PERCEPTIONS OF THE CLINICAL COMPETENCE OF

NEWLY

REGISTERED NURSES IN THE NORTH WEST PROVINCE

BY

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DECLARATION

I declare that this dissertation is my original work and has not been submitted before for any degree or examination at any other institution. All sources that have been used or quoted have been acknowledged by means of complete references in the text and in the Bibliography.

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SUMMARY

This study was based upon the requirements of the Scope of Practice of the Registered Nurses (R2598 of 1984 as amended) as prescribed by the South African Nursing Council.

The clinical competency of new graduate nurses, with regard to the care of individual clients, depends on their ability to correlate theoretical knowledge learned in the classroom with practice and the development of clinical skills. Its foundation lies in the ability to identify and solve problems that emanate from critical thinking, analytic reasoning and reflective practice.

It is clear that the quality of clinical exposure plays a leading role in the development of learners into nursing professionals. Nursing skills alone cannot ensure quality care of clients without the application of theory. Facilitation of this theory to practice remains, therefore, an essential component of nursing education.

This study was aimed at identifying areas of incompetence of new graduate nurses (1998-2001) in the clinical area, by determining the new graduates and professional nurses perceptions of the competence of the new graduate nurses. The intention was to make recommendations regarding the identified areas of incompetence.

Descriptive research was found appropriate to the study, using the parameters of the Scope of Practice of the Registered Nurse (R2598 of 1984 as amended). A quantitative non-experimental descriptive survey was undertaken to generate information on the clinical competence of new graduate nurses (1998-2001).

An in-depth literature study was conducted to generate information that was used as the basis for the study. For data collection, two types of structured questionnaires were used to obtain information from professional nurses and new graduate nurses (1998-2001).

Permission to conduct research from the selected institutions was granted by the Department of Health in Mmabatho and the ethical committees of management of identified hospitals in the North West Province.

An analysis of the data obtained from the study yielded the following findings with regard to clinical area:

- Shortage of staff, equipment and supplies negatively affect the competency of new graduate nurses.

- New graduate nurses are expected to perform beyond their scope of practice and there is

discrepancy between what the new graduate nurses learned in the classroom and what they see in the clinical area.

- Orientation programmes need to be reviewed and they are often neglected due to shortage of staff.

Findings with regard to performance of new graduate nurses:

- Ethics and professional practice need to be emphasized and graduates educated regarding the rights of patients.

- New graduate nurses have sufficient theoretical knowledge but lack competency in basic nursing skills due to an inability to correlate theory to practice.

- New graduate nurses are perceived to be arrogant and perceive themselves as having a higher education or qualifications.

- College graduates are perceived to be more competent than university graduates because of their "extensive" exposure to clinical practice.

- New graduate nurses consider themselves to be above certain basic skills after completion of training.

Conclusions that can be drawn from this study are that there are many factors that impact negatively on the competency of new graduate nurses. These emanate from the clinical area, as well as during the education and development of new graduate nurses.

Recommendations regarding the education and development, evaluation of students and the clinical practice area have been made.

AFRIKAANSE OPSOMMING

Die studie is gebaseer op die vereistes van die Bestek van Praktyk van Geregistreerde Verpleegkundiges (R2598 van 1984 soos gewysig) soos voorgeskryf deur die Suid-Afrikaanse Raad op Verpleging.

Die kliniese vaardigheid van nuwe gegradueerde verpleegsters met die oog op versorging van individuele kliënte hang af van hulle vermoë om te praktiseer en die ontwikkeling van kliniese vaardighede. Hierdie fondasie is gegrond op die vermoë om probleme te identifiseer en op te los deur kritiese denke, analitiese redenering en reflektiewe praktyk.

Dit is duidelik dat die gehalte van kliniese blootstelling 'n hoof rol speel in die ontwikkeling van leerlinge om profesionele verpleegkundiges te word. Verpleegvaardigheid alleen kan nie gehalte sorg van kliënte waarborg nie sonder die toepassing van teoretiese kennis. Vergemakliking van hierdie teorie in die praktiese terrein is dus 'n wesenlike komponent van verpleegopvoeding.

Die studie is gemik op die identifisering van areas van onbekwaamheid van pas-gegradueerde verpleegkundiges in die kliniese area deur die bepaling van persepsies van beide profesionele verpleegkundiges en die pas gegradueerdes (1998-2001). Die doelstelling om voorstelle ten opsigte van die geïdentifiseerde areas van onbekwaamheid te maak.

Beskrywende navorsing is toepaslik geag vir hierdie studie, binne die parameters van die Bestek van Praktyk van Geregistreerde Verpleegkundiges (R2598 van 1984 soos gewysig). 'n Kwantitatiewe nie-eksperimentele, beskrywende opname was gebruik om inligting te verkry mbt. die kliniese bevoegdheid van pas-gegradueerde verpleegkundiges (1998-2001).

'n In-diepte studie is onderneem om inligting te verkry wat gevolglik gebruik is as die basis vir hierdie studie. Om data te versamel is twee verskillende gestruktureerde vraelyste gebruik vir professionele verpleegkundiges en nuwe gegradueerdes (1998 - 2001).

Toestemming om die navorsing te loods in die geselekteerde inrigtings is verkry van die Departement van Gesondheid in Mmabatho en die etiese bestuurskomitees van die geïdentifiseerde hospitale in die Noord Wes Provinsie.

Data analise van die studie, met die oog op die kliniese gebied het die volgende opgelewer:

- 'n Tekort aan personeel, toerusting en voorraad het 'n negatiewe invloed gehad op die bekwaamheid van pas-gegradueerde verpleegkundiges.

- Daar is die verwagting van pas-gegradueerde verpleegsters om hulle werk te verrig buite die bestek van hul praktyk en daar is 'n teenstrydigheid tussen wat hulle in die klaskamer geleer het en wat hulle in die kliniese areas ervaar.

- Orienteringsprogramme moet hersien word en dit is dikwels verwaarloos weens 'n tekort aan personeel.

Bevindings aangaande die bevoegdheid van pas-gegradueerde verpleegkundiges:

- Etiek en profensionele gedrag moet beklemtoon word en gegradueerdes opgelei insake pasiënte regte.

- Nuwe gegradueerde verpleegkundiges het genoegsame teoretiese kennis, maar het nie die nodige basiese verpleegvaardighede nie, as gevolg van 'n gebrek aan die korrelasie tussen teorie en praktyk.

- Nuut-gekwalifiseerde verpleegsters is as arrogant beskou en sien hulle self as beter gekwalifiseerd en met 'n hoër opvoedingsvlak.

- Kollege gegradueerdes is as meer bekwaam beskou as universiteits-gegradueerdes as gevolg van hulle meer "omvattende" blootstelling in die kliniese praktyk.

- Nuut gegradueerde verpleegsters beskou hulleself as bo sekere basiese vaardighede na afloop van hulle opleiding.

Gevolgtrekkings uit die studie dui daarop dat verskeie faktore wat vooruitspruitend uit die kliniese area, die opvoeding en ontwikkeling van nuut gegradueerde verpleegkundiges, asook hul evaluering 'n negatiewe impak het op die bekwaamheid van die gegradueerdes.

Aanbevelings mbt. die opvoeding, ontwikkeling en evaluering van studente en die kliniese praktyk area is gemaak.

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CHAPTER 1

INTRODUCTION AND OVERVIEW

1.1   Introduction

The main objective of nursing education is the production of nurses that are able to render high quality care. Nursing services too, emphasize the provision of safe and professional nursing care to clients, and for this reason, competence and excellence in clinical practice is expected from all nurse graduates.

The clinical practice of new graduate nurses is however, not always of a high quality. The researcher identified this problem and it is the focus of various articles of South African origin (Troskie 1993:50; Ntombela, Mzimela, Mhlongo and Mashaba 1996:14 and Khoza 1997:1). In the identification of the key performance indicators, the nursing service supervisors' satisfaction with the new graduate nurses was mentioned as an important factor.

