by the researcher. Participation in the study was guided by the inclusion and exclusion criteria and not by any discriminatory pressure. During both phases of the research project, participants were not exploited and were free to withdraw from the study as they had a choice and a right to do so.

### **2.5.4 Gaining ethical permission to do the study**

“Researchers must gain entry into sites that are suitable for the enquiry and must seek approval of the gatekeepers” (Polit & Beck, 2012: 184). The researcher submitted the research proposal to the Research Ethics Committee of the Nelson Mandela University for ethical approval. Formal letters were written to the Superintendent General of the Eastern Cape Department of Health requesting permission to conduct a study in the department, to the National Health Research Database (Eastern Cape Research Committee) and to the college principal to conduct the study at the college. The campus and sub-campus heads as the gatekeepers of all the sampled campuses and sub campuses also received a formal letter requesting permission to access participants. Prior to data collection, approval was obtained from each of the abovementioned parties (See the attached annexures as evidence).

## **2.6 CHAPTER SUMMARY**

In this chapter a detailed discussion of the research design and methods was given for both phase one and phase two of the study. An outline of evidence was provided to verify the design and methods applied in the study. Strategies for ensuring that the study was both trustworthy and ethical were also discussed. The research findings and literature control are discussed in chapter three.

## **CHAPTER 3**

### **RESEARCH FINDINGS AND LITERATURE CONTROL**

**“Research is formalised curiosity. It is poking and prying with a purpose.”**

**(Zora Neale Hurston)**

#### **3.1 INTRODUCTION**

Chapter two gave a full description of the research design and methods followed in this study. In this chapter, the findings of the study are presented in themes and sub-themes whereby descriptive experiences and mentoring needs of novice nurse educators are provided together with the direct quotations from the participants. The research findings were aligned with the existing literature for literature control.

#### **3.2 FIELD WORK**

As discussed in the research methods section, the public nursing college principal granted the researcher permission to conduct research at various campuses of the college in the Eastern Cape. The gatekeepers of the sampled main campuses and sub-campus were furnished with notification letters, permission-seeking letters to access potential participants and recruitment letters providing full details about the study via email. Follow-ups were conducted telephonically and clarity-seeking questions were addressed by the researcher. The researcher received positive responses from volunteers who indicated their willingness to participate in the study via email, telephone calls and WhatsApp.

The researcher suggested dates for data collection at the main campuses and sub-campus. The participants agreed to be interviewed on the suggested dates and were later reminded about the interview via telephone calls and WhatsApp. On the days of the interviews, the researcher went via the offices of the gatekeepers who notified the participants of her visit to collect data. The researcher conducted a total of sixteen interviews at three main campuses and three sub-campus of a public nursing college in the Eastern Cape. The interviews conducted during the pilot study were included as these interviews had been successful.

All the interviews were conducted in private spaces, which were identified and chosen by the participants. Prior to the interviews, the researcher once again confirmed with each participant that they were ready for the interview and all the participants indicated that they wanted to be interviewed. The researcher gave the participants a brief background to the study and read the recruitment letter to them, which provided details about the aim and objectives of the study. She also explained the consent form to the participants, to remind them about their rights and the benefits of participating in the study. Each participant was given an opportunity to ask the researcher any questions related to the study or to raise any concerns they might have had. Thereafter, they were requested to sign the written consent form to indicate that their decision to participate in the study was voluntary and that they understood all the ethical considerations.

### **Characteristics of the sample**

All participants met the inclusion criteria for participating in the study and had no previous experience at any other nursing education institution. All participants were interviewed in English, as this was a prerequisite. See the following table for the demographics of the participants who were interviewed in the research study:

**Table 3.1: Demographics of the participants who were interviewed in the research study**

| <b>Participant number and code</b> | <b>Gender</b> | <b>Age</b> | <b>Years of experience as a clinician</b> | <b>Years of experience as a nurse educator</b> | <b>Qualifications</b>  |
|------------------------------------|---------------|------------|---|--|--|
| 0003.1.1<br>(PSSCP)                | Male          | 42         | 7   | 4  | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> </ul>   |
| 0003.1<br>(PSMCP)                  | Female        | 43         | 3   | 3  | <ul style="list-style-type: none"> <li>▪ B-Cur</li> <li>▪ Diploma in nursing education</li> </ul>  |
| 01.1<br>(MSMCP1)                   | Male          | 29         | 1   | 4  | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> <li>▪ Honours degree in Advanced Primary Health Care</li> </ul> |

|                    |        |    |   |   |   |
|--------------------|--------|----|---|---|---|
| 01.1<br>(MSMCP2)   | Female | 35 | 2 | 2 | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> </ul>  |
| 01.1.1<br>(MSSCP1) | Male   | 41 | 4 | 3 | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> </ul>  |
| 01.1.1<br>(MSSCP2) | Female | 42 | 3 | 4 | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> <li>▪ B-Cur in nursing education, Community and Health Service Management</li> </ul> |

|                   |        |    |   |   |  |
|-------------------|--------|----|---|---|--|
| 002.1<br>(MSMCP1) | Female | 37 | 6 | 4 | <ul style="list-style-type: none"> <li>▪ B-Cur</li> <li>▪ Diploma in nursing education</li> <li>▪ Diploma in Health Service Management</li> </ul>  |
| 002.1<br>(MSMCP2) | Female | 31 | 3 | 4 | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> <li>▪ Diploma in Health Service Management</li> </ul> |
| 002.1<br>(MSMCP3) | Female | 45 | 5 | 3 | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> <li>▪ Diploma in Health Service Management</li> </ul> |

|                     |        |    |    |          |  |
|---------------------|--------|----|----|----------|--|
| 002.1<br>(MSMCP4)   | Female | 35 | 3  | 4        | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> <li>▪ Diploma in Health Service Management</li> </ul> |
| 002.1.1<br>(MSSCP2) | Female | 43 | 8  | 5 Months | <ul style="list-style-type: none"> <li>▪ B-Cur</li> <li>▪ Diploma in nursing education</li> <li>▪ Diploma in Health Service Management</li> </ul>  |
| 002.1.1<br>(MSSCP3) | Female | 50 | 3  | 1        | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> </ul>   |
| 0003.1<br>(MSMCP1)  | Female | 44 | 18 | 3        | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and</li> </ul>   |

|                   |        |    |   |          |  |
|-------------------|--------|----|---|----------|--|
|                   |        |    |   |          | <p>midwifery</p> <ul style="list-style-type: none"> <li>▪ Diploma in Health Service Management</li> <li>▪ Diploma in nursing education</li> <li>▪ Honours degree in clinical nursing science, health assessment, treatment and care</li> </ul> |
| 0003.1 (MSMCP2)   | Female | 44 | 5 | 8 Months | <ul style="list-style-type: none"> <li>▪ 3 year diploma in adult basic education and training</li> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> </ul>                                   |
| 0003.1.1 (MSSCP1) | Male   | 33 | 4 | 2        | <ul style="list-style-type: none"> <li>▪ B-Cur</li> <li>▪ Diploma in</li> </ul>  |

|                   |      |    |   |   |  |
|-------------------|------|----|---|---|--|
|                   |      |    |   |   | nursing education  |
| 0003.1.1 (MSSCP2) | Male | 41 | 6 | 3 | <ul style="list-style-type: none"> <li>▪ 4 year diploma in nursing sciences and midwifery</li> <li>▪ Diploma in nursing education</li> </ul> |

**Data analysis**

Data analysis was fully described in phase one of the study.

**3.3 IDENTIFIED THEMES AND SUB-THEMES**

“A theme is a broad unit of information that consists of several codes aggregated to form a common idea” (Creswell, 2013: 136). The participants’ experiences, mentoring needs and recommendations were consolidated and arranged into five themes and thirteen sub-themes, which are illustrated in Table 3.1.

**Table 3.2: Summary of identified themes and sub-themes of the study**

| THEMES  | SUB-THEMES  |
|---|---|
| <p>1. NOVICE NURSE EDUCATORS EXPERIENCE <b>CHALLENGES</b> RELATED TO <b>THEORETICAL MENTORING</b></p> | <p>1.1 <b>Lack of mentoring</b> leads to unnecessary errors and increased workload</p> <p>1.2 <b>Lack of moderation</b> of teaching and assessment tools</p>  |
| <p>2. NOVICE NURSE EDUCATORS EXPERIENCE <b>CHALLENGES</b> RELATED TO <b>CLINICAL MENTORING</b></p>    | <p>2.1 <b>Lack of clinical mentoring</b></p> <p>2.2 <b>Lack of clinical skills development</b></p>  |
| <p>3. NOVICE NURSE EDUCATORS EXPERIENCE A <b>LACK OF ORIENTATION</b></p>                              | <p>3.1 <b>Unpleasant emotions</b> experienced during the transition period owing to a lack of orientation</p> <p>3.2 <b>Inadequate administrative and management processes</b></p> <p>3.3 <b>Lack of orientation to structure, processes and culture</b> of the institution</p> <p>3.4 Novice nurse educators experience different forms of <b>exploitation</b></p> |

|  |   |
|--|---|
|  |   |
| <p>4. NOVICE NURSE EDUCATORS EXPERIENCE A <b>LACK OF RESOURCES</b></p>   | <p>4.1 Additional <b>barriers to teaching</b> students are created by limited resources</p>   |
| <p>5. NOVICE NURSE EDUCATORS PROVIDE <b>RECOMMENDATIONS</b> IN ORDER TO OPTIMISE THE EXPERIENCE AND PERFORMANCE OF NOVICE NURSE EDUCATORS IN THEIR FIRST YEAR OF TEACHING AT A NURSING COLLEGE</p> | <p>5.1 The development and implementation of a structured and comprehensive <b>orientation programme</b></p> <p>5.2 The development and implementation of a structured and comprehensive <b>mentoring programme</b></p> <p>5.3 <b>Improvement in communication and uniformity</b> in the implementation of institutional policies and procedures by management</p> <p>5.4 Other suggestions for <b>optimising college functioning</b></p> |

### **3.4 DISCUSSION OF THEMES AND SUB-THEMES**

In this section, each theme and sub-theme is introduced; direct excerpts from the participants' transcripts are provided to ensure trustworthiness of the findings; and lastly literature is provided to support or counter the findings of the study. In themes 1 and 2 respectively, participants indicated a clear distinction between the challenges that they experienced as novice nurse educators within the theoretical component of the nursing programme which they presented, and those they experienced within the clinical component of the programme. In themes 3 and 4, the participants shared their experiences of the lack structure in the orientation programme for novice nurse educators and the limited availability of resources, which hinders the optimisation of their role as nurse educators. In theme 5, the participants provide recommendations to optimise the experience and performance of the novice nurse educators in their first year of teaching at a nursing college.

#### **3.4.1 Theme 1: Novice nurse educators experience challenges related to theoretical mentoring**

The nurse educator role is challenging to novice nurse educators and even more so when mentorship is lacking or ineffective. During their training to become nurse educators, novice nurse educators are equipped with knowledge; however, once they are appointed as nurse educators, they need to be mentored. Once they enter the academic world, novice nurse educators are confronted with the expectations of demonstrating the knowledge they gained in the classroom setting; mentorship has proved to make this entry easier.

The researcher found that novice nurse educators experienced challenges related to the theoretical component of the programme that they presented. The participants verbalised that the lack of mentoring led to unnecessary errors and increased workloads. The lack of moderation of teaching and assessment tools contributed to the challenges that they experienced related to theoretical mentoring. The verbatim quotations indicate not only the participants' need for mentoring, but the challenges that they experienced as novice nurse educators.

**“I needed some eh eh eh eh mentoring too with regard to managing the theory” (002.1, MSMCP3:4).**

**“There was no one who mentored me, I mentored myself. It was not easy for me, so I had to consult other institutions if there’s something that I don’t know (swallowing saliva) and the principal is not available at that time, so it was not easy for me, I had to learn on myself.” (002.1.1, MSSCP3:1-2).**

**“the negative side was mentoring wasn’t really uh... done to the fullest because there wasn’t enough time, everybody was busy and unfortunately the time when I started in that specific component there was a lack of lecturers, so what happened I was just umh pushed into the bucket and I had to go with the flow,” (0003.1, MSMCP1:2).**

According to Greyling (in Seekoe, 2014: 2): “neither universities nor colleges have sufficient mentoring programmes.” Seekoe (2014: 4) conducted a survey which indicated the lack of mentoring programmes for newly-appointed nurse educators at schools and/or departments of nursing at higher education institutions in South Africa. The survey revealed that fifteen (83%) of the eighteen (100%) universities responded negatively to the inquiry about the availability of mentoring programmes for newly-appointed nurse educators in their institutions.

In a study conducted by Young and McDonald (in Kirchoff & Goeres, 2011: 17) on nurse educators with experience in clinical practice, results revealed that despite having years of experience, many nurse educators have difficulty meeting the requirements associated with the teaching role. “Furthermore, being an expert clinician does not necessarily make someone an expert teacher” (Hunt, 2013:27).

Siler and Kleiner (in Kirchoff & Goeres, 2011: 23), conducted a phenomenological study to determine the experiences of new nurse faculty and it was reported that although the participants received formal education for preparation in the classroom setting, it was not enough to enable them to comfortably conduct lectures. The two sub-themes of this first theme are discussed below.

### **3.4.1.1 Sub-theme 1.1: Lack of mentoring leads to unnecessary errors and increased workloads**

Novice nurse educators expect to be mentored on how to prepare modules, how to develop lesson plans, teaching methodologies, assessment processes, how to control and manage large numbers of students and these are just a few aspects. However, the participants verbalised how the absence of mentoring led to unnecessary errors and an increased workload on their part; as indicated by the verbatim quotations:

**“Marking of scripts, it was not a good experience because I was not sure how to mark, I’ve just gave scripts to mark, as a result I’ve made lots of errors. (Tongue click) Student come back with scripts because I’ve made lot of errors. No one show me how to mark but I was expected to have marks for the students. Presenting in front of them was not good, I need a guidance on that.” (0003.1, MSMCP2:1-2).**

**“They will wait for you to have errors then they will mentor you on that” (01.1, MSMCP1:3).**

**“Imagine when you write a test, yho when they write a test, you have to mark hundred scripts, in the mean, in the mean time you not focusing that you need also to do (i) [the] accompaniment, which is, is kind of eh... not ok, so (i) [the] mentoring it is very, is needed. Nobody can eh go to a new place without any mentoring because (i) [the] mentoring is coaching and all that thing,” (0003.1.1, PSSCP:7).**

According to the National League for Nursing (in Kirchoff & Goeres, 2011: 1): “the adjustment into academia for nursing educators has been complicated because faculty members are prepared differently for their educator roles. Many nurse educators do not possess the skills necessary to function effectively in the teaching environment.”

In a study conducted by Anibas, Brenner and Zorn (2009: 212): in Baccalaureate Nursing Education, new faculty reported feeling they were left to ‘figure things out on their own’, developing their own survival and teaching strategies via trial and error. Many reported feeling a lack of preparation for their new positions as educators and

were surprised by the intense amount of course work, time required to prepare for courses, and requirement for committee work in addition to their course assignment.

“Careful consideration should be given to the workload complexity of new faculty. Workload complexity continues to be a problem in the profession and will continue to be so unless adjustments are made in teaching complexity. Because of the documented examples of faculty role strain and stress that have resulted in faculty departing from their positions, both novice and experienced faculty should have reduced workload complexity until they adjust to their new professional environments” (Kirchoff & Goeres, 2011: 90).