The studies conducted by the above authors indicate that there is dissatisfaction among experienced nurses with regard to the quality of care that is provided by the new graduates. In spite of four years of academic study and clinical training, these graduates need further supervision and guidance. In view of this, new graduate nurses cannot function autonomously according to the requirements of the South African Nursing Council's Scope of Practice of the Registered Nurse (R2598 of 1984 as amended).

The above issue is of a major concern to nursing education since its main objective is high quality professional practice in its products. As a caring profession, nursing is a practical discipline in which the learner develops complex psychomotor skills, cognitive thinking as well as affective skills, which are applied in the clinical situation. Nursing institutions should therefore seek to promote nursing care skills, empowering graduates with scientific knowledge by deploying teaching strategies that enhance critical and analytical reasoning abilities.

In clinical nursing situations, where professional autonomy is called for, the nurse graduate should be able to make discretionary individual judgements based on theoretical knowledge received at the nursing school and take into account the ethical and legal issues involved. In other words, the nurse graduate must be given more than the minimum requirements stipulated in the regulations with regard to the education of graduates which are the Scope of Practice of the Registered Nurse (R25980 of 1984 as amended) and the Minimum Requirements for the Education and Guide Concerning the Teaching of Students in the Programme Leading for Registration as Nurse (General, Psychiatric and Community) and Midwife (R425 of 1985 as amended).

The above regulations, as well as the philosophy of nursing education, should serve as guides for nursing education programmes in this country. The essential feature of the outcome of nursing education should be well above the minimum requirements to enhance the ability of nurse graduates to conceptualise, using a critical analytic approach which is the foundation for clinical decision making.

It is also important to ensure that the available theoretical and practical resources are put to good use, including the theoretical and clinical expertise of the lecturer. If the nursing curricula in various nursing institutions fail to produce competent, critically thinking and compassionate nurse practitioners then it is necessary to review these and other facilities that are used in the development of nursing graduates.

1.2   Motivation for the Study

It is a legal requirement for a registered nurse to be able to carry out a nursing regimen. "Nursing regimen shall mean the regulation of those matters which, through nursing intervention, have an influence on the preventative, promotive, curative or rehabilitative aspects of health care and includes the provision of nursing care plans, their implementation and evaluation thereof and recording of the course of the health problem, the health care received by a patient and its outcomes whilst a patient is in charge of the nurse" (The Scope of Practice of the Registered Nurse. SANC regulation No. 2598 of 1984 as amended). Although excellence is not expected from novice nurses, new graduates

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should demonstrate competence in providing nursing to individuals and groups of patients.

The aforementioned concerns of clinical nurses and other experienced members of the nursing profession prompted the study. The aim was to conduct an investigation into the perceptions of the clinical competence and performance of new graduate nurses. The findings from this study would therefore form a frame of reference for adapting nursing education programmes in scientific areas where competence was not acceptable, as well as providing recommendations for effective education and accompaniment of nurse graduates.

The study would further assist in the cooperation between nursing education and nursing service with regard to the clinical development of student nurses. Effective cooperation in clinical education of students would promote the achievement of shared goals for nursing and would provide opportunities for bilateral involvement between nursing education and nursing services in the clinical preparation of student nurses.

1.3   Problem Statement

The clinical competence of new graduate nurses with regard to the care of individual clients is based on their ability to identify and solve problems. Competence in this regard is related to the ability to correlate theory learned in the classroom, with practice through developed clinical skills. However, new graduate nurses are perceived to be incompetent with regard to patient care. This statement is based on the requirements of the Scope of Practice of the Registered Nurse (R2598 of 1984 as amended) as prescribed by the South African Nursing Council.

1.4   Aim of the Study

The aim of this study was:
- To identify areas of incompetence in the clinical practice of new graduate nurses and to make recommendations on how these problems could be addressed during the education and training of student nurses.

1.5 Objectives of the Study

The objectives of the study were as follows:

- To determine the perceptions of the professional nurses in clinical practice with regard to the competence of new graduate nurses.

- To determine the perceptions of newly qualified nurses with regard to their own clinical abilities.

- To make recommendations concerning the identified areas of incompetence in clinical practice.

1.6 Operational Definitions

- **Perceptions**: The ability to have knowledge and understanding of something through observation (Longman Dictionary of Contemporary English, 1978: 805).

- **Clinical skills**: The skill that is required for tending to the needs of the sick in the practical situation.

- **Registered nurses**: Persons who have successfully completed a nursing programme and are allowed to practice as professionals after registration with the South African Nursing Council.

- **Newly registered nurses**: In this study, nursing professionals who completed a nursing programme and registered with the South African Nursing Council during the period 1998 - 2001.

- **Stakeholders**: The professional nurses who come into contact with new graduates in the clinical situation.

- **Novice**: A beginner. In this study a person who has just joined nursing or the profession.

1.7 Limitations of the Study

This study was limited to the North-West Province and was thus not necessarily representative of the whole population of nursing graduates. Only new graduates (1998 - 2001) with a basic degree and diploma in nursing were included in the study. This research was therefore not representative of all categories of nurses.

1.8 Ethical Considerations

The researcher tried to adhere to all the required ethical considerations, namely:

- Not to interfere with the work schedule of respondents.

- Obtain informed consent from respondents by attaching a letter to each questionnaire which explained that participation was voluntary and that no name was to be reflected anywhere on the questionnaire to ensure privacy, confidentiality and anonymity.

- Letters of approval to proceed with the study were obtained from:

  o The Ethics Committee, Faculty of Medicine, University of Pretoria and Pretoria Academic Hospital. (Annexure 7)

  o The Department of Health in Mmabatho. (Annexure 1)

  o The Ethics Committees of the institutions which were included in the study. (Annexure 4)

1.9 Research Methodology

A quantitative, non-experimental, descriptive survey was undertaken to generate information on the clinical competence of new graduate nurses (1998 - 2001). The focus of the study was on the perceptions of professional nurses with regard to the clinical competence of these graduates.

The research was conducted in two phases. The first phase consisted of an in-depth literature study. This provided information that was used as the basis for the study. The second phase consisted of structured questionnaires to professional nurses as well as graduate nurses in the clinical field with the purpose of assessing areas of perceived incompetence of new graduate nurses in clinical practice.

1.10 Exposition of the Research Program

Chapter One provides an introduction and overview of the research problem, its significance and motivation for the need to conduct research.

Chapter Two comprises a literature review designed to determine the role played by South African Nursing Council in the registration of new graduate nurses, the education and training of these graduates, their transition from student to professional and their experiences as new members in the working environment.

Chapter Three describes the empirical research design including the research methodology, the target population, the instruments used, validity and reliability, methods of data collection and interpretation.

Chapter Four analyses and evaluates data obtained from both professional and new graduate nurses.

Chapter Five provides a discussion of the findings of the research along with study limitations, conclusions and recommendations.

1.11 Summary

In this chapter a discussion was given on the importance of provision of quality care to patients through quality performance. A concern was also raised about the performance of new graduate nurses. The aim was to give a clear background on the research problem and the aim of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter presents a literature survey which gives a brief outline of the registration of qualified nurses by the South African Nursing Council, the regulations involved in the training and development of graduate nurses as well as their practical and theoretical preparation.

The focus of this discussion mainly concerns the clinical competency of new graduate nurses, the achievement of which depends on various factors e.g. accompaniment of graduate nurses by the nurse educator and the supervision of these graduates by the experienced nurse in the clinical area. The education of graduates to promote clinical competence of nurse graduates is also discussed.

2.2 The South African Nursing Council

The South African Nursing Council (SANC) is a statutory body that monitors the standards of education and practice in nursing. It also registers graduates after successful completion of their different programmes. By registering such individuals, the SANC gives them the licence to practice as professionals and regards them as competent and safe practitioners.

This body is also responsible for the promulgation of the regulations in nursing that must be observed by all practicing nurses, thus giving assurance to the public that registered nurses are safe practitioners who are able to render effective nursing care.

The regulation regarding the Scope of Practice of the Registered Nurse (R2598 of 1984 as amended) stipulates the scope of practice of a registered nurse. Proficiency within the parameters of the regulation implies safety and competency in nursing. These two concepts, safety and competency, are dependent on the education that the graduates receive during their development and training. The development of higher level cognitive

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capabilities is the aim of their education, which emphasizes not only the acquisition and application of knowledge, but also the development of personal and interpersonal skills which will enhance quality care (Rainsbury, Hodges, Sutherland and Barrow 1998: 315).

2.3 The Development of Nurse Graduates

The theory included in the basic course for registration as a nurse, create various possibilities for cognitive development. This theory and its application in the practical situation comprise the structure that the graduate will use to conceptualise on a cognitive level, in order to be able to render safe, professional and quality care.

Graduates are also allocated to the clinical areas where they are educated in the practical care of patients through imitation of faculty and clinical role models as well as interaction with both role models and patients to gain experience. This interaction gives the graduate an opportunity to consolidate her knowledge and at the same time, she learns how to behave and act like a professional nurse through acquisition of nursing values (Tlakula and Uys 1993:28).

Learning to care for patients and behaving like a professional nurse is the art of nursing which can only be realised in the clinical area for this is where application of what is learned takes place. This is the reason why a number of authors, including McCabe, as cited in Tlakula and Uys (1993:28) as well as Gramling and Nugent (1998:47) describe clinical learning as the heart and core of nursing education.

Warden, Brockopp, Alfred and Holbrook (1994:18) accede that experiential learning is superior to the didactic approach because as stated in the above paragraph the art of nursing is realised in clinical nursing which is experimental in nature. At the same time the affective skills have to be implemented by teaching the learners not only to be technologically proficient but to be genuinely concerned about their clients (Gramling and Nugent 1998:47), for autonomy, which is one of the objectives of nursing education, can be manifested in the demonstration of the sense of caring about others (Boughn

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1995:109) and the ability to analyse one's performance critically (Howkins and Ewens 1999:46).

Clinical nursing cannot be realized effectively without the application of theoretical knowledge, skills, values, beliefs and attitudes that form a foundation on which nursing is based (Percival, Anderson and Lawson 1994: 139). The theory of the biological sciences such as Anatomy, Physiology and Pharmacology, among others, enable the graduate to reason scientifically when assessing the patient, identifying problems, planning for their care and intervening by instituting the relevant nursing care. Inability to correlate theory and clinical practice, implies that the graduate cannot identify problems and plan care to promote the restoration of health in a patient.

The practitioner, who uses the theory appropriately, is able to assess the extent of its relevance to the situation and can adapt it according to the identified needs. This is how the discrepancy between theory and clinical practice is reduced. The mastering of theoretical content will thus have an influence on competency. Competency development includes professional role development, which is an integral component of nursing education (Tracy, Samarel and De Young 1995:180). These authors advocate consistent development of nurse graduates through socialization into the clinical role to achieve their competency.

The competencies that are listed in the Scope of Practice of the Registered Nurse (R2598 of 1984 as amended) as well as the Minimum Requirements for the Education and Guide Concerning the Teaching of Graduates in the Program Leading to Registration as a Nurse (General, Psychiatric and Community) and Midwife (R425 of 1985 as amended), determine the eligibility for registration as a professional nurse. The two regulations can therefore be used as guidelines for clinical evaluation of nurse graduates.

2.4 The Curriculum

2.4.1 Background

The curriculum is the total learning activities that are designed to achieve specific educational goals. In nursing education these include the theoretical

component, the practical component, the purpose and the desired behaviours of the product at the end of the programme. The objective of a nursing curriculum should be effective service provision through competency in clinical skills, autonomy based on cognitive maturity and relevant application of knowledge. Several authors agree that the curriculum should aim at producing graduates who can appreciate the diversity of South Africa's population and provide culturally relevant care (Halstead, Rains, Boland and May 1996:414; De Villiers and Van der Wal 1995:56; Davidhizar, Dowd and Newman Giger 1998:38). Nursing is caring; nursing education curriculum should therefore reflect caring as a core value (Dillon and Wright Stines 1996:114).

2.4.2 The Outcome

The curriculum should focus on the outcome of graduate learning and aim at producing critically thinking, politically aware graduates who are able to make discretionary judgements autonomously and integrate different cultural beliefs in order to provide high-level and culturally relevant care (Halstead et al 1996:416 and Chenoweth 1998:281). The graduates should be prepared to address culture, gender and equality sensitively, treating each patient or client as an individual (Le Var 1998:521 and Princeton 1993:195).

2.4.3 Critical - thinking

Critical thinking is a complex cognitive process which demands high order thinking and application to decision making in practice (Girot 2000:289). It is similar to looking at a situation through a microscope, dissecting it into small components in order to see it clearly and identify various issues that form that situation (Durgahee 1998: 162) and to become safe, competent and skilful practitioners, nurses need to develop critical thinking skills. This is crucial, considering the types of decisions required in practice, the complexity of client needs and the amount of work the nurse is usually faced with in the clinical situation. It is an essential skill, especially when dealing with human beings to enable the practitioner to make rational decisions which will enable her to solve problems (Chabeli 1999: 26; Oneha, Magnussen and Feletti 1998:29).

As an essential component of nursing practice, critical thinking enhances effective functioning within the health care system (Reilly and Oerman 1992:218; Maynard 1996:12). It is an attribute of problem solving which is very important because of the role it plays in the clinical situation through enhancement of inquisitiveness that, in turn, promotes the habit of seeking and providing rationale for decisions. It is thus one of the most important intellectual goals of nursing. Adams (1999:111) and Glen (1995:170) describe it as a skill of such sophistication that is particularly important for current nurses since they encounter more acutely ill patients and where there is so much increasing technology and even more complex ethical issues. It provides the nurse with ideal clinical judgement skills, the value of which cannot be overemphasised, especially in modern nursing and thus should be the top curriculum priority (American Association of Colleges of Nursing 1999:59).

In order to facilitate the development of critical thinking skills in nurse graduates, nurse educators need to promote questioning through facilitation of both teacher and graduate generated questions. High level questioning, using analytic comprehension and evaluation domains, will promote high level thinking skills (Adams, Stover and Whitlow 1999:139 and Wink 1993:11).

Schell (1998:9) asserts that clinical environment is especially suitable for promotion of graduate questioning. Opportunities should be created for graduates to participate in clinical discussions to reveal their curiosity and misunderstandings. It is therefore beneficial for graduate learning, to establish such an environment where questioning and high level critical thinking are facilitated. Health science graduates require critical thinking, problem solving and evaluation skills to enable them to adapt and respond to a rapidly changing health care system (Harris, Adamson and Hunt 1998: 275).

Nurse educators must invoke this skill to help their graduates grow or achieve this desirable intellectual growth (Bevis 1993:103) through provision of meaningful clinical learning assignments that encourage both application and synthesis. Real clinical scenarios improve critical thinking, problem solving and clinical decision-making (Baugh and Mellott 1998:254). During clinical discussions, dialogue with others helps the graduate to view the situation from

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multiple perspectives and this, according to Sedlak and O' Bryan Doheny (1998:42), is a major component of critical thinking. The graduate reflects about her own ideas and activities as well as those of others, for example what she knows and does not know.

Critical thinking is related to critical reasoning and the two skills are basic to the practice of nursing (Haffer and Raingruber 1998: 61-62) as the action that the nurse takes to provide relevant and quality care will be based on this reasoning, which evolves from critical thinking. Chenoweth (1998:28) claims that critical thinking promotes the standard of practice through stimulation of enquiry and reasoning abilities, which contributes to personal and professional development.

2.4.4   Analytical thinking

This is an attribute of critical thinking skills which facilitates the development of the ability to use theory and knowledge effectively, especially in clinical settings. Through the utilisation of this skill, the graduate or practitioner examines information carefully in a systematic, organised and enquiring manner. Thus, according to Molefakgotla (1997:23), an analytic graduate knows how to think rather than simply what to think. It is, however, dependent on the possession of sound theoretical knowledge.