#### **3.4.1.2 Sub-theme 1.2: Lack of moderation of teaching and assessment tools**

Lesson plans, lesson notes, textbooks, study guides and the curriculum are just a few of the tools used for teaching. Assessment tools include test and examination question papers, memoranda and specification tables, assignments and projects. These teaching and assessment tools warrant moderation in order to assess the quality and standard of each tool, exclude errors or rectify any identified errors and to assess the effectiveness of the tools in meeting the set objectives.

Their supervisors or heads of department failed to provide the novice nurse educators with sufficient support in their teaching practices and in the provision of constructive feedback. The participants stated that test question papers and memoranda which they submitted to their supervisors prior to the assessment and evaluation of students, were not moderated by the supervisors.

Participants shared that the supervisors would sanction their work without reviewing it and that when they implemented these assessment tools, sometimes errors would be identified by the students or by the participants themselves. Furthermore, participants sensed that the supervisors denied them feedback, as if they were setting them up for failure.

Guidance and support in the usage of other assessment tools such as specification tables, mark schedule compilation and the type of template to use was not received from the supervisors, which made it all more difficult for the novice nurse educator. The verbatim quotes illustrate this:

**“in fact she was not even checking my work because I wouldn’t say she was checking my work if just going, doesn’t even read the question paper if I’m submitting for test, if I’m submitting a lesson plan she doesn’t even check for it and she doesn’t even make some comments on the question paper and she doesn’t even put her signature on my question paper showing that she have seen it, moderated it, find any corrections or whatever” (002.1, MSMCP4:3-4).**

**“you become surprised because when she doesn’t have it and then we went to the workshop last week, they give us the specification table that they want things to be done, and then everyone said oh let’s take it, let’s like copy it. Can you see? meaning even the others they need that mentoring thing” (002.1.1, MSSCP2:6).**

**“I knew that I have to submit umh year marks at the end of the..., of the last term but I was not told how to do, I mean the template and then I, the deputy principal ask for the year marks of the student then I did the year marks, I went to the student, have them sign their year marks and then when I was submitting it, I was told no the template you have used is not the right one,” (002.1, MSMCP4:6).**

Assessing, examining, and individualizing the needs of all new faculty members is very important. Nursing programmes should examine the individual differences of new faculty and not predetermine their qualifications and competencies solely on their years of experience or educational credentials. An individualized inventory of faculty strengths and weaknesses based on the core competencies for nurse educators should be initiated. Efforts can then be undertaken to reduce the stress and anxiety of new faculty by acknowledging their strengths and supporting their weaknesses to fulfil the nurse educator role (Kirchoff & Goeres, 2011: 90).

The use of assessment and evaluation techniques should also be a priority for mentoring. Experienced faculty should assist new faculty with test preparation and interpretation. Perhaps reviewing prior exams and examining the results would help alleviate the anxiety associated with this process (Kirchoff & Goeres, 2011: 92).

“Qualities sought in a mentor are often descriptors such as honesty and the ability to provide sincere feedback, and having the mentee’s best interest at heart” (Anibas et al., 2009: 212).

To summarise, the participants experienced a lack of academic mentorship. They were unsupervised in their new role as educators and so often made mistakes which in turn made the workload overwhelming. Novice nurse educators admitted to the fact that the expressed challenges could be curbed through mentoring. The novice nurse educators needed their assessment plans to be monitored and evaluated. They also needed constructive feedback from the supervisors before their lessons were implemented. However, the supervisors did not moderate their work and errors were often identified after their work had been approved by the supervisors. The participants voiced a need for thorough moderation of their work so that they could improve and start climbing the ladder from novice to expert educators. A discussion of the second theme will follow.

### **3.4.2 Theme 2: Novice nurse educators experience challenges related to clinical mentoring**

“Clinical practice environments are the sites where student nurses put the knowledge they acquire in the classroom into practice” (Kotzé, Armstrong, Geyer, Mngomezulu, Potgieter & Subedar, 2013: 202). At the college under study, clinical practice environments include the hospitals, clinics, crèches, old age homes and the communities where students do community-based education (CBE). The college has an agreement to place its students in these clinical practice environments during the practical component of their programme.

One key performance area in the individual work plan agreement of a nurse educator at the college under study specifies that nurse educators should spend approximately 20% of their time coordinating the clinical learning exposure of students between the college and clinical placement environments. The implication is that nurse educators should not simply allocate students to clinical practice environments, but should accompany and monitor their students in these environments. However, the participants indicated that the challenges that they experienced included a lack of clinical mentoring and a lack of clinical skills development. The contribution of one participant was as follows:

**“the practical uh part of my learning was perhaps very theoretical, of which that was eh very difficult for me now to adapt to that. I was not in a full-time studying where clinical skills were perhaps emh eh demonstrated to us and we we we could perhaps participate in evaluation of clinical skills, so the demonstrations of cli... clinical skills was a bit a problem but eh eh there was no eh eh perhaps intro... introduction of of me as a novice eh lecturer” (0003.1.1, MSSCP1:1).**

“Many nurses who accept an educator position have expert clinical experience; however, as Schoening (in Brown, 2015: 14) states these clinicians struggle with becoming acclimated to the academic setting and skills that are parallel to the educator role.” Although these nurses are considered expert nurse clinicians, obtaining a new role as an educator makes them novice nurse educators. “A nurse educator requires a different set of skills from those of a registered nurse. Therefore, it is imperative that novice nurse educators are equipped with the proper training in order to meet the high demands of the nurse educator role (Jacobson & Sherrod, 2012: 281).” A discussion of the two sub-themes of this second theme will follow.

#### **3.4.2.1 Sub-theme 2.1: Lack of clinical mentoring**

Clinical mentoring is the guidance and coaching provided by an expert nurse educator to novice nurse educators in relation to the expected clinical role of nurse educators; which involves the clinical allocation of students, accompaniment of students to the clinical environments, clinical teaching, clinical demonstrations and bedside evaluations.

As the participants had come from a clinical environment to work at the college, they had expertise in clinical nursing and were excited and keen to transfer their knowledge to the students. When they arrived at the college, the participants expected to be mentored into the clinical role of nurse educators and for the clinical procedures be demonstrated to them. However, that was not done and the novice nurse educators were therefore uncertain whether they were doing what was expected of them and whether it was correct or not. Novice nurse educators noticed instead that the performance of clinical procedures and the clinical evaluation tools used to assess the students were not standardized.

The novice nurse educators expected the senior educators to accompany them to the clinical environments to which they were allocated; they also expected to receive an in-depth orientation to the clinical environment, the clinical area managers and to the staff members. They were disappointed when all they received was a brief introduction to the managers.

From the senior educators' perspective however, the sheer number of students was overwhelming. There were just not sufficient relevant clinical areas to accommodate all the students; despite their need for guidance and exposure to this environment based on the theoretical content received in class. Some students would be inappropriately allocated due to the shortage of relevant clinical units; or their exposure to those relevant units would be shortened in order to accommodate other groups of students. The shortage of clinical allocation areas had an adverse effect on the students' integration of theory and practice as they would be allocated to units about which they had no theoretical knowledge.

A shortage of academic staff members at the college combined with the large number of students exacerbated the lack of mentorship. The participants found this lack of mentorship extremely stressful. They were under pressure to meet deadlines due to the number of procedures they needed to carry out and the limited time due to the large number of students. Different quotations show the lack of clinical mentoring:

**“the demonstrations of cli... clinical skills was a bit a problem but eh eh there was no eh eh perhaps intro... introduction of of me as a novice eh lecturer in in in nurse educator in in demonstration of clinical skills, maybe taken to the main campus and so on, I was just expected to demonstrate the clinical skills,” (0003.1.1, MSSCP1:1-2).**

**“I went to clinical area without knowing what is expected of me” (01.1.1, MSSCP2:1).**

**“I was expected to do the demonstrations on those skills yet I didn't know, I wasn't sure whether I was using the correct things to those students, but what I'm saying, you will be corrected sometimes in front**

of the students, no we do things like this here, you see? So then you have to to to to to to go with the flow” (0003.1, PSMCP: 10-11).

“the shortage of wards or else the (clearing throat) the the the shortage of wards to (yha) [yes] the allocation units, because now you will be stuck to allocate students all of them, let’s say in in in in in a medical ward whereas what you taught in class was a surgical situation, for instance (yha) [yes], so you are stuck with the allocation,” (0003.1.1, MSSCP2:4).

“Theory and practice yes you go to class and teach the students then now you are expected to to take them to the the wards but sometimes eh it’s very difficult to to integrate what is been taught in class, sometimes you teach the other module which is not related to where you are sending the students” (0003.1.1, MSSCP2:4).

“The lecturers that I found them here, they don’t do accompaniment. They only relied on what I say when I’m from the, when I’m from the clinical practice, so the approach of accompaniment eh is that that was devised by me because nobody showed me this is what you do when you do accompaniment,” (01.1.1, MSSCP1:2).

“when I was eh accompanying my students eh to clinical area, to community, I just went there but I was not, eh I I I I I was not having the confidence because I was not even know what is expected of me but I I I was keen to go there because accompaniment is very important,” (01.1.1, MSSCP2:3).

For most nurse educators the role of clinical instructor is a good place to start because their clinical expertise is being utilised and they are serving as a role model whilst sharing their knowledge and skills with the students. Enthusiasm and positive energy is also imparted as the nurse educator engages in the teaching-learning relationship with the students (Hunt, 2013: 49). Vance (in Hunt, 2012: 202) states that: “The best source of mentors is faculty colleagues, in both nursing and in other disciplines. These colleagues can share advice, networks, and support about academic life and academic nursing.”

According to Hunt (2013: 204): “Peer mentoring is a generous gift that helps ‘grow’ the talents of each person in shared learning activities. The give-and-take of exploration and learning with colleagues is exciting and highly productive.”

Vasuthevan (in Geyer, 2013:110) notes that: “a shortage of nurse educators in South Africa results in poor supervision of students in clinical practice environments. According to this author, the major contributing factor with regard to poorly prepared nursing students is the fact that health care services terminated their clinical teaching departments; these were responsible for helping students to correlate theory with practice.” In this regard, the Ministerial Task Team on Nurse Education and Training, appointed by the Minister of Health (South Africa) in 2011, recommended that clinical teaching departments in all Nursing Education Institutions should be re-established (Uys & Klopper, 2012:39). The recommended ratio of mentors to students in the clinical placement area is 1:15 (The strategic plan for nursing education, 2013: 95).

Seekoe (2014: 3) reports that: “In South Africa, nursing colleges are still affected by the same problems that characterize higher education in South Africa, such as the need to ensure quality and the increase in student numbers, which leads to an increase in the workload of nurse educators.” According to Klu, Kaburise and Tugli (2014: 152): “Large class size negatively affects teaching and learning with one of the disadvantages being the difficulty experienced by lecturers in managing and controlling the class.”

#### **3.4.2.2 Sub-theme 2.2: Lack of Clinical Skills Development**

The college under study is using a personal development plan (PDP) that enables the managers and employees to identify their own developmental requirements to address the gaps. The novice nurse educators reported that although they brought expertise from clinical practice when they joined the college, they did not receive further upskilling to keep abreast of new developments. It was reported that the supervisors were aware of the novice nurse educators’ developmental requirements, as they were specified in the Performance Management and Development System (PMDS), but their needs were not met.

The participants reported that the supervisors ended up providing irrelevant, outdated clinical information, as they were no longer working in the clinical area full-time. Furthermore, the students made more of an effort to keep up to date with clinical information than the nurse educators did. Participants are quoted as follows:

**“Mh... the workshops, like quarterly we do eh PMDS and then in that PMDS you are told to write the, (tongue click) the coaching needs like the needs that you need to do like the lessons or the trainings that you would like to do and we do write. Ever since I came here, no one has ever, ever taken me to those courses that I need,” (002.1, MSMCP2:5).**

**“for instance I had a, I had a, a, I can say it was like a a confusion that I nearly made in class, whereby I was talking about the members of the multi-disciplinary team, then the students were telling me, they included even the patient, they said the patient is a member of the multi-disciplinary team then I struggled with that, I said no no no there is no such. They even told me the care giver is a multi-disciplinary team but when we went to the book that they were using, the book is saying that the patient and the care giver is part of the multi-disciplinary team, therefore I I looked stupid to the students because they know the work, I don't know the work,” (0003.1.1, MSSCP2:5).**

“A deficiency in academic knowledge among the novice educators can hinder their competencies from being fully executed” (Brown, 2015: 21). “Nurse educators,” according to Kotzé, et al. (2013: 201) “should have in-depth knowledge and understanding of the part of the curriculum for which they are responsible, so that they are able to promote the success of their students.”

Tinto (2009: 6) states: “Faculty are responsible for keeping current with all new information, technology, policies and procedures, and teaching and learning strategies.” “Although it is not possible to know everything, faculty must do their best to stay current and tell their students when they are unsure of something” (Hunt, 2013: 140).

To summarise, novice nurse educators who were initially motivated to transfer their clinical knowledge to the students became disappointed and uncertain of their expected roles in the clinical area because of a lack of mentorship from their seniors. Novice nurse educators arrived with up to date clinical knowledge because they were full-time clinical nurses with first-hand information on the latest clinical findings. However, when they joined academia, they were not upskilled and the information which they brought with them soon became outdated. Mentoring and clinical skills development is deemed necessary and important for the smooth functioning of novice nurse educators in assuming their clinical role as educators.

### **3.4.3 Theme 3: Novice nurse educators experience a lack of orientation**

According to the South African Oxford School Dictionary (2006: 306): “orientation is to place something in a certain direction.” The researcher found that the participants experienced a general lack of orientation to the nursing college regarding their role as nurse educators, the college culture and environment and all the personnel employed at the college. The participants expressed the unpleasant emotions that they experienced during the transition period relating to the lack of orientation; inadequate administrative and management processes; lack of orientation to structure, processes and culture of the institution and different forms of exploitation. The participants responded as follows:

**“When I started here as a nursing educator, I couldn’t get orientation regarding the work that I have to do” (0003.1.1, MSSCP2:1).**

**“Ok, emh..., my experiences as a novice nurse educator (tongue click) (tongue click) the challenge that I have encountered is that, (tongue click) the mentoring and the... orientation, let me start with the orientation programme, there is no proper, there was no proper orientation programme for us as the new nurse educators,” (002.1, MSMCP2:1).**

**“Orientation also was ok but not enough, in terms of classroom situation, I had an experience as a student; now my first day in class was terrible. To be in front of many students came as a shock to me” (0003.1, MSMCP2:1).**

“An orientation programme takes place over a prolonged period of time, is incorporated into faculty development plans, creates or fosters an inviting environment, includes information about the tripartite role of the academician, and identifies a specific institutional resource person such as a mentor. Faculty for whom orientation programmes are offered might immerse themselves more effectively in their new environments” (Morin & Ashton, 2004: 239).

“Because nursing is a practice profession, nurse faculty need to become familiar not only with the academic environment but also with the clinical environment in which they practice and in which student learning experiences are structured. Thus, allocating sufficient time to foster familiarity with both environments can facilitate new faculty immersion” (Morin & Ashton, 2004: 247).