One of the requirements of the Scope of Practice of the Registered Nurse (R2598 of 1984 as amended), is the ability to diagnose a health need, prescribe, provide and execute a nursing regimen to meet the needs of a patient or, where necessary, to refer the patient to a registered person. This skill requires analytical and critical thinking skills, as the graduate has to gather information through history taking and examination. They have to analyse such information using critical thinking skills based on the knowledge the graduate possesses, and make the correct diagnosis in order to be able to prescribe the correct treatment and management.

Bowers and McCarthy (1993:108) and Gwele (1996:30) claim that analytical thinking enables the graduate to engage in other forms of complex clinical problem solving exercises such as ethical dilemmas. Analytical thinking skills should, therefore, be combined with reflection.

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2.4.5 Reflection

Reflection means careful consideration. A reflective practitioner uses the skills of analysis, synthesis and evaluation (Heath 1998:592) in the clinical setting to enhance the quality of care she is providing. It is a skill that makes possible the application of theory into practice, and assists the practitioner to examine and thus implement change in the practical situation. This exercise challenges the practitioner and prevents habitual practice (Heath 1998:596), and according to Clare (1993:282), this could be achieved by developing the graduate to become a critical thinker who promotes primary health care through reflective practice and self-directed learning. A reflective practitioner is innovative and autonomous and this is essential in a rapidly changing health service that demands creative problem solvers. This calls for sound clinical reasoning, which is embedded, in reflective, critical thinking skills (Le Storti, Cullen, Hanzlik, Michiels, Piano, Ryan and Johnson 1999:62).

Through reflection the graduate develops a high level of awareness and insight by analysing clinical situations (Durgahee 1998:158). She develops increased sensitivity to the needs of clients and this has an impact on quality care. Reflection is thus an active process, which enables graduates to think about and become actively involved in their practice. This skill facilitates critical thinking and decision making which are the forerunners of independency and autonomy in the practice of nursing. New graduates need to develop lifelong learning skills which will help to develop enquiring minds through reflection. Grant (cited in Appel and Malcolm 1998:145) claims that this is necessary to guard against obsolescence.

Nurse educators need to play a pivotal role in the development of reflective practice (Mallik 1998:53). This can be done with the ability to critically analyse information, challenge and instigate change. Discussions with graduates after clinical exposure may provide a stage where experiences are questioned and learners guided into finding solutions through reflection (Mallik 1998:55 - 57). By so doing the professional competence of graduates will be promoted and the quality of care that is given to clients enhanced. According to James and

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Clarke (1994:84), reflection is concerned with enhancement of efficiency and effectiveness of technical aspects of nursing practice.

2.4.6 Competency

Competency in nursing is the ability to provide appropriate and relevant care to health care consumers. It refers to the graduate's performance and capability, that is, the ability to fulfil a nursing role effectively (Percival, Anderson and Lawson 1994:139). Milligan (1998:275) defines competency as having command of pertinent knowledge, and skills that denote capability that is deemed sufficient to perform a particular activity. This entails more than merely being able to carry out a nursing regimen for it also entails the ability to use equipment effectively and safely, and knowledge of life-saving procedures such as resuscitation (Schmidt 1995:218). It also refers to the ability to perform managerial skills, for example, skilful delegation of responsibilities to subordinates (Thomas and Hume 1998:38) as nurses are expected to be proficient in administrative duties (Conger 1999:419).

Upon completion of the educational programme and registration with the SANC, the nurse graduate is expected to be professionally competent and accountable. Perfection is not expected since learning is a lifelong process. However, the graduate is supposed to have the ability to function and be accountable at the minimum level of safety (Bradshaw 1998:106). As the graduate gains more experience in the clinical situation, competency becomes more developed and refined. May, Edell, Butell, Doughty and Langford (1999:100) assert that competency depends on critical thinking skills and develops through clinical experience. Experiential learning is therefore a key factor for the development of competency (Maynard 1996:12).

Competent performance involves all the characteristics of a nurse practitioner, knowledge, skills, attitudes, values and beliefs. It is for this reason that it is linked to lifelong learning and development. Nagelsmith (as cited in Milligan 1998:274) confirms this by stating that increasing levels of competence bring about corresponding sense of self-worth and empowerment. Competent performance can also be described as the ability to recognise the diversities in

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clients in order to plan for culturally competent care (Bucher, Klemm and Adepoju 1996:334).

It is important to bear in mind that new nurse graduates cannot become independent practitioners if they are not competent. Akinsanya (cited in Girot 1993: 117) accedes that knowledge is the basic requirement for competency in professional practice, and Astor, Jefferson and Humphreys (1998: 568) agree with this by claiming that a competent practitioner must have the ability to access information and apply this to the clinical situation. The ability to perform a skill safely and accurately integrating the cognitive, affective and psychomotor domains denotes competency in a practitioner (Nicol, Fox-Hiley, Bavin and Sheng 1996:177).

The successful transition from graduate to professional depends on knowledge and proficiency i.e. competency. It goes hand in hand with confidence. This means a competent nurse is a confident practitioner. Murdock and Neafsey (1995:158 - 159) refer to this competency as self-efficacy, which means confidence in carrying out a nursing task to successful completion. Harvey and McMurray (1994:472) describe self-efficacy as the ability to perform behavioural skills competently and Bandura (cited in Kissinger 1998:19) agrees with this statement by defining it as the belief that one can carry out a specific activity successfully. Competency results in confidence, which is derived from knowledge. This confidence promotes assertiveness, as an assertive practitioner knows what she is doing and is confident.

Continuing supervision and evaluation in the clinical area enhances competency and ensures professional and skilful care of patients (Staab, Grannenman and Page-Reahr 1996:139). Continuing education and evaluation are therefore vital in the development of excellence in nursing (Krichbaum, Rowan, Dukett, Ryden and Savik 1994: 395).

Confidence is derived from knowledge and competency. This promotes assertiveness in a practitioner. An assertive practitioner knows what she is doing, is confident and therefore competent.

2.5 Integration of Theory with Practice

Integration of theory with practice involves the application of the knowledge that the graduate possesses in the clinical area, for failure to do so may render the knowledge meaningless. This process is referred to as transfer of classroom theory to clinical experience by Sellappah, Hussey, Blackmore and McMurray (1998:147), and according to Astor, Jefferson and Humphreys (1998:567), expertise could be gained if this knowledge is reasonably and successfully operated. Learners need guidance from role models, such as the lecturer and the professional nurse, in this regard and this can be facilitated according to the role played by each role model in their training and development.

2.5.1 The Role Played by the Lecturer

- After teaching certain conditions in the classroom, the lecturer may accompany graduates to clinical areas where such conditions are being nursed and supervised, drawing the graduates' attention to what was taught in class and relating it to what the graduate actually sees in the patient.

- Demonstration of procedures related to the care of such patients may be carried out and graduates supervised as they practice such procedures.

- Case studies on the patients with conditions that have been taught in class or interesting conditions in the clinical area may be given to graduates.

- The lecturer may conduct nursing rounds where different graduates present clients under their care to the lecturer. Suggestions can then be given regarding the care and thus the integration of theory with practical facilitated.

- Objectives that the graduate should have achieved at the end of her stay in a particular clinical area should be clearly stated and made available to the professional nurse in charge of the ward.

2.5.2 The Role Played by the Professional Nurse

- Purposive delegation is done to ensure that graduates learn how to care for their patients under different conditions in the ward situation. This will enhance skill development in learners.

- Clinical rounds are conducted frequently to ensure that graduates become responsible and during these rounds questions are asked and clarifications given where there are problems.

- The professional nurses learn objectives of each category of graduate and it is ensured that graduates achieve these objectives and are proficient in the procedures related to the specific clinical areas.

- The professional nurses conduct continuous evaluations and write reports on the performance of the graduate at the end of her stay in each clinical area.

- New developments, changes, improvements and admission of interesting cases are reported to the lecturer. This ensures that graduates are exposed in good time and integration of relevant theory and practice is facilitated.

Nurse graduates cannot function effectively without the correlation of the theory that they have learned in the classroom with their practice in the clinical area. This theory provides them with information needed for making the necessary clinical decisions. They have to synthesise this knowledge and apply it to different clinical situations (Sellappah et al 1998:142) and if the substance of the lessons received is related to their patients, improvements in the care of such patients may occur. (Jordan 1998:293). This happens because during integration of theory with practice, the unique nature of caring is learned and according to Severinsson (1998:1269), this is facilitated by effective clinical supervision.

Greenwood (1993:1471) also claims that for this integration of theory and practice to be successful, adequate supervision is required during clinical practice. It is also important to ensure that the period between education and

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the application of what has been learned is not prolonged as this may cause the education to be ineffective (Phillips, Donald, Mousseau-Gershman and Powell 1998: 18).

It is therefore crucial that the nurse educator collaborates with the clinical nurse to ensure appropriate supervision. The clinical nurse can also do this through purposive delegation, which will enhance skill development and role modelling. Accompaniment by the nurse educator should be carried out in due time to avoid obsolescence. The importance of the two professionals working together to ensure adequate supervision and development of the nurse graduate cannot be overemphasised.

The learner may experience certain problems regarding the correlation of theory to practice if she is not adequately accompanied. Through accompaniment, the nurse educator assists the learner by facilitating application of theory to practice and clinical competence is ensured. The time that the nurse educator spends with the learner in the clinical area is quality time. The nurse educator will become acquainted with new developments in the clinical area and adjust these to what she teaches in class. This further reduces the gap between theory and practice and helps to match what the graduates learn in class with what she sees in the clinical area. The educator will also benefit from this by remaining clinically competent which is one of the most important attributes of a caring and concerned nurse educator.

Educationally disadvantaged graduates may experience problems and this may be due to inadequate verbal and communication skills. According to Kornguth, Frisch, Shovein and Williams (1994:24), this may affect their creative abilities that are required to facilitate interpretation of information and correlation of theory to clinical practice. Rhodes (1994:444) claims that the problems the graduates experience may be due to their limited contact with patients. This assertion may be correct, for limited contact with patients may interfere with correlation of theory and thus render the knowledge obsolete.

The clinical nurse should enrich the limited time that the learner spends in the clinical area through adequate supervision and accompaniment by the nurse educator in the clinical situation is very important. Joyce – Negata (1996:69)

confirms this by noting that teacher-graduate interaction is the nucleus of education and learning. This author goes on to say that satisfying learning experiences result in academic excellence and increased productivity. If the learner practices repeatedly in the clinical area, the meaningful repetition of tasks will help her develop the fluent execution thereof, as according to the philosophy of Nursing Education.

The presence of the nurse educator in the clinical area offers support to the learner, reinforces the early signs of competence and facilitates the learning of graduates (Neill, McCoy, Parry, Cohran, Curtis and Ransom 1998:20). These authors assert that positive reinforcement of clinical performance will help to close the gap between the theory that is given in the classroom and practice.

Several authors claim that there is an age-old gap that exists between theory and practice in nursing education (Narayanasamy 1991:344; Gerrish 1992:227; Lathlean 1992:237; Greenwood 1993:1471; Land 1993:32; Gwele and Uys 1995:5; Jordan 1998:293 and Severinsson 1998:1269). The contributing factor to this problem may be two grades of categories of nurse educators – the lecturer who teaches theory in the classroom and the clinical teacher who demonstrates the application of knowledge and supervises practice in the clinical setting. According to Gerrish (1992:227), this division of responsibilities helps to widen rather than reduce the gap that exists between theory and practice.

Another contributing factor to the gap between theory and practice may be the direct relevance of what is taught in the classroom to the practice situation; unless the assimilated theory is relevant to the practical situation, it may not be easy for the learner to understand and apply it (Kapborg and Frischbein 1998:166).

Cooperation between the nurse educator and the professional nurse in the clinical situation cannot be ignored as a factor that plays a role in the existence of a gap between theory and practice. The two professionals are equally responsible for the development of the learner and must therefore collaborate and complement each other to ensure the application of theory to

practice. Lack of cooperation between the two may contribute to the existence of a gap between theory and practice.

To remedy the above situation, the nurse educator must accompany the graduates to the clinical area. Greenwood (1993:1471) concedes that this is crucial as the nurse educator has the ability to facilitate the correlation of theory and practice. She can establish an effective working relationship with the clinical nurse, setting objectives for the graduate to attain while placed under the supervision of the clinical nurse.

Birchenall (1994:1-2), however, claims that it is virtually impossible for the nurse academics to accompany the graduates to the clinical area since they are so inundated with work. This author claims that in addition to their teaching loads, nurse academics are expected to conduct research, participate in community projects and often have to work very long hours. Nevertheless, the researcher believes that such an argument seems to overlook the fact that clinical accompaniment is part of nursing education and can, for this reason, not be divorced from classroom teaching. It therefore remains one of the responsibilities of the nurse educator. As Newton and Smith (1998:496) concedes, the role of the educator is concerned with the assistance of graduates to develop both professionally and academically.

The provision of a role model for learners in the clinical practice is another method that can be used to bridge the gap that exists between theory and practice. The role model assists in the translation of theory into practice. A relationship is going to develop between the learner and the role model that facilitates growth and through this, the self-confidence of the learner increases (Severinsson 1998:1270-1272). New methods of nursing care and improvements in the clinical area are introduced almost everyday. It is therefore possible that graduates see what they did not learn in class in the clinical area. Collaboration between the nurse educator and the professional nurse in the clinical situation will help in this regard. The professional nurse in the clinical situation is the role model from whom the graduates learn and through collaboration with the nurse educator, she facilitates the application of theory to practice. This is inter-professional working which according to Freeth and Nicol (1998:455) lead to quality care and effective service provision.

2.6   Clinical Supervision and Guidance

Clinical supervision is an enabling process which involves guiding, helping, inspiring, advising and leading. It is a managerial skill, which promotes the development of clinical efficiency. Supervision offers guidance which plays a very important role in the professionalisation of new graduates, much more important than orientation. In fact, according to Troskie (1993:60), the competency of new graduates depends upon the amount of guidance they receive.

The main objective of clinical supervision is the improvement and promotion of integration between theory and practice, thereby increasing the   ability of graduate nurses to provide quality care. The integration of theory and practice enhances both academic and professional development. Supervision is therefore the responsibility of both the nurse educator and the professional nurse or unit manager. Cooperation between the nurse educator and the unit manager in the quest for professional competency can therefore not be overemphasized. As an expert in her own field the professional nurse plays an important role in the professional development of the nurse graduate. According to Troskie, Guwa and Booyens (1998:45) clinical teaching is the most important function of the unit manager because through it the foundation for improvement and maintenance of nursing standards is laid. This can be done through clinical supervision.

Effective supervision enhances learning and ensures competency and quality care. Oermann and Moffit-Wolf (1997:24) agree with this statement by claiming that effective supervision empowers, supports and helps the new graduate to develop. Severinsson (1998:1273 – 1275) also claims that clinical supervision promotes interpersonal skills, thereby enhancing personal and professional growth, which is necessary for greater sensitivity to the patient's needs. In their supervisory model, Friedman and Marr (1995:241) claim that effective supervision maximizes and enhance quality care as professional knowledge is developed and applied.

Several authors agree about the importance of clinical supervision and claim that new graduates need continuous support form colleagues and ongoing involvement in educational programmes designed to enhance their knowledge and skills (Troskie 1993:51 and Ntombela et al. 1996:18). Learning is therefore a lifelong process that does not end with gaining a qualification; professional competence must therefore be linked to this process.

Supervision must be seen as an enabling process that encourages personal and professional growth. It should therefore be supportive and assist the new graduate to cope with feelings of stress through good interpersonal relationships (Bradshow 1998:106) and this should start from the period of orientation.