#### **3.4.3.1 Sub-theme 3.1: Unpleasant emotions experienced during the transition period owing to the lack of orientation**

The novice nurse educators, once enrolled, were motivated and had high expectations of academia and the college. However, they soon became frustrated by the lack of orientation as to what was expected of them, and confused about whether they were performing the assigned tasks correctly. They verbalised self-doubt and a lack of confidence in their abilities when they were allocated to teach components about which they had no previous experience. “Asking a novice nurse educator to teach outside of his or her comfort zone can produce stress or discomfort” (Brown, 2015: 21).

Novice nurse educators were overwhelmed by the sheer number of students they had to deal with and felt intimidated by them and the senior nurse educators. They became demotivated by the example set by management and the senior nurse educators. The participants verbalised experiencing a culture shock in the difference between the way the college functioned; as opposed to how the institutions where they had been employed previously functioned. The participants also reported that their personal lives took strain due to the overwhelming workload. They took work home, worked after hours and sacrificed their family and personal quality time marking test scripts, preparing for the lessons and supporting students who were experiencing academic challenges.

“I was full of joy to start what I’ve been taught, which is lecturing but my joy was cut short due to un...welcoming attitude of the people who were supposed to welcome us, eh..., the treatment that I... we get, as the first year, is the treatment that was filled with negativity,” (0003.1.1, PSSCP:1).

“I was like you would feel a little bit eh... what’s this word that I’m looking for? a little bit di... demotivated nhe, if I if I may put it like that, a little bit demotivated cause you will go into class, try and teach and teach, only to find out that the content that you are teaching or maybe the, the strategy that you using to teach the students is not eh more or less relevant to what you are, you are teaching,” (01.1, MSMCP1:2).

“in terms of classroom situation, I had an experience as a student; now my first day in class was terrible. To be in front of many student came as a shock to me” (0003.1, MSMCP2:1).

“it frustrates a lot because there was no communication, yes I realize later on that there was a year plan, but eh eh eh at the beginning I couldn’t eh gel much, so it was kind of eh a frustration” (0003.1.1, MSSCP2:3).

“what has changed is that the “me” time has changed. Because you have to go out of class and go home, you have to carry the work home, now in your house you’ll be having problems as well because even the sleeping time is reduced because you are an nursing educator, so there is a lot of paper work on top of the work that you do in class;” (0003.1.1, MSSCP2:5).

In a study conducted by Anibas, Brenner and Zorn (2009: 212) in Baccalaureate Nursing Education, new faculty reported high anxiety regarding their performance as educators and they also struggle with balancing their professional and personal lives. One of the categories that emerged from the data analysis of a study conducted by Anibas et al., (2009: 214) was ‘feelings’, whereby a variety of feelings were expressed by the participants. These included worry, frustration, uncertainty about own performance, what to expect, confusion, awkwardness, isolation, expendability,

and fear about patient and student safety. “Many emotions and feelings are combated within the first few years of teaching” (Brown, 2015: 22).

#### **3.4.3.2 Sub-theme 3.2: Inadequate administrative and management processes**

The participants expressed that they experienced inadequacies related to the Human Resources (HR) department and management. HR inadequacies were revealed in delayed appointment letters for the novice nurse educators and the incorrect appointment of staff members; some nurse educators were working as clinical facilitators in their first year and yet appointed as nurse educators.

Management inadequacies were revealed in the poor communication about novice nurse educator roles and expectations, delays in receiving job descriptions and delays in work distribution. Novice nurse educators reported that they had expected to be allocated to components that were related to their previous experiences or areas of specialization; however, because of the staff shortages, they were allocated to where the shortage was and could not utilize or transfer their expertise. They regarded this as a management inadequacy as they were allocated to teach unfamiliar content that made them feel insecure.

Managers and supervisors were largely unavailable to novice nurse educators who required their support in negotiating their new environment. Managers and supervisors appeared to be engaged in college meetings most of the time. The participants perceived how they were treated by management in contrast to how the students were treated, as unfair. The management allowed the students to dominate the nurse educators. Verbatim quotes are as follows:

**“even our letter of our appointment came very... late, at least after a year when we’ve been fighting and because in the recruitment we were never told that you need to have so many years to be a lecturer,” (0003.1.1, PSSCP:3).**

**“after a week I came I was asked to go to teach the third-years, I was asked to teach research which I was never, I was never orientated, even before I came here I didn’t do the research, I, I know nothing about research, but I was asked to go and teach research, eh and I was asked a day before, there was not enough time to prepare for the, for this**

research, and also I was asked eh to, I was expected to teach the students and also to do the demonstrations to the very third-years, and I was never demonstrated or orientated to the, to these demons..., to demos, to the, before I went to class. I was just given the content, the papers, can you just familiarize yourself with the, this is the content, these are the expectations,” (0003.1, PSMCP:2-3).

“after two months, It’s when I I only received the, what is it? The job descriptions,” (0003.1, PSMCP:10).

“I was always referred to the HoD, whereby this HoD was always busy, always out of town due to the business of the college, where whenever the, the HoD is not around it was a problem for me to go around and ask other lecturers,” (0003.1, PSMCP:5-6).

“Functioning within the education environment can be accomplished with new faculty through a review of job descriptions and expectations of the position. Faculty should understand where they fit within the department and larger college/university environment” (Kirchoff & Goeres, 2011: 93).

According to the strategic plan for nursing education, training and practice (The Strategic Plan for Nurse Education, Training and Practice, 2012-2017: 21): “Nursing managers face a challenge of lack of or outdated job descriptions.”

According to Kotzé, et al. (2013: 201): “Nurse educators should have in-depth knowledge and understanding of the part of the curriculum for which they are responsible, so that they are able to promote the success of their students, as Tinto (2009: 6) puts it.”

#### **3.4.3.3 Sub-theme 3.3: Lack of orientation to structure, processes and culture of the institution**

Many of the novice nurse educators who were interviewed in this study completed their basic nursing diploma at the college under study; being employed at this college as nurse educators was like going back home to them. They expected to be warmly welcomed by their former lecturers and to be supported, orientated and

groomed by them, for it was these very people who had motivated them during their training to further their studies.

On arrival at the college, the participants experienced negative, unsupportive attitudes and a lack of professionalism by senior staff which created conflict between the novices and their seniors. The work environment became unpleasant due to the tension between the two. The participants not only reported a lack of orientation and introduction to institutional culture but also a lack of support regarding their needs and expectations. Management was seen to be lacking in transparency. Some participants reported only receiving an induction a year after they had been appointed.

A lack of orientation as to the structure, processes and culture of the institution can make it difficult to maintain the structure, process and outcome standards of the institution. The novice nurse educators had expected to be orientated to the structure of the college at provincial level and campus level and to be introduced to the top managers and other personnel on arrival at the college. They were not familiarized with the policies and procedures of the college that were meant to guide them in so many aspects and yet they were expected to comply with those policies and procedures. They found some policies and procedures to be absent and those that were available to be outdated and vague. The participants also found the managers and supervisors to be inconsistent in their implementation of some policies:

**“we were welcomed with anger; people were angry as to who are these new people? Inexperienced nurses, where they were recruited from?, and we were lesser..., we were less experienced than them, and it was a bad experience, (tongue click) eh it’s not nice not to be welcomed because once you know someone welcomes you at least you feel at ease,” (0003.1.1, PSSCP:1-2).**

**“we were called names which I don’t think I can repeat them because they were not right,” (0003.1.1, PSSCP:2).**

**“the people that were here for some time than us, were not showing any interest or any warm welcome to us (yha) [yes], they were referred to us,**

**these kids, not recognising us as lecturers sometimes, and also some names I can say, they will call us with names, because one of the managers said we are Mr Price label, meaning the cheap label,” (002.1, MSMCP4:4).**

**“I felt that I needed somebody who can sit with me and go through the policies, specifically policies related to academics and related to (saying the name of the institution) because I’m used to the policies from the clinical field,” (0003.1, MSMCP1:3).**

**“The policies were not there and even those that were in place, they were not talking to the current situation because you find that the students absent themselves and as they absent themselves, you don’t know what to do, you know, the disciplinary measures to take with (i) [the] student because if the student absent him or herself especially in clinical area,” (002.1, MSMCP4:11).**

“Mentoring is not only to enhance the development of novice nurse educators in their roles, but to also establish a welcoming environment for the individual” (Kirchoff & Goeres, 2011: 2). Derogatory comments, also considered belittling and thus workplace violence, irrespective of whether originated by race or cultural differences are not only considered unprofessional, but border on victimization and create tension in the workplace (Yon, Strumpher & Williams, 2014: 48).

“Being unaware of the organizational structure, benefits, and promotion expectations increases the likelihood of an unsuccessful transition” (Hunt, 2013: 180). To strengthen the quality assurance system of the college there should be development of proper policies, standard operating procedures and protocols for the effective functioning of the college (Eastern Cape Department of Health, 2010:20). Kotzé (1998:6) indicates that individuals need to feel safe and secure with regard to environment and relationships with others; individuals want to know that they are wanted and that those around them are interested and concerned.

Explicating the behavioural norms and expectations of the employing institutions can decrease the stress many new faculty experiences in the newcomer role. Expectations about teaching responsibilities, scholarship and research, and service

should be shared early in the orientation process and revisited regularly. Permitting new faculty to acclimate to the new environment by decreasing teaching responsibilities during the first semester can meet the faculty member's need to establish appropriate community linkages to continue research activities, gain a better understanding of institutional mores, and develop needed teaching materials. "Expectations about office hours, student contact time, and other institutional norms, such as attendance at official ceremonies, also should be part of the initial information shared with new faculty" (Morin & Ashton, 2004:248).

Booyens and Muller (in Seekoe, 2014: 3) state that: "Although induction is conducted for all newly-appointed staff, this does not meet the nursing educators' needs." According to the Lilitha College of Nursing strategic plan for nursing education, training and practice (2012-2017: 21): "A situational analysis indicates that nurse educators face a lack of orientation or induction programmes."

#### **3.4.3.4 Sub-theme 3.4: Novice nurse educators experience different forms of exploitation**

According to the South African Oxford School dictionary (2006: 159): "to exploit is to use selfishly, to use someone or something unfairly for your own advantage." The novice nurse educators reported that the college management used them selfishly to work overtime and not pay them and that they lost their service benefits because they were not translated to the posts to which they were recruited. There were also inequities in job descriptions for the same posts, where some nurse educators were working as clinical facilitators only and others were academic and clinical facilitators.

At several campuses, there appeared to be inconsistency in the application of institutional policies with regard to granting staff members the opportunity to study further. Some nurse educators were granted an opportunity to further their studies less than two years after appointment, whereas others were told that according to policy, they could only study further after two years of having been appointed. Participants also reported being exploited by their supervisors by being assigned to duties unrelated to their education. See direct quotations of participants below:

**“During that period of two months I was just lying around, sometimes I was asked to help lecturers who would be going to (saying the name of the town), then I, I would eh work as a driver, in that case because almost, almost every week I was asked to drive people to the meetings, to (saying the name of the town) and back” (003.1, PSMCP:2).**

**“We have to work over..., overtime as here and then I identified all those students which are having (i) [the] difficulty in their studies. I had to assist them after hours maybe from four to six,” (002.1, MSMCP4:5).**

**“Mh..., from the first-year we just did the... accompaniment and demonstrations only, since they’ve got that thing that we are the clinical facilitators,” (002.1, MSMCP1:3).**

“Exploitation of labour is the act of treating one’s workers unfairly and for one’s benefit. It is a social relationship based on a fundamental asymmetry in a power relationship between workers and their employers” (Bala, 2008: 1).

In summary, there was a lack of orientation for novice nurse educators. The participants cited unpleasant emotions during the transition period owing to the lack of orientation. Inadequate administrative and management processes, lack of orientation to structure, processes and culture of the institution and different forms of exploitation were also experienced by the participants.

#### **3.4.4 Theme 4: Novice nurse educators experience a lack of resources**

The resources at the college under study included personnel, building structures, equipment, materials and transport. Novice nurse educators expected the college to have the means necessary for delivering a quality education. The limited resources were instead additional barriers to the teaching of students.

**“The resources are not enough. We don’t have all the resources to assist those students, even myself alone, my own resources, we don’t have computers, I have to consult hospitals so that I can borrow one of the resources I that I can use to help the students, so it was difficult for me because I was new, there was no one to ask for, I had to consult other institutions” (002.1.1, MSSCP3:2).**

“Transitioning into academia can be difficult for most novice educators. However, with the necessary resources, the transition phase for novice nurse educators can become easier” (Brown, 2015: 27).

Baker (in Kirchoff and Goeres, 2011: 4), concludes that: “Nurse educators, during their first full-time teaching year, should feel they are being nurtured and provided with the tools they need to be successful in academia. Resources are the tools of the trade.” The latter shall be discussed below.

#### **3.4.4.1 Sub-theme 4.1: Additional barriers to teaching students are created by limited resources**

Teaching students requires resources and a lack thereof could challenge this teaching. Novice nurse educators reported that the college had not prepared office spaces for them at the campuses. This made them feel unwelcome as they expected to have offices like all the other nurse educators. They had to share offices and some were offered spaces other than offices which they felt uncomfortable using. The lack of individualised office space deprived the novice educators of their privacy and they were forced to prepare for their tasks in crowded areas with many distractions. There was no private space for the educators to meet students for consultation and counselling.

Staff shortages were reported by the participants to be one of the reasons for an increased workload, as the novice nurse educators were cross-teaching from one component to another and from one campus to another. They found the theoretical and clinical components to which they were allocated overwhelming and that the recommended student-lecturer ratios were ignored by the college. Novice nurse educators reported that their allocation to components of which they had no previous experiences, was justified by citing staff shortage.

As mentioned by the researcher in her problem statement, the college experienced staff shortages. It became evident from the interviews that the college was short of academic staff and significant others such as laboratory managers, clinical preceptors, a social worker and psychologist for both staff members and students. There was also a shortage of teaching equipment. A stock of useless resources as

well as a lack of maintenance and management of existing equipment led to further shortages.

The limited access to technology like the internet, proved challenging to the participants at the college who wanted to prepare lessons and PowerPoint presentations. Some used their own technology and others reported an absence of guidance in how to use the nursing education technology in the simulation laboratories. Many of the participants found it difficult to adjust to the college, since they'd come from nursing institutions where technology was easily accessible and available.

The limited number of recent and updated textbooks in the campus libraries proved challenging to the novice nurse educators who wanted to prepare lessons and lecture demonstrations. They often had to borrow books from colleagues and make use of other library centres in their personal time. Other sub-campus were said to have no libraries at all.

Limited transport resources at the college led to challenges in the transportation of students and nurse educators between the college and the clinical areas. Some clinical areas are located far away from the college and nurse educators had to make use of their own transport to reach them. The following verbatim quotes indicate the lack of resources such as office space, personnel, equipment, technology, textbooks and the poor maintenance of resources:

**“we didn’t even have a place to stay, I remember (laughing) the two of us when we started here the .....Campus, we didn’t even have a place to stay..., we had, we had to stay in a storeroom, imagine “storeroom” (laughing), we had to stay in a storeroom, sharing a storeroom up until one..., there was a vacant, one lecturer left and then one of, one of my colleagues was taken there and then I had to remain back in the storeroom,” (0003.1.1, PSSCP:2).**

**“yes when I came here eh... unfortunately there was a huge shortage of staff, that is the lecturers,” (01.1.1, MSSCP1:1).**

“I was initially allocated to the second-years, along the way I was changed, chopped and changed without being asked if I am comfortable with the third-years or what, but because the situation (clearing throat), the situation wasn't more, wasn't conducive for me to voice out because I was told that there is a shortage here,” (0003.1, PSMCP:5).