2.7   Orientation and Preceptorship Programmes

After completion of their training programmes, graduates are registered with the South African Nursing Council and become employed as professionals in different working areas.

New graduate nurses are inexperienced and lack the requisite leadership skills. They therefore find it difficult to apply their theoretical knowledge in the clinical situation. Orientation into the working environment helps them to adjust and apply their knowledge as required. Staab, Granneman and Page-Reahr (1996:139) recommend competency-based orientation in which these new members of staff are assisted through the use of preceptorship programmes to learn and develop proficiency in the skills that are specific to the area where they are allocated. This may reduce orientation needs for new graduates (Laschinger and MacMaster 1992:261).

A preceptorship programme is an effective way of socialising new graduate nurses into the reality of the working environment. During the transition from graduate to professional, new graduates often experience role conflicts between value systems and behaviours internalised during their education, and those associated with the real working environment. If they are unable to synthesize the two value systems, these conflicts may result in dissatisfaction and poor performance (Jairath, Costello, Wallace and Rudy 1991:251).

Transitional experiences may also result in reality shock. This is when workers experience shock-like reactions when they realize that they are not fully ready for the situation they spent years preparing for (Maben and Macleod Clark 1998:146). Many authors think that the use of preceptorship programmes will alleviate these problems as well as staff shortages by assisting the new graduates to consolidate their competencies and develop professional independence quickly and effectively (Khoza 1997:17; Bradshaw 1998:106; Laschinger and MacMaster 1992:260 - 261).

Preceptorship programmes thus ease the transition from learner to professional through support, assistance and supervision (Maben and Macleod Clark 1998:145 - 146). According to Peirce (1991:245), these programmes were established to reduce reality shock and assist with reinforcement and internalisation of knowledge in new graduate nurses. It is important, therefore, that preceptors be in possession of strong leadership skills, clinical expertise, well-developed communication skills, clear decision-making abilities and interest in professional growth (Letizia and Jennrich 1998:213 - 214).

This preceptorship programme is part of collaboration between nurse educators and clinical staff and to make it more successful in ensuring smooth transit from graduate to professional nurse, it should be combined with competency-based evaluation.

2.8   Competency Based Evaluation and Education

Competency based evaluation has a positive impact on patient care as it enhances clinical competence and promotes quality care. Several authors recommend this type of evaluation for the effective application of knowledge and skill in the work situation (Gurvis 1995:247 and Erickson-Forker 1996:6).

According to Schmidt (1995:218), continuous competency evaluation promotes staff enthusiasm for maintaining and increasing competence. Through this exercise, existing gaps in knowledge are identified and filled. Nurse educators must work together with clinical nurses to develop

competency-based education, to ensure competency rather than mastery of information, and ability rather than achievement (Garland 1996:192). It is important to note that academic evaluation methods measure academic ability only, and not practical competency. Collaboration between academic faculty and clinical experts is thus an important foundation for competency-based education.

Furthermore, it is crucial that graduates be given ongoing feedback on their progress, highlighting strengths as well as weaknesses. This serves as a positive reinforcement to learning, as the graduate is made aware of the areas that need improvement and the evaluator is also provided with the opportunity for remedial action (Van der Merwe, Roos, Mulder, Joubert, Botha, Coetzee, Lombard, Van Niekerk and Visser 1996:53). As the discussion that takes place during or following feedback enhances learning and graduate development, it is essential that this type of input be provided on a timely and regular basis.

The contribution that is made by advanced clinical nurses in both the evaluation and education of graduates is valuable as it is based on what is actually happening in the practical situation. This contribution is, however, based on the cognitive component that the graduate received from nurse educators, along with any self-learning (Norton and Spross 1994:343; Buszta, Steward and Chapin 1993:236 and Rowe 1995:201). Cust (1995:281) concurs with this observation, adding that the substantial background knowledge that the graduate possesses will facilitate adjustment and rapid, efficient knowledge. However, this cannot be possible without adequate learning resources.

2.9 Learning Resources

In her editorial note, Watkins (1995:273) states that in order to produce competent and confident nurses, resources must be available and adequate.

Educators, as resource persons must continuously update both their knowledge and skills relating to clinical practice, education and research. Similarly, Birchenall (1994:1) argues that teachers owe it to their graduates to

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update their own knowledge and skills. The clinical area too, is a learning resource as it provides procedures and learning models in the form of professional nurses, medical practitioners, unit managers and most important of all, patients.

Gerrish (cited in Troskie, Guwa and Booyens 1998:45) describes clinical teaching as the core of nursing practice as it lays the foundation for the professional behaviour of the new nurse graduate. It is therefore important that graduates are placed in the wards where it is possible to correlate theory with practice as the two elements reinforce and complement each other (Troskie, Guwa and Booyens 1998:45).

Clinical rounds and conferences are important sources of knowledge and can be viewed as learning resources. They promote critical thinking skills and decision-making. The importance of well-equipped clinical laboratory and a library cannot be overemphasized.

Learning resources ensure quality education which is the foundation for professional credibility. Graduates can also be empowered by giving them control over their own learning (Fairbrother 1996:70). This will help them to become responsible members of the profession.

2.10 Responsibilities of the Learner

The graduate must also take responsibility for her own learning and develop the ability to identify the deficiencies in her knowledge and skills. This will motivate the learner to gain the required knowledge and skills (Arthur 1995:271). Peers may be used as resources in this endeavour. This will broaden cooperation and inter-dependence which are some of the qualities desired in quality care environment (Kaiser and Rudolf 1996:157). Moreover, peer group interaction may be regarded as continuing education, which, together with self-evaluation, will enhance performance and self-efficacy.

Gramling and Nugent (1998:48) view interaction with the peer group as a vehicle through which learners live and feel the meaning of caring. They experience willingness to help, sensitiveness and empathy. Promotion of peer

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group interaction is thus a good strategy for developing the art of caring, which is what nursing is all about. Caring is required for expert human practice and, in turn, competency in nursing (Girot 1993:116).

In addition, new graduates should be given the opportunity to express their feelings about their education and competency. They should, for instance, be able to state whether they consider their education to be adequate. According to research conducted by various researchers, new graduates often recommend increased clinical exposure to enhance their competency (Mozingo, Thomas and Brooks 1995:116; Troskie 1993:57 and Schumann 1990:77). They feel that greater experience of the clinical setting will help them to enter the work environment with a healthy sense of self-confidence. It is thus important to incorporate purposive clinical exposure for quality clinical experience into teaching strategies.

2.11 Summary

In this Chapter the researcher has considered the role that is played by the South African Nursing Council in the education and development of new graduate nurses, the curriculum and the integration of theory to practice. The contribution of nursing service, the professional nurses and nursing managers in the development of new graduates is explained as well as other factors that affect their development as professionals. In addition to all this, the responsibilities of the graduates towards their own development are discussed. The opinions of different researchers as well as their findings are used to clarify the topics under discussion.

CHAPTER 3

RESEARCH METHODOLOGY

3.1   Introduction

In the previous chapter, a discussion was given on the education and development of nurse graduates and their registration with the South African Nursing Council. The information gained from the literature study was used to form the basis for the research. This chapter deals with a discussion of the research methodology.

3.2   Aim of the Study

The aim of this study was:

•   To identify areas of incompetence in the clinical practice of new graduate nurses.

•   To make recommendations on how these problems could be addressed during the education and training of graduate nurses.

3.3   Research Methodology

3.3.1   Research Design

A quantitative, non-experimental, descriptive survey was undertaken to generate information on the clinical competence of new graduate nurses (1998 - 2001). The focus of the study was on the perceptions of professional nurses with regard to the clinical competence of these graduates. The descriptive research was found to be appropriate to this study as its methods (Burns and Grove 1997:250 and Polit and Hungler 1995:178) allowed for the perceptions of the clinical competency of new graduate nurses using the regulation framework of the Scope of Practice of the Registered Nurse (R2598 of 1984 as amended).

The research was conducted in two phases. The first phase consisted of an in-depth literature study. This provided information that was used as the basis

for the study. The second phase consisted of structured questionnaires to professional nurses as well as graduate nurses in the clinical field with the purpose of assessing areas of perceived incompetence of new graduate nurses in clinical practice.

3.4   Population and Sampling Methods

The population included in this study consisted of two groups, the professional nurses and new graduate nurses from the following hospitals in the North West Province:

- Mafikeng Provincial Hospital
- Bophelong Psychiatric Hospital (Mafikeng)
- Rustenburg Provincial Hospital
- Klerksdorp Hospital Complex
- Taung District Hospital
- Gelukspan Hospital
- George Stegman Hospital
- Thusong District Hospital (pilot study only)

3.4.1 Professional Nurses Population

All categories of professional nurses in the clinical area, except those who were only performing administration duties, were included in the study. This category of nurses was found to be relevant to the study as they worked with the new graduate nurses, supervising them and also acting as role models. Their evaluation of the performance of new graduate nurses could always be relied upon because of their experience in clinical nursing.

3.4.2 Professional Nurse Sample

According to Polit and Hungler (1995:230), a sample is a group of members that form a portion of the population, and this must be representative of the population. To ensure this, the researcher distributed the questionnaires to all categories of professional nurses who were willing to participate in the research and who were found in the relevant clinical areas on the day the

researcher was at any of the hospitals mentioned above. This population (n=151) was accessible and representative of the target population for it consisted of professional nurses in all the required categories of the target population.

Professional nurses that were on leave were not included in the study and some questionnaires were left with the research assistants to distribute to those professional nurses who were off-duty at the time when the researcher was at their working place. Some questionnaires were also left in the different wards for those who were on night duty. The whole exercise was dependent on the willingness of an individual to participate in the study.

The sampling method used by the researcher was therefore that of convenience and it was representative of the target population for it consisted of the necessary characteristics like education and training, experience, income and qualifications. The researcher included all professional nurses that were available at the time and were willing to participate in the study, because of staff shortages that were experienced and the busyness of the clinical areas due to high bed-occupancy.

3.4.3 New Graduate Population

New graduate nurses with a diploma or basic degree in nursing and who had obtained the qualification within the specified period (1998 - 2001) were included in the study. This category of nurses was relevant to the study for they had not yet attained the required experience in nursing and were still considered to be new. New graduates that had practiced as enrolled nurses before training for professional nursing were excluded from the study for they had acquired a lot of experience during that time and were proficient in almost all procedures in nursing.

3.4.4 New Graduate Sample

All new graduate nurses (1998 - 2001) found in the clinical area and willing to participate were included in the study (n=67). Some questionnaires were again left in the wards for those on night duty and those who were off-duty pending their willingness to participate in the research. This was convenient sampling

and it was done because of the limited number of new graduate nurses. Representation was ensured because all participants were consistent with all the characteristics of the target population e.g. qualifications and length of service.

3.5 Data Collection

3.5.1 Research Instrument

The research instruments that were used to collect data for this study were two types of questionnaires. One questionnaire was directed to the professional nurses and the other questionnaire to the new graduate nurses. This method was chosen because it is cost-effective and ensures that all respondents are exposed to uniform stimuli because of its impersonal and standardized nature. The validity of the instrument is enhanced, and since it allows for the preservation of anonymity, it also enhances the validity of response to sensitive and personal information. Responses can be easily compared and analysed (Polit and Hungler 1995:289).

Each questionnaire was made up of three parts. The first part concerned the demographic information of the respondent; the second part screened the educational information and the third part looked into the professional information.

The instruments consisted of both open and close-ended questions. Open-ended questions gave the participants the opportunity to elaborate and state reasons for their responses. Such questions are usually coded and transcribed to improve statistical analysis. An adapted Likert Scale with four options was used. Close-ended questions consisted of declarative statements followed by options from which respondents were to select the statements that best described their feelings or perceptions.

A letter stating the purpose of the questionnaire was attached to each instrument. Confidentiality and anonymity were guaranteed by stipulating that no names were to be written on the questionnaires. Explicit instructions were

provided concerning the return of the questionnaire. Respondents were also ensured that participation was voluntary.

The researcher distributed questionnaires by hand. Participants, upon completion of the questionnaire, were requested to submit them in sealed envelopes to identified members of staff. These were collected by the researcher on a previously agreed upon date. Participants were given a period of two weeks to complete and return the questionnaires.

3.5.2 Questionnaire for Professional Nurses (Annexure 5)

This questionnaire was directed at clinical nurses who had been practicing nursing for more than five years. It was divided into three sections. The first section focused on the biographic data of the professional nurse and consisted of six items with options to choose from. Blank spaces were provided in some of the items for additional information if required.

The second section of this questionnaire dealt with the professional socialization of graduate nurses. It consisted of sixteen items. A modified Likert scale ranging from 1 - 4 was used (1 = disagree, 2 = uncertain, 3 = agree and 4 = strongly agree). Instructions and indications of the scale were written at the beginning of each page and whenever there was a change in strategy. Relevant examples were given as required.

In the third section there were nine items based on the Scope of Practice of the Registered Nurse. They were in the form of declarative statements with options to choose from and blank spaces for stating of reasons for some choices. The general aim of this questionnaire was to obtain perceptions of professional nurses with regard to the competency of new graduate nurses.

3.5.3 Questionnaire for new Graduate Nurses (1998 - 2001) (Annexure 6)

The aim of this questionnaire was to obtain the graduate's own perception on her own practice, that is, whether she considered herself competent or not when she first began to practice as a professional. It also consisted of three sections with instructions at the beginning of each section or page and whenever there was a change in strategy. The first section consisted of three

items on the biographic data of the new graduate. It also provided extra spaces for additional information if necessary.

The second section consisted of thirty-one items which focused on the educational data. These items consisted of options to choose from and additional space for more information where necessary. Other items were in the form of a modified Likert Scale that ranged from 1 - 4 as in the previous questionnaire. Here too, relevant examples as well as instructions were provided to guide the respondent.

The last section dealt with professional data and consisted of twenty-four items. Sixteen of these items provided space for the provision of reasons for the choices made.

3.5.4 Validity

Validity refers to whether the instrument measures what it is designed to measure. In this study validity was determined through cross validation using content as well as face-validity. Cross validation promotes item sensitivity and is used to enhance the validity of the research instrument (De Vos 1998:84).

Content validity is a systematic assessment of the content of an instrument to ensure that it adequately represents or includes the entire content area or domain specified. The content analysis will indicate if the variables are representative of the total phenomena under discussion (De Vos 1998: 84). The opinion of experts would be used to do content validation of the research instrument.

Face-validity involves the subjective judgements of experts and respondents to determine if the instrument measures what it is supposed to measure, namely the perceptions of respondents with regard to the competence of newly qualified nurses. The instrument consisted of a structured questionnaire, which was presented to experienced statisticians and nurse educators to confirm the content and face validity.

3.5.5 Reliability

Reliability is concerned with the degree of consistency of the instrument and it is the major criterion for assessment of quality and adequacy. It measures whether the instrument consistently measures what it is supposed to measure (Burns and Grove 1997:327 and Polit and Hungler 1995:347). The instrument was assessed for reliability by using a pilot study. It could be corrected if any questions appeared to be unclear.

3.5.6 Pilot Study

A pilot study was conducted to test the reliability and validity of the instruments, and to improve the clarity and meaningfulness of the instrument (Vithal and Jansen 1997:26). The population used for the pilot study was not included in the main study.

New nurse graduates (1998 - 2001) and clinical nurses in a district hospital at Thusong District Hospital were used for the pilot study. This exercise helped to minimize errors in the main study and indicate the adequacy of the research instrument (Polit and Hungler 1995:35 and Burns and Grove, 1997:53). The researcher learned from the results of the pilot study that instructions had to be given to research assistants to ensure that all pages of the questionnaire were completed when receiving them back from respondents.