“most of our students are struggling with English and eh...there is no assistance that we can get, even other students will be having social problems that affect (i) [the] academic performance, but we don't have eh... structures in place, or personnel, or a person who's in charge like your psychologist, your social worker where you can divert those things, now what you find out, you become, as a lecturer you become everything, you are, you play a role of a psychologist, you play a role of sociology..., of a social worker, that is also taking you away from your core business which is teaching or sharing information,” (0003.1.1, PSSCP:5).

“(apha) [here] and there is no equipment even these videos we use our BlackBerries to record, we don't have equipment, but they need improvement with nothing but (ke) [though] we s... we tried by all means to get those thing, we go to internet to find the pictures, even if you go to clinical you can see the pictures are better than the previous because it's something that you see is for real, it's happening and also with the... office, we didn't have office,” (002.1, MSMCP1:5).

“Umh also with (i) [the] maintenance, it was not good because you find that if, if you are using the projector, you have to go and ask for the remote in principal's uh in in everyone, we will have to check who was the last person to use the projector, where did you go put the the remote for projector and also for for and also the, the speakers, the loud, the sorry what is it? The mics (yha) [yes] up until the one of the mic got lost and the remote, so you find out yes they do have some resources but they do not maintain them or they do not manage them effectively” (002.1, MSMCP4:6).

**“Another thing working in a public institution having trained in a private institution, you are, we were taught too much technology... in the private hospi... in the private institution universities, you come back to implement whatever you trained, in the public, there is a shortage of everything in the public, then you, you can’t use whatever expertise that you were trained, whatever skill that you’ve acquired during your, your training, you can’t use it because there is nothing, we have to share, the whole institution has to share one mobile data projector, which is (laughing) not alright,” (0003.1.1, PSSCP:4-5).**

**“yes there was a library but there were not enough books and the most books in our library was too were too old so it was making things difficult for us especially when we are doing our lesson plans,” (002.1, MSMCP4:8).**

**“you allocate them, you struggle to to go there also the transport issue with us here, we’ve got the transport issue and serious transport issue whereby you have to book a car, if you find it, you don’t find it it’s fine no body minds, you know so sometimes you struggle to go to the wards and also to the clinical areas, the clinics as well” (0003.1.1, MSSCP2:7).**

“A lack of resources is perceived as a barrier to inclusion education across cultural, geographical and economic boundaries. Inclusive education is concerned with removing all barriers to learning and with the participation of all learners vulnerable to exclusion and marginalization” (Miles, 2000: 2).

The Eastern Cape Department of Health identified nurse educator shortages and poor infrastructure, including teaching equipment, as impacting on the college. “Most of the college campuses do not have the necessary infrastructure, such as classrooms, offices, simulation laboratories, libraries and student accommodation” (Eastern Cape Department of Health, 2010:16).

The statistics regarding the lack of qualified nurse educators have been evident in the literature and have been attributed to the difficulty with recruiting and retaining new faculty (Kirchoff & Goeres, 2011: 1). The shortages of faculty and mentors are further established in the study done by Oermann, Lynn and Agger (2015: 019).

The authors state that the majority of nursing school directors reported a faculty shortage, but had few open faculty positions in their programmes, which may be the result of limited funding or other restrictions related to hiring. A lack of financial support as alluded to previously in the Eastern Cape Health Crisis Action Coalition Report (2013: 26) impacts negatively on staffing numbers, leading to inadequate mentoring capacity both at the clinical placement areas and the nursing education institutions.

Other challenges at the public nursing college under study include minimal student support, such as counselling services, recreation facilities and wellness programmes. Furthermore, a lack of transport to convey students between college campuses and the clinical practice environments, a lack of computer network points, telephone and fax systems were challenges experienced at some campuses (Eastern Cape Department of Health, 2010:16).

“Support services at institutions of higher learning are necessary because they provide guidance and counselling to the students and assist them in developing study and test-taking skills” (Billings & Halstead, 2009:59).

“One of the main characteristics of undergraduate and postgraduate study is the ability of the student to work independently; the library is the single most important educational resource for this” (Quinn & Hughes, 2007: 317).

In a study conducted by Matshotyana, (2015: 53) at the public nursing college under study, the second-year students who were interviewed for the study at the time identified the physical resources lacking on the college campuses as follows: class rooms, computer laboratories, student transport to the clinical practice environments, and equipment for performing skills/procedures.

“Making use of the resource committee is a recommended strategy whereby the committee is responsible for evaluating current resources and making recommendations for improving, updating, or adding new resources. These resources relate to the resources faculty need to provide quality education and the resources students need to succeed in the programme” (Hunt, 2013: 188).

In summary, the college under study has identified a shortage of resources which include: office space, staff, teaching equipment, student and staff support services, recent and updated editions of books, library, internet, technology and transport facilities. The shortage of the abovementioned resources has been a barrier to effective teaching and has been reported to have a negative impact on students. The participants have emphasised that resources are necessary tools and the lack thereof compromises the quality and standard of student education.

### **3.4.5 Theme 5: Novice nurse educators provide recommendations in order to optimise the experience and performance of the novice nurse educators in their first year of teaching at a nursing college**

Novice nurse educators had rather negative experiences in their first year of teaching at the college and expressed the hope that future novice nurse educators would experience the college differently through the recommendations which they propose. The recommendations provided by the participants included the development and implementation of structured, comprehensive orientation and mentoring programmes; improvement in communication and uniformity in the implementation of institutional policies and procedures by management. Further suggestions for optimising college functioning were also provided.

#### **3.4.5.1 Sub-theme 5.1: The development and implementation of a structured and comprehensive orientation programme**

“Novice educators need an intense outline of responsibilities, policies and procedures, and teaching expectations, which is considered an orientation” (Brown, 2015: 25). The participants recommended the development and implementation of a structured and comprehensive orientation programme to optimise the experience and performance of the novice nurse educator in their first year of teaching at a nursing college.

**“I think it is very important to have a (tongue click) what do you call it now? A... (tongue click) programme of, what is this now? Orientation programme” (0003.1.1, MSSCP1:3).**

**“there should be structured orientation programme that should be followed by the, by the senior nurse educators to assist the new lecturers,” (01.1.1, MSSCP2:2-3).**

“Offering a time-efficient orientation programme based on empirical evidence that forms the basis for a faculty development programme, is a worthy goal of nurse faculty and administration.” “Any effective orientation programme should create a positive environment which not only informs but nurtures new faculty members” (Morin et al., 2004: 239-240).

#### **3.4.5.2 Sub-theme 5.2: The development and implementation of a structured and comprehensive mentoring programme**

As the college under study does not have a mentoring programme, participants recommended the development and implementation of a structured and comprehensive mentoring programme to optimise the experiences and performance of the novice nurse educators in their first year of teaching at a nursing college.

**“I recommend that we have a mentoring programme in the college and then we... support the new nurse educators” (002.1, MSMCP2:5).**

According to Newby & Corner (in Sawatzky & Enns, 2009: 147): “The first step in establishing a mentoring programme is to determine the readiness of the organization and to establish the goals for the programme. It is important to determine the ‘mentoring mentality’ of a faculty before commencing a mentoring initiative.”

Earlier literature has suggested the implementation of a mentorship programme to facilitate the transition process from a clinical environment to an academic environment. “Mentorship has proved to make this transition easier and the outcome of mentorship is empowerment and capacity building in order to develop the competencies of the mentee” (Seekoe, 2014: 12). Such programmes include an extensive orientation and an assigned mentor to assist the novice nurse educator in becoming successful within his or her new role (Brown, 2015: 14).

The National League for the Nursing Board of Governors (in Brown, 2015: 20) asserts that: “It is essential for experts to be mentors in order to share their knowledge, wisdom, and experiences to cultivate the novice educator’s contribution to nursing education.”

“The goals of a faculty development programme, as an example of formal mentoring, are to enculturate, orient, and socialize new faculty members; assist them in both teaching and scholarship; and provide feedback and support. By participating in such a programme, new faculty reported feeling more self-assured and prepared, having a better understanding of what is expected from them, and feeling a sense of support. These programmes also provide new faculty with someone to offer feedback or suggestions and provide encouragement and/or simple affirmation” (Anibas et al., 2009: 213).

Jacobson and Sherrod (in Brown, 2015: 24) report that: “The evolution mentorship programmes have benefitted novice educators in a number of ways, such as improved knowledge, skill, competency, and performance as well as professional development.”

#### **3.4.5.3 Sub-theme 5.3: Improvement in management concerning communication and uniformity in the implementation of institutional policies and procedures**

Novice nurse educators identified gaps in the college management’s communication and implementation of institutional policies and procedures and recommended that there be more uniformity in these areas in order to optimise the experience and performance of novice nurse educators in their first year of teaching at the college.

**“management need also to improve on their side, so that they talk one thing and, and they mean what they are say, they mustn’t in other because irrespective one is in Transkei and one is in other side, the treatment must be the same, you, things must not be based on discretions, if we talk policies, things must be, must be applied according to policies, not depending on, on discretions because discretions are the ones that create problems,” (0003.1.1, PSSCP:13).**

According to Huber (in Meyer et al., 2009: 199): "Policies are guidelines that have been formalised and direct action, whereas procedures are descriptions of how to carry out actions." Roussel and Swanburg (2009: 151) explain that: "Communication is a human process that involves interpersonal relationships and is important in ensuring organizational effectiveness."

"The negative consequences of a lack of communication are misinformation, a lack of trust, misunderstandings between employers and employees, feelings of insecurity, low morale, waste and fear" (Roussel & Swansburg, 2009:173). Consequently, participants have highlighted the need for management to improve their communication and their implementation of policies.

#### **3.4.5.4 Sub-theme 5.4 Further suggestions for optimising college functioning**

The novice nurse educators had further suggestions for optimising college functioning which included the standardization of clinical procedures and clinical evaluation tools, assurance of quality and minimization of paper work.

**"Eh (iyha) [yes] there is especially in clinical because we must know what to do and when to do and how to do and it must be standardized, when our students are here in our labs, it must be the same in outside hospitals. Especially us, we are nearby the hospitals, so it's easy for the students to approach the hospitals on a very short time. It's not standardized because when I teach the students the aseptic hand wash, when they go to the wards it's done on the other way round so now they are confused so I have to do the pre-OSCE to prepare them for OSCE" (002.1.1, MSSCP3:4-5).**

**"I would recommend that eh the paper work eh be... minimized, I don't know how. The paper work, the files, the PMDS, the eh there's so lot of filing even this filing is not precise because even if you go to the other lecturers and then and request the files" (0003.1.1, MSSCP2:7).**

**"there should be a person who is assigned to monitor either quality or anyone who will be, who would be an overseen that it is it" (01.1.1, MSSCP2:3).**

“There are legal implications to the application of policies and procedures; the nurse may be held liable for failing to follow written policies and procedures. The risk associated with the absence of standardized policy and procedures is similar to the risk that might be caused by following obsolete policy and procedures. It is therefore essential that policies and procedures are reviewed annually, or as the need arises” (Meyer et al., 2009: 205).

Standardization is the process whereby a health care organization develops procedures to ensure that health care professionals perform their work in a uniform and consistent way. “A standard is a written statement of expected level of work performance and quality refers to the characteristics of excellence per role player. Quality assurance is a process of establishing desirable standards of nursing actions, planning and providing the type of action that will meet those standards. An implemented action is evaluated for effectiveness against pre-established standards to provide a basis for assessing potential risk” (Meyer et al., 2009: 311).

In summary, the mentorship and orientation of novice nurse educators is important for them to make a smooth transition into the academic environment. Improvement in communication, standardization of policies, clinical procedures and clinical evaluation tools; minimization of paper work, and quality assurance is deemed necessary for the success of the college under study.

### **3.5 LITERATURE CONTROL**

“Research is usually undertaken within an existing knowledge base and the researcher needs to take cognisance of it. The review of literature aids in understanding the subject matter, but also creates an awareness of how the researcher’s own study would contribute to the understanding and body of knowledge of the field” (Botma et al., 2010: 63). “Literature control is conducted to compare the findings of a study with those of other related studies” (Holloway & Wheeler, 2010: 37).

Botma et al. (2010: 196) state that: “One of the reasons for conducting a qualitative study is that it is exploratory in nature. The researcher thus seeks to listen to the participants and build an understanding of what was heard; the literature then provides the theoretical context.”

In this study literature related to the topic of interest was gathered to construct the background to the study outlined in chapter one. After data collection and analysis, the researcher used the identified themes and sub-themes and searched for literature to support, validate or contrast the findings of the study. The latter was documented in the discussion of themes and sub-themes presented in this chapter.

### **3.6 CHAPTER SUMMARY**

In this study, the participants reflected on their experiences as new educators and it is evident that many of them struggled through their first year. In this chapter, the themes and sub-themes that were identified based on the data generated from the sixteen interviews were related to novice nurse educators' experiences, mentoring needs and recommendations. These recommendations are to be included in a mentoring programme for novice nurse educators at a public nursing college in the Eastern Cape. Direct quotes of participants were used throughout to validate the themes and sub-themes identified in this study. Findings were contextualised within existing literature of the abovementioned areas. In chapter four, the recommendations for inclusion in the mentoring programme of novice nurse educators are formulated. Summary of the study findings, recommendations, study limitations and conclusion are also covered in this chapter.

## **CHAPTER 4**

### **SUMMARY OF FINDINGS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION**

**“Trust in the LORD with all your heart, and lean not on your own understanding; In all your ways acknowledge him, and He shall direct your paths.” (Proverbs 3: 5-6)**

#### **4.1 INTRODUCTION**

In chapter one, an overview of the research study was presented; the background to the study, problem statement, research questions, aim and objectives were presented. Chapter two covered a full description of the research design and the methods that were followed. Chapter three dealt with the findings of the study and were presented in themes and sub-themes. Here, the experiences and mentoring needs of novice nurse educators were provided, together with direct quotations from the participants. The research findings were aligned with the existing literature for literature control.

In the last chapter, the recommendations for optimising the experience and performance of novice nurse educators in their first year of teaching at a nursing college are formulated for the purpose of a mentoring programme. The limitations of the study as well as the recommendations for nursing practice, nursing education and nursing research are contained in this, the last chapter of the study.

#### **4.2 SUMMARY OF FINDINGS**

The researcher having been a novice nurse educator herself at the public nursing college under study, had first-hand experience of novice nurse educators mentoring one another and discovering their roles through trial and error. There was no support from the veteran nurse educators in this regard and the college had no mentoring programme in place. These observations prompted the researcher to conduct a study and to collect data on the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. These findings would form the basis of her recommendations for the mentoring of novice nurse educators.

Data was gathered from sixteen nurse educators who shared their experiences and mentoring needs in phase one of the study. Data was collected using face-to-face, semi-structured individual interviews and unstructured observations. The sixteen in-depth, semi-structured interviews were digitally recorded by means of a voice recorder and then transcribed verbatim until data was saturated.

Tesch's method of thematic analysis was used by the researcher and the independent coder to analyse the data and to help draw meaning from the content. Five themes that emerged from the data were:

- 1) Novice nurse educators experience challenges related to theoretical mentoring.
- 2) Novice nurse educators experience challenges related to clinical mentoring.
- 3) Novice nurse educators experience a lack of orientation.
- 4) Novice nurse educators experience a lack of resources.
- 5) Novice nurse educators provide recommendations in order to optimise the experience and performance of the novice nurse educators in their first year of teaching at a nursing college.

The participants' experiences were more negative than positive, as the thematic summaries indicate.

### **Theme 1**

Participants' experiences were centred around the challenges related to a lack of theoretical mentorship. A lack of mentorship meant that novice nurse educators were uncertain of their roles which led to unnecessary errors and an increased workload that became overwhelming. Novice nurse educators admitted to the fact that the expressed challenges could be curbed through mentoring.

Novice nurse educators required continuous monitoring and evaluation with constructive feedback. Despite having submitted their assessment plans to the supervisors prior to implementation, their work was not moderated and many errors emerged subsequent to the approval of their work by the supervisors. The participants voiced a need for thorough moderation of their work, so that they could improve and proceed from being a novice to an expert educator.

## **Theme 2**

As the clinical environments were more familiar to novice nurse educators, they were more comfortable with the clinical component rather than the theoretical component of classroom teaching. These novice nurse educators who were initially motivated to transfer their clinical knowledge to the students became disappointed and uncertain of their expected roles in the clinical area because of a lack of mentorship from their seniors.

Novice nurse educators came with up to date clinical knowledge as they had been full-time clinical nurses, where they had been constantly kept abreast of the latest clinical developments. When they joined the academic environment, they were not upskilled and the information they brought with them soon became outdated. On the other hand, the students were receiving up to date information from the clinical environments to which they were allocated. Consequently, there was a discrepancy between the clinical skills which the nurse educators had and the skills which the students received in the clinical environment. Mentorship and personal clinical skills' development is thus necessary and important for the smooth functioning of novice nurse educators in assuming their clinical role as educators.

## **Theme 3**

The novice nurse educators bemoaned their lack of orientation and shared their unpleasant experiences of transitioning from a clinical environment to an academic environment; their experiences included: inadequate administrative and management processes; lack of orientation to structure, processes and culture of the institution and different forms of exploitation. The initial enthusiasm of novice nurse educators soon waned due to their lack of orientation to the academic world. They became, disappointed, uncertain, frustrated and confused and their personal lives took strain due to the overwhelming workload.

There were inadequacies in the administrative and management processes. Shortcomings in the human resources department included delayed appointment letters for new staff members and the incorrect appointment of staff members. Management inadequacies included: delays in novice nurse educators receiving their job descriptions; infrequent or poor communication about roles and

expectations; incorrect clinical allocations and delays in the distribution of work. Managers and supervisors were largely unavailable to novice nurse educators. The lack of orientation to the college structure, processes and culture was evident at the Eastern Cape public nursing college, as the participants had not been familiarised with the policies and procedures of the college on their arrival. The lack of academic orientation regarding theoretical and clinical teaching content and expectations, hindered the participants' work performance. Administrative orientation (induction) was declared to be largely absent due to it being delayed and fruitless.

The negative, unsupportive attitude towards novice nurse educators and the lack of professionalism by senior nurse educators created conflict between the novices and their seniors. A perceived lack of transparency by management was reported to be the issue behind the attitudes. The novice nurse educators felt that they had been abused by the college management when they had to work overtime, but were not remunerated accordingly. Many of the participants lost their service benefits because they were not translated according to the Performance Management and Development System. Very often management regarded the posts to which they had been recruited as abnormal recruitment; hence they were not remunerated for the service delivered. A participant, for instance, would be remunerated as a professional nurse yet perform the duties of a nurse educator.

There were also inequities in job descriptions. Nurse educators had different job descriptions, yet their titles were the same. Managers were inconsistent in their application of institutional policies and some participants referred to this as favouritism. Exploitation was also reported by the participants who were assigned by their supervisors to carry out non-nursing education duties; for example, driving other staff members to meetings.

The orientation of novice nurse educators is important and necessary for the easy assumption of their role as educators and for the smooth transition from the clinical environment to the academic environment. Similarly, adequate administrative and management processes are necessary for the smooth running of the college and for ensuring fair labour practices.

#### **Theme 4**

The lack of resources at the college under study are reported to include: office space, staff members, teaching equipment, student and staff support services, recent and updated editions of books, library, internet, technology, and transport facilities. The shortage of the abovementioned resources has not only been a barrier to effective teaching but has also had a negative impact on the teaching of students. The participants have emphasised that resources are tools of the trade and a lack thereof compromises the quality and standard of student education.

#### **Theme 5**

Novice nurse educators had somewhat negative experiences in their first year of teaching at the college. They expressed the hope that future novice nurse educators would experience the college differently to how they did, as a result of their recommendations. The recommendations provided by the participants include the development and implementation of structured, comprehensive orientation and mentoring programmes; improvement in management's communication and uniformity in their implementation of institutional policies and procedures; and lastly, suggestions for optimising college functioning. To summarize, the mentorship and orientation of novice nurse educators is important for facilitating their transition from full-time nursing to the academic environment. The following recommendations would help to optimise college functioning: improvement in communication, standardization of policies, clinical procedures and clinical evaluation tools; minimization of paper work and an assurance of quality.

### **4.3 RECOMMENDATIONS FOR THE MENTORING PROGRAMME**

Phase two of the study included the formulation of recommendations, made by the participants for inclusion into the mentoring programme of novice nurse educators. The researcher utilized the research results based on the themes and sub-themes that emerged from the study in formulating the recommendations. The researcher tabulated the recommendations together with the advised actions in Table 4.1. Thereafter, more detailed explanations for both the recommendations and advised actions are provided to ensure that the experience and performance of the novice nurse educators are optimised in their first year of teaching at a nursing college.

**Table 4.1: Recommendations and advised actions for the mentoring programme**

| Recommendation   | Advised action  |
|--|---|
| <p><b>The development and implementation of a structured and comprehensive orientation programme</b></p> | <ul style="list-style-type: none"> <li>▪ Designated persons to assist with the orientation</li> <li>▪ Induction to be provided within the first six months of appointment</li> <li>▪ Introductions to staff members and students, especially mentor/s together with a formal welcoming</li> <li>▪ Invite novice nurse educators to relevant meetings</li> </ul>   |
| <p><b>The development and implementation of a structured and comprehensive mentoring programme</b></p>   | <ul style="list-style-type: none"> <li>▪ Letter of appointment and job description to be given before commencement of duty</li> <li>▪ Designated mentors for mentoring</li> <li>▪ Placement prioritization to the components in which one has expertise (area of speciality)</li> <li>▪ Managers and supervisors to have a key-performance area to ensure mentoring of novice nurse educators</li> <li>▪ Consistent supervision on the various academic platforms</li> <li>▪ Peer teaching</li> <li>▪ Workshop on mentoring for both the mentors and mentees</li> </ul> |

|  |  |
|--|--|
| <p><b>Improvement in management concerning the communication and uniformity in the implementation of institutional policies and procedures</b></p> | <ul style="list-style-type: none"> <li>▪ Increased availability of management to staff members</li> <li>▪ Improved resources</li> <li>▪ Fair distribution of training opportunities</li> <li>▪ Management to address the PMDS issue</li> <li>▪ Appreciation and consideration of novice nurse educators' ideas and suggestions</li> <li>▪ More team building efforts</li> <li>▪ Professional development of staff members</li> </ul> |
| <p><b>Further suggestions for optimising college functioning</b></p>   | <ul style="list-style-type: none"> <li>▪ Standardization of clinical procedures and clinical evaluation tools</li> <li>▪ Minimization of paper work</li> <li>▪ Improvement in quality and standards of the institution</li> </ul>  |

#### **4.3.1 RECOMMENDATION 1: The development and implementation of a structured and comprehensive orientation programme**

The participants recommended that a structured and comprehensive orientation programme be developed and offered two weeks prior to starting work. Some on-the-job training should follow directly thereafter. They felt that an orientation programme would serve to acquaint them with how the college functions and so facilitate their transition into the academic environment of the college.

The participants indicated a need for an academic orientation which incorporates clinical and theoretical orientation aspects. They also indicated a need to become familiarised with the culture of the institution. The participants further recommended that the policies and procedures of the institution be incorporated into the orientation programme, since they were expected to comply with the college policies.

The researcher believes that the structured and comprehensive programme should address all orientation aspects required by the novice nurse educators. This programme would be beneficial to novice nurse educators, since they would be able to orientate future novice nurse educators.

##### **4.3.1.1 Advised action 1.1: Designated persons to assist with the orientation**

Specific persons need to be allocated to oversee the orientation of novice nurse educators. The designation of persons responsible for orientation would help to meet the orientation needs of novice nurse educators and to clarify any orientation concerns.

##### **4.3.1.2 Advised action 1.2: Induction to be provided within the first six months of appointment**

The induction would serve as a form of an orientation for the novice nurse educators to know what is expected of them and how the college operates. The participants indicated that the college environment is very different to the clinical environments from which they were recruited. The induction would need to be conducted within the first six months of their appointment in order for it to serve a good purpose. The participants who were offered an induction six months after they'd started at the college saw it as a waste of time. Some of the participants reported that the

provincial induction they received was very broad and should not substitute the specific campus or sub-campus' orientation programme that addresses the core roles of nurse educators.

4.3.1.3 Advised action 1.3: Introductions to staff members and students, especially mentor/s together with a formal welcoming

Throughout the study participants emphasized that they were not well received by their senior colleagues which made the college environment unwelcoming. The participants suggested that novice nurse educators be introduced to all staff members, students and their mentors on arrival. The participants at one campus shared how they had received a formal welcome and what a positive experience it had been for them. They recommended that all novice nurse educators receive such a welcome to ensure that they felt a sense of belonging in their new environment.

4.3.1.4 Advised action 1.4: Invite novice nurse educators to relevant meetings

Novice nurse educators reported that they often felt left out when they were not invited to campus meetings or college provincial meetings. They were often excluded from the very meetings they wished to attend. The attendance of novice nurse educators at these meetings would not only help them to understand their own campus better, but also the overall operation of the college. The meetings could serve as information sharing platforms for staff members. They would also act as a form of orientation and keep novice nurse educators well informed and updated on college matters.

#### **4.3.2 RECOMMENDATION 2: The development and implementation of a structured and comprehensive mentoring programme**

The participants suggested that a structured and comprehensive mentoring programme be developed. The programme should be implemented throughout the novices' first year and the responsible persons and due dates for tasks should be specified. The goal of the programme would be to support and guide novice nurse educators during their transition into the nurse educator role. The mentoring programme should be allocated to designated persons who would manage the tasks below within specific time frames:

Job description, academic policies; study materials; lesson plan development; class presentations; simulation teaching; nursing education technology ; setting of examination question papers; specification tables; memorandum writing; marking of scripts; clinical allocation of students; control over students and disciplinary measures; administrative duties such as the compilation of files and office management.

The goals of a faculty development programme, as an example of formal mentoring, are to enculturate, orient, and socialise new faculty members; assist them in both teaching and scholarship; and provide feedback and support. By participating in such a programme, new faculty reported feeling more self-assured and prepared, having a better understanding of what is expected from them, and feeling a sense of support. These programmes also provide new faculty with someone to offer feedback or suggestions and provide encouragement and/or simple affirmation (Anibas et al., 2009: 213).

According to Newby and Corner (in Sawatzky & Enns, 2009: 147): “The first step in establishing a mentoring programme is to determine the readiness of the organization and to establish the goals for the programme. It was important to determine the ‘mentoring mentality’ of a faculty before commencing a mentoring initiative.”

4.3.2.1 Advised action 2.1: Letter of appointment and job description to be given before commencement of duty

The participants recommended that the letter of appointment and job description be given before commencement of duty and should be the same for all holders of the same job title and rank. This recommendation is made because some participants experienced having the same job title but with different job descriptions. The researcher believes that if all novice nurse educators were to be provided with letters of appointment and job descriptions prior to their commencement of duty, it would clarify which positions they hold and the expectations of those positions. This would also prevent the exploitation of novices who are often engaged by their seniors to fulfil duties unrelated to their jobs. The specifications of their duties would appear in their job descriptions. The latter should also be included in the mentoring programme for novice nurse educators.

#### 4.3.2.2 Advised action 2.2: Designated mentors for mentoring

Specific persons need to be allocated for the mentoring of novice nurse educators. By improving the availability of persons responsible for mentoring of novice nurse educators, many mentoring aspects would be addressed and the transition of novice nurse educators better facilitated. The designated persons for mentoring would focus on the mentoring needs of novice nurse educators as specified in the mentoring programme.

Multiple mentors are more useful than only one exclusive mentor; mentoring can be both formal (assigned) and informal (chosen)" (Hunt, 2013:198). The allocation of multiple mentors for novice nurse educators will ensure that mentors are not burdened in their mentoring roles and that it is feasible for them to carry out those roles. Multiple mentors are suggested as some mentors might be more relevant when they have experience in the component to which the novice nurse educator has been allocated; and hence better able to mentor them in the theoretical and clinical aspects of that component. Mentors may be sourced from different areas or departments such as HR. The efficacy of the mentoring could be evaluated by means of feedback from novice nurse educators and their mentors, as well as specified quarterly reports. The feedback should be in the form of written reflective sessions whereby the novice nurse educators and their mentors could reflect on the achievements and shortcomings of the mentorship programme, in order to plan for future sessions.

#### 4.3.2.3 Advised action 2.3: Placement prioritization to the components in which one has expertise (area of speciality)

The novice nurse educators reported that their allocation to components in which they were not specialised was challenging for them. They felt out of their depth being placed in components in which they did not possess the necessary knowledge and skills, which had a negative effect on their transition experience. Furthermore, they felt disappointed at not being able to transfer their particular expertise. For this reason, participants recommend that the placement of novice nurse educators in components where they have expertise be prioritized. Staff shortages should not compromise this process.

According to Kotzé, et al. (2013: 201): “Nurse educators should have in-depth knowledge and understanding of the part of the curriculum for which they are responsible, so that they are able to promote the success of their students, as Tinto (2009: 6) puts it.” Students suggest that lecturers should facilitate learning of subjects they had been trained in and knowledgeable about (Matshotyana, 2015: 76).

#### 4.3.2.4 Advised action 2.4: Managers and supervisors to have a key-performance area to ensure mentoring of novice nurse educators

The participants recommended that the managers and supervisors be allocated a key-performance area to ensure the effective mentorship of novice nurse educators. This would ensure that novice nurse educators receive the mentoring they need; managers and supervisors would have to account for this aspect if it was incorporated in their key performance areas. This would also ensure that should they not have a chance to mentor the novice nurse educators, the onus is on them to refer the novice to another suitable delegate.

#### 4.3.2.5 Advised action 2.5: Consistent supervision on the various academic platforms

Another recommendation that would boost the confidence of novice nurse educators in performing their duties would be consistent supervision on various academic platforms. The latter would include lesson preparation and teaching, clinical accompaniment and clinical teaching, whereby novice nurse educators’ strengths and personal development needs would be identified by the supervisor. Constructive feedback would be given after moderation or evaluation of the work submitted and would break the ongoing trend of uncertainty in the tasks performed by novice nurse educators.

According to Kotzé (1998:5): “The accompaniment process involves the relationship between a skilled, knowledgeable person on the one hand, and a needy, helpless person on the other.” For accompaniment to be effective, the knowledgeable person must be willing and able to provide the support and help needed by the dependent person (Kotzé, 1998:10).

#### 4.3.2.6 Advised action 2.6: Peer teaching

Peer support and peer teaching could be implemented with the goal of optimising the experiences of novice nurse educators. Peers would be equipping one another in a variety of ways, sharing their experiences, teaching one another and curbing common problems experienced. Peers are more likely to be available for one another than the supervisors.

#### 4.3.2.7 Advised action 2.7: Workshop on mentoring for both the mentors and mentees

“Mentor intelligence is portrayed through mentoring mentality- knowing and learning about mentoring through study, self-reflection, and experience; mentoring lens-seeing and viewing students, colleagues, and the self as deserving and needing the benefits of mentoring; and mentoring momentum- which is doing and living mentoring as an attitude and lifestyle in both mentor and mentee roles”(Hunt, 2013: 201).

The participants recommended that a mentoring workshop be held for both mentors and mentees. This would help to establish the expected roles and responsibilities of each party as well as the benefits of mentoring.

#### **4.3.3 RECOMMENDATION 3: Improvement in management concerning the communication and uniformity in the implementation of institutional policies and procedures**

“Communication, a human process that involves interpersonal relationships, is important in ensuring organizational effectiveness” (Roussel & Swansburg, 2009:151). Information transfer and improvement in communication should be ensured by the managers particularly with regard to policies and procedures. When the policies and procedures are reviewed and updated, hard copies should be given to novice nurse educators, for them to refer to. “The negative consequences of a lack of communication are misinformation, a lack of trust, misunderstandings between employers and employees, feelings of insecurity, low morale, waste and fear” (Roussel & Swansburg, 2009:173).

#### 4.3.3.1 Advised action 3.1: Increased availability of management to staff members

Managers are said to have very busy schedules and are 'on the go' most of the time, attending management related meetings, leaving the novice nurse educators without any form of supervision. The participants indicated the need for management to be available to staff members on a more regular basis and that management should support staff members and constructively assist them in performing their roles more effectively. The participants who had their supervisors' support, reported growth in their proficiency levels because of the guidance and support they received.

#### 4.3.3.2 Advised action 3.2: Improved resources

It was clear from experiences shared by the participants that the lack of resources is an impediment to nurse educators in performing their core role, which is the teaching of students. Increased financial aid and financial management may help to secure more resources for the college and ensure the maintenance of these resources. Managers need to be equipped with financial management skills and to oversee the maintenance of the resources. Quarterly reports to account for the allocated resources may help to keep track of the available resources and identify resource needs.

The participants indicated a need for the following resources: more nurse educators, more clinical preceptors, psychologists and social workers for students and staff members, more laboratory managers (for lab stock control, operation of manikins and equipment and maintenance), teaching equipment, office spaces, libraries and transport facilities. The participants indicated that the college expected them to function without providing the necessary resources. They had to use their personal laptops, phones, internet bundles, own transport for accompaniment as well as act as counsellors for students with social and personal problems.

#### 4.3.3.3 Advised action 3.3: Fair distribution of training opportunities

A fair distribution of training opportunities was recommended by the participants, as they experienced that there were inconsistencies in granting novice nurse educators' opportunities to further their studies. It was suggested that the policy on study leave be interpreted consistently, to avoid management bias and inconsistency in managing personnel and granting training opportunities.

#### 4.3.3.4 Advised action 3.4: Management to address the PMDS issue

The participants were familiar with the PMDS and its application in the clinical environment. However, they soon realized that the application of PMDS in the academic college environment was different. The participants recommended that management address the PMDS issue, as it remained a challenge for the novice nurse educators who struggled to compile PMDS files. It was recommended that they receive in-service training in PMDS.

#### 4.3.3.5 Advised action 3.5: Appreciation and consideration of novice nurse educators' ideas and suggestions

Novice nurse educators felt that they were undermined by the veteran nurse educators for having completed a one-year university diploma in nursing education and their expertise from the clinical practice was often underestimated. Both these factors the novice nurse educators felt, caused resistance to any changes suggested or brought about by them. Participants recommended that novice nurse educators' ideas and suggestions be appreciated and considered; many of them were based on recent university experience where these changes had been accepted by veteran nurse educators. An example of such change was a video which recorded the clinical skills for demonstrations that was introduced to one campus by the novice nurse educators. Students gathered in one venue to view the videos during the clinical skills demonstration period. The video was less time consuming than a manual demonstration and a clever way to cope with staff shortages.

#### 4.3.3.6 Advised action 3.6: More team building efforts

It is the dual responsibility of both management and staff members to ensure more team building efforts for effective work relations. If relationships of respect are built and nurtured, the workplace relations would be harmonious. Collaborative teamwork could be practiced in team building events to improve communication between staff members and management and the staff members' diverse characters could be better appreciated.

Team building efforts were also highly recommended for novice nurse educators to breach the gap from the clinical environment to the academic environment. They would also serve to improve relations and enhance cohesion between senior and novice nurse educators.

#### 4.3.3.7 Advised action 3.7: Professional development of staff members

The participants shared that despite the fact that they specify their developmental needs in PMDS every quarterly, these are not met. They are not taken to the courses or workshops which they need. Participants indicated that they need mentoring in the administrative duties of nurse educators and in management skills, student control and support. It was recommended that when entering the academic world, novice nurse educators be open-minded and flexible in order to keep up with the daily requirements of the job; the latter would also aid their professional growth. Professional development is an important component of a successful nursing career. Professional development is critical to the nursing profession because it emphasizes the importance of continuing education, assessing learning needs and upholding competency. “Nurse educators support nurses in every aspect of nursing. They are not only educators but also servant leaders, facilitators, change agents, researchers and mentors. They need to commit to improving their skills through lifelong learning” (Lsua, 2016: 1).

#### **4.3.4 RECOMMENDATION 4: Further suggestions for optimising college functioning**

##### 4.3.4.1 Advised action 4.1: Standardization of clinical procedures and clinical evaluation tools

The standardization of clinical procedures and clinical evaluation tools was recommended, as the clinical skills demonstrations and evaluation tools differ from campus to campus. Similarly, there is a call for standardization of clinical procedures at the college and at the clinical practice environments. Inconsistent practices between the two institutions confuse the students.

#### 4.3.4.2 Advised action 4.2: Minimization of paper work

The participants reported the college work to be overwhelming; particularly the amount of paper work. The participants noted that in many instances the required paper work and files to be compiled were duplications and recommended that the paper work be minimized. One suggestion for the minimization of paper work was for the academic file to be incorporated into the PMDS file, rather than having two files requiring the same content. The researcher recommends that the college consider going paperless or equipping staff members with the technology to minimize paper.

#### 4.3.4.3 Advised action 4.3: Improvement in quality and standards of the institution

The participants advocated the need for mentorship by experts who are going to ensure that the standard of the college improves and high standards are maintained. The participants assumed that they would receive a high standard of orientation and mentorship that would equip them for transferring their knowledge and skills to the students or their workplace. The participants suggested that persons be designated to monitor the quality and standards at the college under study.

The researcher believes that if Nursing Education Institutions adopted the suggested recommendations and advised actions, this would aid in meeting the mentoring needs of novice nurse educators; it would also optimise their experiences and performances in the first year of teaching at a Nursing Education Institution.

### **4.4 COMPLETION OF THE STUDY**

The objectives of the study were to:

- Explore and describe the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape.
- Make recommendations for the mentoring of novice nurse educators at a public nursing college in the Eastern Cape.

The first objective was accomplished in phase one of the study by exploring and describing the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape; a qualitative, exploratory, descriptive, contextual research design and phenomenological approach was used.

The second objective was achieved in phase two of the study by formulating recommendations for the mentoring programme of novice nurse educators using the inferences made by the novice nurse educators in the interviews and theme 5 of the study. The study has therefore met the objectives and has been successfully completed by the researcher.

#### **4.5 LIMITATIONS OF THE STUDY**

The limitations of the study were as follows:

- Data was collected from novice nurse educators at a public nursing college. The experiences and mentoring needs of novice nurse educators at private universities were not explored in this study; therefore the research context may prohibit generalization.
- A broader range of views may have been elicited had the study sample included more sub-campus as the college under study has more sub-campus than main campuses.

#### **4.6 RECOMMENDATIONS**

Based on the research findings and the limitations provided above, the following recommendations for nursing practice, nursing education and nursing research are suggested by the researcher:

##### **4.6.1 Recommendations for nursing practice**

The following recommendation is proposed for nursing practice:

- The findings of this research study could be disseminated to the clinical practice environments where the students of the college under study are allocated for clinical exposure. This would inform the clinical nurses and clinical managers of the mentoring needs of novice nurse educators related to clinical practice.

#### **4.6.2 Recommendations for nursing education**

The following recommendations are proposed for nursing education:

- The findings of the study could be disseminated by the managers to the senior nurse educators and mentors in order to inform them of the experiences and mentoring needs of novice nurse educators. The suggestions made by the novice nurse educators regarding their mentoring would facilitate an easier transition to the academic environment.
- The recommendations for the mentoring programme of novice nurse educators could be disseminated to all public nursing colleges in the country for them to assess, contextualize and implement as there is a recognized lack of mentoring programmes for newly-appointed nurse educators at schools and/or departments of nursing at higher education institutions in South Africa.
- The development and implementation of a structured and comprehensive mentoring programme.

#### **4.6.3 Recommendations for nursing research**

The following recommendations are proposed for nursing research:

- A similar study could be conducted at the private universities to obtain a complete picture of the experiences and mentoring needs of novice nurse educators at nursing education institutions in the Eastern Cape.
- A study could be conducted at the college under study for the evaluation of the effectiveness of the mentoring programme after implementation.

#### **4.7 CONCLUSION OF THE STUDY**

In South Africa there are many schools and/or departments of nursing at higher education institutions that are lacking mentoring programmes for newly appointed nurse educators. The latter is one of the causes of difficult transition by nurse educators from the nursing role to the nurse educator role because of the complex demands and expectations of the core roles of nursing education.

The study explored and described the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape regarding core roles of nurse educators in order to make recommendations for mentoring of novice nurse educators. The mentoring of novice nurse educators would serve to enhance their smooth transition into the academic environment. It would also encourage growth in the transfer of proficiency levels in the field of nursing education.

#### **4.8 CHAPTER SUMMARY**

The research objectives of the current study were achieved in phase one and two of the study. In this chapter, the recommendations for a mentoring programme were formulated and limitations of the study were outlined. The researcher provided recommendations to improve nursing practice and nursing education. Possible research areas related to the study were suggested.

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## **ANNEXURES**

**ANNEXURE A: Recruitment letter**

**ANNEXURE A: RECRUITMENT LETTER**

15 Limpopo Street  
Missionvale  
Port Elizabeth  
6059

31 March 2017

The novice nurse educator

XXXXXXXXXXXX

XXXXXXXXXXXX

XXXXXXXXXXXX

XXXX

Dear novice nurse educator

**RECRUITMENT FOR PARTICIPATION IN A RESEARCH PROJECT**

My name is Miss Khanyisa Annelice Sodidi and I am a Master's student at the Nelson Mandela Metropolitan University in Port Elizabeth. I wish to conduct research for my Master's dissertation entitled: Experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. The project is being conducted under the supervision of Doctor S. Jardien-Baboo at the Department of Nursing Science at the Nelson Mandela Metropolitan University.

The study aims to explore and describe the experiences of novice nurse educators at a public nursing college in the Eastern Cape regarding their role as educators and mentoring needs in order to guide veteran nurse educators in mentoring novice nurse educators for the easy assumption in their role as nurse educators.

The objectives of the study are to:

- Explore and describe the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape.
- Make recommendations on mentoring to guide senior nurse educators to successfully mentor novice nurse educators at a public nursing college in the Eastern Cape.

I hereby seek your consent to be one of the novice nurse educators (with less than five years of experience at the college, with no or less than one year previous experience as nurse educators at other nursing education institution (NEI); to share your first year experiences at the college) who will be interviewed for the purposes of this study. The interviews will be conducted at a venue which will be decided upon by the individual novice nurse educator and the researcher. The interview will be conducted individually, face-to-face, digitally recorded by means of a voice recorder only, semi-structured broad questions will be asked and the interview session will take approximately 45 to 60 minutes. The collected data will be transcribed verbatim, kept strictly confidential at all times but the results of the study may be presented in research workshops or conferences without any names of participants linked to the information, and kept safe for a period of 5 years.

The broad questions you will be asked are:

- Tell me about your experiences as a novice nurse educator (both positive and negative).
- What are/were your mentoring needs as a novice nurse educator?
- What recommendations would you make for inclusion in the mentoring programme of novice nurse educators?

To participate, it will be required of participants to provide a written consent that will include your name/s, surname, date and signature to verify that you understand and agree to participate in the study. The researcher again reassures the participants that all personal profile will be kept confidential all the time. Participation is completely voluntary and if you do partake, you have the right to withdraw at any time during the study without any penalty or loss of benefits you may otherwise be entitled; it is a request from the researcher that withdrawal be a written notice for formality and follow up purposes where necessary . If you choose not to participate,

your rights as a nurse educator will not be affected in any way and you will not incur any penalty.

The recommendations on guidelines for mentoring of novice nurse educators that will be developed from the research will benefit all current and future novice nurse educators, the students of the college, the college, Department of Health and the communities of the Eastern Cape Province at large. A copy of the research results will be distributed to the college principal, your campus head or sub-campus head and yourself on completion of the study. There are no potential risks on participation to the study.

For more information do not hesitate to contact me or my supervisor, contact details are as follows:

Researcher

Cell no: 078 017 8896

Email: [s212438174@live.nmmu.ac.za](mailto:s212438174@live.nmmu.ac.za)

CC: khanyisa.sodidi@gmail.com

Tel. no: 041 459 0160

Fax no: 041 459 0180

Supervisor

Email: Sihaam.jardien-baboo@nmmu.ac.za

Tel. no: 041 504 4338/1511

Fax no: 041 504 2616/2583

Yours faithfully

Khanyisa Annelice Sodidi

Student number: 212438174

**ANNEXURE B: Consent form**

## **ANNEXURE B: CONSENT FORM**

### **INFORMED CONSENT BY THE PARTICIPANT**

**Researcher's name: Miss Khanyisa Annelice Sodidi**

**Title of the research project: Experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape.**

I, ..... hereby give consent to participate in the above-mentioned project and to be interviewed for the purposes of the above study.

I have read the accompanying letter explaining the aim of the research project and understand that:

- My participation is completely voluntary.
- I can decide to withdraw from the project at any time without incurring any penalty or losing any of my rights as a nurse educator or human.
- The study will be of benefit all current and future novice nurse educators, the students of the college, the college, Department of Health and the communities of the Eastern Cape Province at large.
- There are no potential risks on participation to the study.
- The interview will be digitally recorded by means of a voice recorder only.
- My identity and that of the college will be protected at all times.
- All information obtained will be treated in the strictest confidence.
- A report of the research findings will be made available to me through my campus or sub-campus head whom will be furnished with a copy of the research results.

- I may seek further information on the project from Miss Khanyisa Annelice Sodidi and her supervisor Doctor S. Jardien-Baboo on:

Researcher

Cell no: 078 017 8896

Email: s212438174@live.nmmu.ac.za

Tel. no: 041 459 0160

Fax no: 041 459 0180

Supervisor

Email: Sihaam.jardien-baboo@nmmu.ac.za

Tel. no: 041 504 4338/1511

Fax no: 041 504 2616/2583

Date:.....

Signature of participant:.....

## **ANNEXURE C: Semi-structured research questions**

## **ANNEXURE C: SEMI-STRUCTURED RESEARCH QUESTIONS**

### **THE BROAD QUESTIONS PARTICIPANTS WILL BE ASKED ON INTERVIEWS**

#### **ARE:**

- Tell me about your experiences as a novice nurse educator (both positive and negative).
- What are/were your mentoring needs as a novice nurse educator?
- What recommendations would you make for inclusion in the mentoring programme of novice nurse educators?

**ANNEXURE D: Letter to the Department of Health**

**ANNEXURE D: LETTER TO THE DEPARTMENT OF HEALTH**

15 Limpopo Street

Missionvale

Port Elizabeth

6059

16 January 2017

The Superintendent General – Mr Merile

Eastern Cape Department of Health

Private Bag X0038

Bisho

5605

Dear Mr Merile

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT A PUBLIC  
NURSING COLLEGE**

My name is Miss Khanyisa Annelice Sodidi and I am a Master's student at the Nelson Mandela Metropolitan University in Port Elizabeth. I wish to conduct research for my Master's dissertation entitled: Experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. The project is being conducted under the supervision of Doctor S. Jardien-Baboo at the Department of Nursing Science at the Nelson Mandela Metropolitan University.

The study aims to explore and describe the experiences of novice nurse educators at a public nursing college in the Eastern Cape regarding their role as educators and mentoring needs in order to guide veteran nurse educators in mentoring novice nurse educators for the easy assumption in their role as nurse educators.

The objectives of the study are to:

- Explore and describe the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape.
- Make recommendations on mentoring to guide senior nurse educators to successfully mentor novice nurse educators at a public nursing college in the Eastern Cape.

I hereby seek your consent to conduct a qualitative, exploratory, descriptive and contextual study using a phenomenological approach at the campuses and sub-campuses of the nursing college and interview novice nurse educators (with less than 5 years' experience at the college) for the project.

The prospective participants will be informed about the aims of the project, potential benefits and risks will be made known to the participants. The participants will be informed of the data collection procedure; confidentiality of their identity and that of the nursing college; expected questions to answer during interviews; their right to voluntarily participate or not to participate in the study and the right to withdraw at any time during the study without any penalty; strict confidential treatment of obtained information. Furthermore, the participants will be reassured of the availability of the researcher and the researcher's supervisor for any enquiries pertaining to the project.

The recommendations on guidelines for mentoring of novice nurse educators that will be developed from the research will benefit all current and future novice nurse educators, the students of the college, the college, Department of Health and the communities of the Eastern Cape Province at large. A copy of the research results will be given to the Department of Health on completion of the study.

For more information, do not hesitate to contact me or my supervisor, contact details are as follows:

Researcher

Cell no: 078 017 8896

Email: s212438174@live.nmmu.ac.za

Tel. no: 041 459 0160

Fax no: 041 459 0180

Supervisor

Email: Sihaam.jardien-baboo@nmmu.ac.za

Tel. no: 041 504 4338/1511

Fax no: 041 504 2616/2583

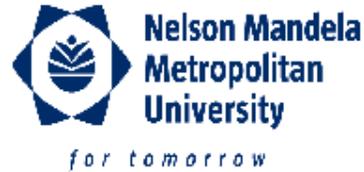
Thank you for your time and consideration in this matter.

Yours sincerely,

Khanyisa Annelice Sodidi

Student number: 212438174

**ANNEXURE E: Approval letter from Nelson Mandela Metropolitan University**



Copies to:  
Supervisor: Dr S Jardien-Baboo

Summerstrand South  
Faculty of Health Sciences  
Tel. +27 (0)41 504 2956 Fax. +27 (0)41 504 9324  
Marilyn.Afrikaner@nmmu.ac.za

Student number: 212438174

Contact person: Ms M Afrikaner

2 December 2018

Ms KA Sodidi  
15 Limpopo Street  
Missionvale  
Port Elizabeth  
6059

**FINAL RESEARCH/PROJECT PROPOSAL:**

**QUALIFICATION: MASTER OF NURSING (RESEARCH)**  
**TITLE: EXPERIENCES AND MENTORING NEEDS OF NOVICE NURSE  
EDUCATORS AT A PUBLIC NURSING COLLEGE IN THE  
EASTERN CAPE**

Please be advised that your final research project was approved by the Faculty Postgraduate Studies Committee (FPGSC).

FPGSC grants ethics approval. The ethics clearance reference number is **H16-HEA-NUR-054** and is valid for three years.

We wish you well with the project.

Kind regards,

**Ms M Afrikaner**  
Faculty Postgraduate Studies Committee (FPGSC) Secretariat  
Faculty Administration  
Faculty of Health Sciences

**ANNEXURE F: Approval from the Department of Health**



Eastern Cape Department of Health

Enquiries: Madoda Xokwe

Tel No: 040 608 0856

Date: 27 February 2017

Fax No: 043 642 1409

e-mail address: madoda.xokwe@echealth.gov.za

---

Dear Ms. K. Sodidi

**Re: Experiences and Mentoring Needs of Novice Nurse Educators at a Public Nursing College in the Eastern Cape (EC\_2017RP48\_863)**

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.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE



**ANNEXURE G: Letter to the college**

## ANNEXURE G: LETTER TO THE COLLEGE

15 Limpopo Street

Missionvale

Port Elizabeth

6059

28 February 2017

The Principal: Public College of Nursing

Private Bag X 0028

BISHO

5605

Dear College Principal

### **REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT YOUR PUBLIC NURSING COLLEGE CAMPUSES AND SUB-CAMPUSES**

My name is Miss Khanyisa Annelice Sodidi and I am a Master's student at the Nelson Mandela Metropolitan University in Port Elizabeth. I wish to conduct research for my Master's dissertation entitled: Experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. The project is being conducted under the supervision of Doctor S. Jardien-Baboo at the Department of Nursing Science at the Nelson Mandela Metropolitan University.

The study aims to explore and describe the experiences of novice nurse educators at your public nursing college regarding their role as educators and mentoring needs in order to guide veteran nurse educators in mentoring novice nurse educators for the easy assumption in their role as nurse educators.

The objectives of the study are to:

- Explore and describe the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape.
- Make recommendations on mentoring to guide senior nurse educators to successfully mentor novice nurse educators at a public nursing college in the Eastern Cape.

I hereby seek your consent to conduct a qualitative, exploratory, descriptive and contextual study using a phenomenological approach at the campuses and sub-campuses of your nursing college and interview novice nurse educators (with less than 5 years' experience at the college) for the project.

The prospective participants will be informed about the aims of the project, potential benefits and risks will be made known to the participants. The participants will be informed of the data collection procedure; confidentiality of their identity and that of the nursing college; expected questions to answer during interviews; their right to voluntarily participate or not to participate in the study and the right to withdraw at any time during the study without any penalty; strict confidential treatment of obtained information. Furthermore, the participants will be reassured of the availability of the researcher and the researcher's supervisor for any enquiries pertaining to the project.

The recommendations on guidelines for mentoring of novice nurse educators that will be developed from the research will benefit all current and future novice nurse educators, the students of the college, the college, Department of Health and the communities of the Eastern Cape Province at large. A copy of the research results will be given to the college principal on completion of the study. Please find attached the proposal, letter of proposal approval from the Nelson Mandela Metropolitan University and the approval letter from the Eastern Cape Department of Health.

For more information, do not hesitate to contact me or my supervisor, contact details are as follows:

Researcher

Cell no: 078 017 8896

Email: [s212438174@live.nmmu.ac.za](mailto:s212438174@live.nmmu.ac.za)

CC: khanyisa.sodidi@gmail.com

Tel. no: 041 459 0160

Fax no: 041 459 0180

Supervisor

Email: Sihaam.jardien-baboo@nmmu.ac.za

Tel. no: 041 504 4338/1511

Fax no: 041 504 2616/2583

Thank you for your time and consideration in this matter.

Yours sincerely,

Khanyisa Annelice Sodidi

Student number: 212438174

**ANNEXURE H: Approval from the college**



Province of the  
**EASTERN CAPE**  
HEALTH

Room • 1st<sup>th</sup> Floor • Global Life Building • Independence Avenue • Bhisho • Eastern Cape  
Private Bag X0028 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA  
Tel.: +27 (0)40 608 9509 • Fax: +27 (0)40 608 9689/0866816407  
Website: [www.ecdoh.gov.za](http://www.ecdoh.gov.za)  
Email: [nomvuyiseko.links@implc.ecprov.gov.za](mailto:nomvuyiseko.links@implc.ecprov.gov.za)

Enquiries: Miss V. Delihlazo

MEMORANDUM

|                |   |
|----------------|---|
| <b>TO</b>      | <b>MISS KHANYISA ANNELICE SODIDI</b>                                |
| <b>FROM</b>    | <b>MRS N LINKS: PRINCIPAL: LILITHA COLLEGE OF NURSING</b>           |
| <b>SUBJECT</b> | <b>PERMISSION TO CONDUCT RESEARCH IN LILITHA COLLEGE OF NURSING</b> |
| <b>DATE</b>    | <b>30 MARCH 2017</b>  |

1. The subject matter above refers.
2. This correspondence serves to confirm that permission is hereby granted for you to conduct research in Lilitha College of Nursing (Campuses and Sub- Campuses)
3. The College will be waiting to be forwarded the results/recommendations from your study for implementation purpose by the college campuses.
4. The organization takes this opportunity to wish you success in your studies.

.....  
**Mrs N Links: Principal Lilitha College of Nursing**



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*Ikamva eliqaqanbileyo!*

## **ANNEXURE I: Independent coder**

## TOPPER QUALITATIVE CODING SERVICES

K. Topper  
25 Milner Street  
Mount Pleasant  
Port Elizabeth  
6070

Tel. 076 162 3811  
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20 July 2017

Re: Coding of Masters Research Transcriptions

This letter certifies that the masters research entitled: **Experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape** by Khanyisa Annelice Sodidi (Student number: 212438174) has been coded using Tesch's method of thematic analysis.

Yours faithfully,

K. Topper  
MA. Counselling Psychology



**ANNEXURE J: Interview transcript**

**002.1**

**MSMCP4**

**Interviewer: Miss Khanyisa Annelice Sodidi (The Researcher)**

**Venue: XXXXXXXXXXXX**

**Date: 22 May 2017**

**R = Researcher (The interviewer)**

**P = Participant (The research participant)**

**R:** This is Khanyisa Annelice Sodidi (The Researcher) and I am about to interview MSMCP4 (The Research participant) after obtaining a written consent for the purpose of the study entitled: EXPERIENCES AND MENTORING NEEDS OF NOVICE NURSE EDUCATORS AT A PUBLIC NURSING COLLEGE IN THE EASTERN CAPE. I would like you to think back on your first-year as a nurse educator at this public nursing college, and tell me about your experiences as a novice nurse educator.

**P:** When I arrived here we were group of five and we were welcomed by the principal of the (college) [campus] and the orientation programme was done by different lecturers or managers,

**R:** Mh

**P:** ...and then ehm, we were, we arrived at, about uh... the end of the year. It was October and we were given, it was not an office, it was clinical room or clinical sim lab,

**R:** Mh

**P:** ...where we stayed there with uh four of us and we were not given duties or work was not allocated to us,

**R:** Mh

**P:** ...and then we were asked to do files of the student, previous students, to enter (marks) [marks] and clinical allocation of previous years,

**R:** Mh

**P:** ...and then we take leave in December. When we came back then the work was allocated,

**R:** Ok

**P:** ...and then I was allocated in (saying the name of the component), the student were still in clinical area,

**R:** Mh

**P:** ...thereafter when the student were about one to come back and I was called by the management, asked to do (saying the name of the module) and that was not a problem but there was uhm an inconvenience,

**R:** Mh

**P:** ...because I have to do new preparations and the student were about to arrive,

**R:** Mh

**P:** ...to uh, to the class and,

**R:** What do you mean by new preparations? Does it mean you had something at hand?

**P:** Yes I was had already done some few lesson plans, preparing to go to the class.

**R:** Ok

**P:** (Yha) [Yes] and then uhm I had no HoD, uh that time, there was only one lecturer who was doing (saying the name of the module),

**R:** Mh

**P:** ...then he was going to be my, she was going to be my supervisor, and then I started do my lesson plans, submitting them to her and I was not satisfied about the way she..., she, she ehm moderated them.

**R:** Ok

**P:** He just took the lesson plan and go through it and say no ok fine it's good, you can go and present it in class,

**R:** Mh

**P:** ...and even with umh my tests, I have to set tests, you find that when I'm submitting tests for moderation, she will just go through the test and say ok fine you can type it,

**R:** Mh

**P:** ...and without noticing any mistakes, without picking any mistakes.

**R:** Mh

**P:** You find out that I will type the test and give it to the students after that I find that oh I've done a hu... a human error maybe in numbering or even the way I've uh (tongue click) put my questions.

**R:** Mh

**P:** Umh sometimes you find that most of the time uh... she would be, I would say after us in term of, after me in terms of uh..., she will check when did I arrive at work,

**R:** Mh

**P:** ...when did I go off, but she never checked where I am, do I have any problems in class,

**R:** Mh

**P:** ... or in terms of my preparations. She will only check that,

**R:** Mh

**P:** and I was not comfortable about that because I was new from school, uh in need of someone who is more experienced than me to see if I'm doing the right thing,

**R:** Mh

**P:** ...because I know that yes I was taught how to do (i) [the] lesson plans, how to set test, how to do, how to manage class in school but I mean in the university but I wanted someone who will go, who will be saying this is right but you can change this, you can rephrase this,

**R:** Mh

**P:** ...uh because he or she is having more experience than me.

**R:** So are you saying that the person that was supervising you was not more experienced than you are or the person was not really checking on your work properly?

**P:** She was more experienced than me but she was not checking on my work properly,

**R:** Mh

**P:** ...in fact she was not even check my work because I wouldn't say she was checking my work if just going, doesn't even read,

**R:** Mh

**P:** ...the question paper if I'm submitting for test, if I'm submitting a lesson plan she doesn't even check for it and she doesn't even make some comments on the

question paper and she doesn't even put her signature on my question paper showing that she have seen it, moderated it, find any corrections or whatever. Umh and then uh... the... the environment, it was not so good, for instance where we were staying we didn't have privacy,

**R:** Mh

**P:** ...if you have uhm... you want to do eh one-on-one session with your student or doing a counselling, we have to go and look for a place, sometimes we even use the classrooms when there is no students in it and sometimes we have to talk with the student in front of other lecturers,

**R:** Mh

**P:** ...and the thing, the thing that you discuss with student most of the time you find that they are not supposed to be heard by someone else but we had to do that though there were, there was one office that was vacant, we were not allocated to it for the reasons we don't know. Umh and also the old staff, the people that were here for some time than us,

**R:** Mh

**P:** ...were not showing any interest or any warm welcome to us (yha) [yes], they were referred to us, these kids,

**R:** Mh

**P:** ... not recognising us as lecturers sometimes,

**R:** Mh

**P:** ...and also some names I can say, they will call us with names, because one of the managers said we are Mr Price label,

**R:** Mh

**P:** ...meaning the cheap label, mh... and the good thing about (i) [the] (saying the name of the institution) is that the campus head was very supportive,

**R:** Mh

**P:** ...because he, she was the only one who was supportive, he didn't make any difference as she is umh always in his office, not seeing what is really happening eh in classroom and also in our components.

**R:** Mh

**P:** Umh we also had a pro..., I also had a problem with resources.

**R:** Mh

**P:** You find that in the classroom there's no, there were no pointers, (yebo) [yes], and then if you want something like uh (i) [the] charts, they were not there.

**R:** Mh

**P:** When you are presenting your lesson and also the internet was on and off, we have to use our own data and sometimes you find that if you go and ask for, and if you go and ask for (i) [the] internet, you find that we will be told about the budget and we knew,

**R:** Mh

**P:** ...and in our component we were only two and we had to do the work only us and then we will also have (ke) [though] larger number of students.

**R:** Mh

**P:** We have to work over..., overtime as here and then I identified all those students which are having (i) [the] difficulty in their studies.

**R:** Mh

**P:** I had to assist them after hours maybe from four to six,

**R:** Mh

**P:** ...and the the the person who was acting as my immediate supervisor will not be comfortable about that, was not beco..., was not comfortable about that, she asked me why do you keep the student in the college for a long time? If they go out uh very late, if they uh find a problem, the out, the eh we will be in for that, not eh I mean, not recognising that, I don't know whether to say she was not recognising or she didn't see the value of staying with eh the students after hours here because despite the fact that I'm keeping them here, it was not for my benefit, it was for students' benefits,

**R:** Mh

**P:** ...and he was like no don't keep student for this time, I mean for about this time of the day so I have to stop afternoon classes and use weekends and then there were some resources that were here which is e-learning and 3-D manikins that were not working. Umh, we tri..., we tried to, we tried to connect the 3-Ds and we find that the college doesn't have the manuals, don't know where are they.

**R:** Mh

**P:** So we were not able to use those 3-D manikins, meaning that the college does have the money but when they buy the resources or equipment that we will use, they don't plan because like if they are buying these 3D, these 3D manikins, they are supposed to have a plan that who's going to demonstrate these, who's going to

connect them, how to use these manikins, so they were there, we were unable to use them even to connect them because we do not have the manuals.

**R:** Mh

**P:** Umh also with (i) [the] maintenance, it was not good because you find that if, if you are using the projector, you have to go and ask for the remote in principal's uh in in everyone, we will have to check who was the last person to use the projector, where did you go put the the remote for projector and also for for and also the, the speakers, the loud, the sorry what is it? The mics (yha) [yes] up until the one of the mic got lost and the remote, so you find out yes they do have some resources but they do not maintain them or they do not manage them effectively.

**R:** Mh

**P:** In terms of supervision, for me it was very bad.

**R:** Mh

**P:** I was not even told that after so many many time, after some few months (okanye) [maybe] you are supposed to be writing umh senate report, I will be asked that eh the manager, the programme manager have requested senate report, have you already written it? Nobody told me about the senate report when am I supposed to write it,

**R:** Mh

**P:** ...and also was not told about, I knew that I have to submit umh year marks at the end of the..., of the last term but I was not told how to do, I mean the template,

**R:** Mh

**P:** ...and then I, the deputy principal ask for the year marks of the student then I did the year marks, I went to the student, have them sign their year marks and then when I was submitting it, I was told no the template you have used is not the right one,

**R:** Mh

**P:** ...and I was asking the deputy principal what is the right one? Where is the right one? How is it? and she said I must go and ask to other lecturers and I have to go to office and office asking to, asking the lecturers to give me the right template to submit year marks, then I was given it and (swallowing saliva) compiled (i) [the] year marks for the time, having to look for the students because by that time the students were in their study leave preparing for (i) [the] exams, so the orientation though it was done, it was not, they didn't go in details,

**R:** Mh

**P:** ...and the person who was supervising me was not willing to tell me what to do, when, how am I doing, do I need any, any advice, sometimes you find that when I need an advice on certain thing, maybe I'm doing a lesson plan, I will go to her, ask whatever I'm looking for and she will be like no it's ok the way you have done it, we do not have uh enough books in the college, you can use whatever you think it's gonna help, only to find out when you go to her office, you find a book, ma'am can you borrow me that book? and then she gave me and I find that the information I was looking for it's more clearer on the book that was with her, with her but she didn't give me when I was asking, no ma'am I have a problem with this lesson plan, the prescribed books that I have and also the... internet doesn't give me enough information,

**R:** Mh

**P:** ...she didn't told me that you can take also this book or open his cupboard and show me the books that she have,

**R:** Mh

**P:** ...so it was something like that.

**R:** So am I right or am I hearing you correctly that you are saying they expected a lot from you or they had expectations yet the the guide was not there?

**P:** Uh I can say so,

**R:** Mh

**P:** ...but on the other sid..., on the other had I wouldn't say they expect lot from me, they wanted me to do things and go to the students, the way I interpreted it,

**R:** Mh

**P:** ...because if you can't give me the information that you have and knowing very well that I'm preparing a lesson plan, I will go to the student, give them scanty information or wrong information and be exposed to the student as someone who doesn't know what he or she is doing,

**R:** Mh

**P:** ...because I think when I'm new in the institution, and you have been doing this for years, you know very well (uba) [that] which book can help you with certain module you know, with this unit you cannot get enough information, you can use this book, especially when it's not in the library, it's in your office, in your cupboard,

**R:** Mh

**P:** ...because I cannot go through your stuff, checking which books do you have, can you please borrow me this one? But when I'm uh coming to you, asking for your

assistance, you should give me all the books that you have so that I can look for the information myself.

**R:** Mh, is there no other experience that you would like to share?

**P:** N... no no unless I'm going to think about them.

**R:** Ok, otherwise anything that comes to mind, you are welcome to verbalise it.

**P:** Alright

**R:** What were your mentoring needs as a novice nurse educator? Is the second question.

**P:** Alright, umh..., the first need was a supervisor,

**R:** Mh

**P:** ...who is knowledgeable,

**R:** Mh

**P:** ...who can assist me especially when I'm asking for help.

**R:** Does that mean the supervisor you had was not knowledgeable?

**P:** I can say she was but she not willing to give the the knowledge to someone else. She was keeping the knowledge for I mean to herself for the reasons I don't know,

**R:** Ok, is there no other needs?

**P:** ...and the other need was the resources because they were not enough, we didn't had eh... internet, there was no, yes there was a library but there were not enough books,

**R:** Mh

**P:** ...and the most books in our library was too were too old so it was making things difficult for us especially when we are doing our lesson plans and when I'm saying the knowledgeable or ok I can say with the supervisor, someone who's willing to help, someone who wants to, to build or to develop a new a nurse educator to someone who can be an expert to that field,

**R:** Mh

**P:** ...that the kind of supervisor I needed or I need, umh and someone who will be able to s... to, to hold, who will be have time I can say for monitoring and (yha) [yes] monitoring my work. If I give her my lesson plan, my test, can go through it, read it, see if I've done it right and comment if there's a need for comments and put on his or her signature to show that he have moderated the test, he had moderated the lesson

plan. I was not even eh orientated on the worksh... workbook that we were, we, we were using,

**R:** Mh

**P:** ...even the study guide,

**R:** Mh

**P:** ...even the tools. I will need someone who will give me the the tools of trade and even the material I'm going to use like if she give me the workbook just to go through with the workbook, tell me what is going on with the workbook. It's not something umh, it's not something difficult to do it by myself but if I'm given the workbook with summary, what is going on with this workbook, what are the challenges the student usually face because I'm new with this, I don't know what are the challenges the students usually face with the workbook,

**R:** Mh

**P:** ...so I'm, I will be more like helping them,

**R:** Mh

**P:** ...effective eh I mean in helping them because I will going to the students with my workbook knowing that are having problem most of the time on this part of the workbook, so I have to explain it more to the students,

**R:** Mh

**P:** ...and also with the..., with the, with the study guide and also which books are relevant and where can I get umh relevant information as we are not having the library that is in place, that is working, that is in good working condition and sometimes you find that as a new nurse educator you prepare your lesson plan and you are new in this content,

**R:** Mh

**P:** ...you have to go to class because the duties were allocated I can say very late if it's a week before the students get into class,

**R:** Mh

**P:** ...so you will work up until umh five to six, I can say you can work after hours, so you find that at half past three the library is closed and you want to do something in the library and it's closed, so we have to wait for tomorrow, go library during your lunch or tea time.

**R:** Ok, are there no other mentoring needs that you can think of before I move to the last question?

**P:** Not now.

**R:** Ok, what recommendations would you make for inclusion in the mentoring programme of novice nurse educators?

**P:** Well in the mentoring programme, if they can have an orientation programme nhe,

**R:** Mh

**P:** ...and then each and every immediate supervisor,

**R:** Mh

**P:** ...do his or her I can say year plan or programme for the year,

**R:** Ok

**P:** ...knowing very well that from January to to June,

**R:** Mh

**P:** ...I will assist my, I will assist the new educator I'm supervising on lesson plans and how to present, I mean presentation in classroom and then when I'm going to the classroom, to the classroom for the first time or for for the very first few weeks or one or two weeks and then uh she can accompany me to that she can see if I'm doing the right thing, how do I manage the class,

**R:** Mh

**P:** ...and also is my topic relevant to the students I'm giving, the information is it relevant to the topic I'm doing,

**R:** Mh

**P:** ...and also after I've done with the test and everything and my supervisor do, must do (i) [the] orientation on how to submit all those things, the report that uh I'm supposed to be compiling and everything,

**R:** Mh

**P:** ...and keep on supervising me, coaching me throughout,

**R:** Mh

**P:** ...the year,

**R:** S...

**P:** ...academic year

**R:** Ok, is there no other thing that you would like to share?

**P:** Not now.

**R:** Eh,

**P:** (Yha) [Yes]

**R:** If that is all, I would like to tan... thank you for participating in my study.

**P:** Ok, and ok I'm sorry (laughing) I want to add something.

**R:** Not a problem.

**P:** Yes uh during orientation, we were given the policies,

**R:** Mh

**P:** ...of the college,

**R:** Mh

**P:** ...including the internal policies,

**R:** Mh

**P:** ...and to, as the time goes on you find that there are lot of, of uh policies that were supposed to be in place and were not there, even those that were in place, were not talking to the current situation, like for instance the absenteeism policy,

**R:** Mh

**P:** ...you find that umh... it will be telling you that uh the students are, if they, in fact it was on exam policy,

**R:** Mh

**P:** ...that the student, if they do not meet eh eighty-five per cent, they are not supposed to be sitting for (i) [the] exams at the end of the year,

**R:** Mh

**P:** ...and then there was nothing saying that if the students did not come to class or did not attend clinical area what should we, what should I do, so that was a problem also. The policies were not there and even those that were in place, they were not talking to the current situation because you find that the students absent themselves and as they absent themselves, you don't know what to do, you know, the disciplinary measures to take with (i) [the] student because if the student absent him or herself especially in clinical area, you find that he is going to refund those hours. That was the strategy I was using and also if she was absent in in classroom, you will let the student, yes I'm going to do the remedial teaching and let the student uh

refund the hours, staying here in class from up until five or six, trying to cover the the hours he or she was absent and it was not working effectively,

**R:** Mh

**P:** ...because you find that the student doesn't come to work if she feels like not coming to work because she or he is going to refund the hours after all.

**R:** Mh

**P:** So it was not easy to control the student because there were no policies in place, even the ones that were, were, were not talking to the current situation. I think that's all I want to share with you.

**R:** Ok, once again let me thank you very much for all eh what you have said and thank you for participating in my study.

**P:** Thank you.

### OBSERVATIONS

The researcher observed the participant throughout the interview as someone who was relaxed and confident.

**ANNEXURE K: Notification letter to campus/sub-campus heads**

**ANNEXURE K: NOTIFICATION LETTER TO CAMPUS/SUB-CAMPUS HEADS**

15 Limpopo Street

Missionvale

Port Elizabeth

6059

31 March 2017

The Campus/Sub-Campus Head: Public College of Nursing

Private Bag X 0028

BISHO

5605

Dear Campus/Sub-Campus Head

**NOTIFICATION LETTER TO CONDUCT RESEARCH AT YOUR CAMPUS/SUB-CAMPUS**

My name is Miss Khanyisa Annelice Sodidi and I am a Master's student at the Nelson Mandela Metropolitan University in Port Elizabeth. I wish to conduct research for my Master's dissertation entitled: Experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. The project is being conducted under the supervision of Doctor S. Jardien-Baboo at the Department of Nursing Science at the Nelson Mandela Metropolitan University.

The study aims to explore and describe the experiences of novice nurse educators at your campus/sub-campus regarding their role as educators and mentoring needs in order to guide veteran nurse educators in mentoring novice nurse educators for the easy assumption in their role as nurse educators.

The objectives of the study are to:

- Explore and describe the experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape.
- Make recommendations on mentoring to guide senior nurse educators to successfully mentor novice nurse educators at a public nursing college in the Eastern Cape.

A qualitative, exploratory, descriptive, contextual, phenomenological study and interviews of novice nurse educators (with less than 5 years' experience at the college) will be conducted at your campus/sub-campus for the project.

The prospective participants will be informed about the aims of the project, potential benefits and risks will be made known to them. The participants will be informed of the data collection procedure; confidentiality of their identity and that of the nursing college; expected questions to answer during interviews; their right to voluntary participate or not to participate in the study; the right to withdraw at any time during the study without any penalty; and strict confidential treatment of obtained information. Furthermore, the participants will be reassured of the availability of the researcher and the researcher's supervisor for any enquiries pertaining to the project.

The recommendations on guidelines for mentoring of novice nurse educators that will be developed from the research will benefit all current and future novice nurse educators, the students of the college, the college, Department of Health and the communities of the Eastern Cape Province at large. A copy of the research results will be given to the college principal, participants, campus and sub-campus heads on completion of the study. Please find attached the proposal approval letters from the Nelson Mandela Metropolitan University, Eastern Cape Department of Health and the college.

The recruitment letter is also attached for distribution to all nurse educators with less than five years' experience at the college, I hereby seek for your assistance in this regard. Prospective participants are welcome to submit their names and contact details either to me or to their campus/sub-campus heads.

For more information, do not hesitate to contact me or my supervisor, contact details are as follows:

Researcher

Cell no: 078 017 8896

Email: [s212438174@live.nmmu.ac.za](mailto:s212438174@live.nmmu.ac.za)

CC: khanyisa.sodidi@gmail.com

Tel. no: 041 459 0160

Fax no: 041 459 0180

Supervisor

Email: Sihaam.jardien-baboo@nmmu.ac.za

Tel. no: 041 504 4338/1511

Fax no: 041 504 2616/2583

Thank you for your time and consideration in this matter.

Yours sincerely,

Khanyisa Annelice Sodidi

Student number: 212438174