3.5.7 Consent for Research

An application letter for permission was written to the Department of Health in Mmabatho (Annexure 1) to obtain consent to conduct research from the following hospitals:

- Thusong District Hospital (for pilot study only)
- Rustenburg District Hospital
- Taung District Hospital
- George Stegman Hospital
- Klerksdorp/Tshepong Hospital Complex
- Gelukspan Hospital
- Mafikeng Provincial Hospital

- Bophelong Psychiatric Hospital

Permission was granted by the Department of Health (Annexure 2) and on receipt of this, application letters were written to the management of the above hospitals to obtain consent to collect data from their institutions (Annexure 3). Discussions, personal and telephonic, were held with the assistant directors of nursing of the same institutions to explain the nature of the study and request assistance and cooperation. Collection of data was commenced after all the above activities and the permission from the management of the above institutions.

3.5.8 Data Collection Procedure

A coordinator was appointed at each institution where data was collected, to assist with the administration of questionnaires. The procedure to be followed was thoroughly discussed by the researcher and the coordinators. The researcher distributed the questionnaires with the assistance of the co-ordinators. Each questionnaire included a covering letter, which explained the purpose and significance of the study and also assured anonymity and confidentiality. An informed consent was thus obtained.

A period of two weeks was allowed for the return of questionnaires. Each institution was provided with big, self-addressed envelopes or boxes for the reception of completed questionnaires. The coordinators were given the responsibility of mailing all returned questionnaires to the researcher.

3.6   Ethical Considerations

The researcher tried to adhere to all the required ethical considerations, namely:

- Not to interfere with the work scheduled of respondents.
- Obtain an informed consent from all respondents by attaching a letter to each questionnaire explaining that participation was voluntary and no name was to be reflected anywhere on the questionnaire to ensure privacy, confidentiality and anonymity.

Letters of approval to proceed with the study were obtained from:

- The Ethics Committee, Faculty of Medicine, University of Pretoria and Pretoria Academic Hospital.   (Annexure 7)
- The Department of Health in Mmabatho. (Annexure 1)
- The Ethics Committees of the institutions which were included in the study (Annexure 4).

3.7   Data Analysis

Data was collected, transferred from all questionnaires and processed at the Department of Statistics at the University of Pretoria using Statistical Analysis System program to generate descriptive statistics. This program is popular in nursing research, as it is able to create a statistical analysis system data set, perform statistical procedures and print it.

Close-ended questions were quantified and frequency tables as well as percentages compiled. Open-ended questions were categorized, similarities in each category identified and clustered. Themes were formulated and then coded. Similar codes across responses were enumerated to quantify data. Frequency tables, bar and pie diagrams as well as percentages were compiled and data further interpreted to render it meaningful.

3.8   Conclusion

This chapter described the methods and procedures that were employed to conduct this study. The instruments used for data collection and the rationale for the targeting of the population used, as well as the sampling procedure was discussed. Preparation and analysis of data was also explained.

CHAPTER 4

DATA ANALYSIS

4.1   Introduction

The purpose of this study was to describe the perceptions of the clinical competence of newly registered nurses in the North West Province. In order to achieve this, it was necessary to determine the profile of the professional nurses, whose perceptions regarding the performance of new graduate nurses formed the basis of this study, and that of the new graduate nurses, whose performance was under discussion. The required information was obtained by means of structured questionnaires, one hundred and fifty-one (70.2%) of which were completed by professional nurses and sixty-seven (82.7%) of which were completed by new graduate nurses (1998-2001). The questionnaires were made up of close-ended questions that were followed up by open-ended questions. Descriptive categories were used to explain data.

The results will be presented in sections as follows:

- Analysis of professional nurse questionnaire responses according to the twenty-two questions asked.

- Analysis of new graduate questionnaire responses according to the thirty questions asked.

4.2   Analysis of Data Pertaining to Professional Nurses' Questionnaire

4.2.1 Biographic Data of Professional Nurses

This section consisted of six questions. The data yielded the following findings:

4.2.1.1 Qualifications and Ranks of Professional Nurses

Figure 4.1 (page 37) shows that the majority of respondents had a diploma in nursing and only a small number of these nurses had a degree in nursing. The trend is however changing as many professional nurses are developing themselves through distant education with universities.
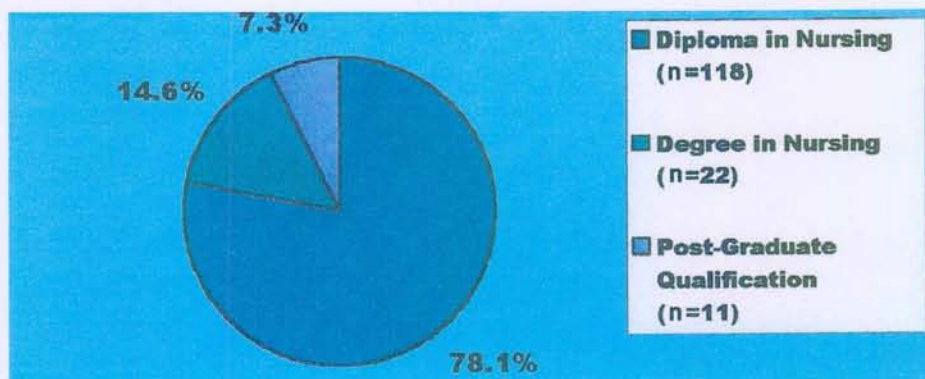
Figure 4.1. Qualifications of Professional Nurses

Figure 4.2 (below) shows that the highest numbers of respondents, 68.2% (n=103), were chief professional nurses. This was important for the study as these nurses were experienced and their judgement of clinical competence of new graduate nurses was based on extensive clinical experience and knowledge.
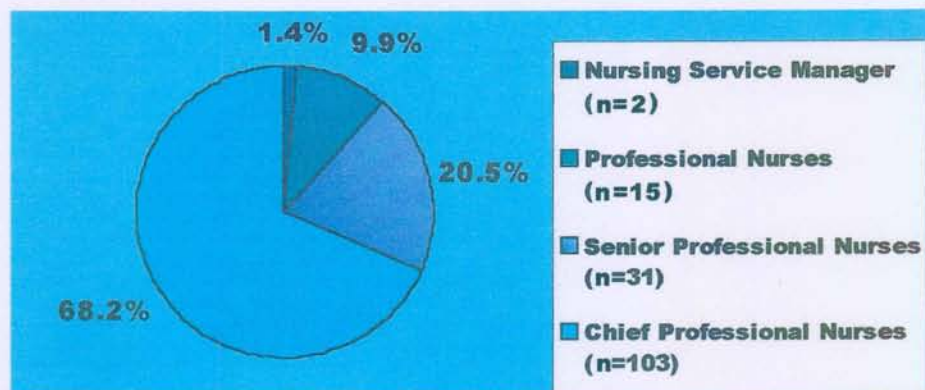
Figure 4.2. Ranks of Professional Nurses

4.2.1.2 The Number of Professional Nurses Who Were Furthering Their Studies

Although 43.3% (n=65) of professional nurses stated they were developing themselves through further studies, it was a cause for concern to notice that a significant number, 56.7% (n=85), were not developing themselves. This could affect the role that nursing plays in dealing with health issues. Self-development contributes a great deal to the quality of care and promotion of health. In addition to this, education provides confidence in practice and also affects clinical judgement positively.

Programmes followed by the group of professional nurses, 43.3% (n=65), that were developing themselves are listed in Table 4.1.

Nursing Programmes/Degrees	No. Professional Nurses
Post Basic Degree	22
Diploma in Nursing Management	3
Diploma in Community Nursing Science	7
Diploma in Psychiatry	1
Diploma in Midwifery	3
Certificate Courses in Nursing	4
Diploma in Clinical Nursing, Health Assessment, Treatment and Care	7
Mcur Nursing Management	2
Total (n=151)	49

Table 4.1. Distribution of Nursing Programmes/Degrees

Professional nurses in pursuit of self-development were following various programmes. A small but significant number were following non-nursing courses, which are listed in Table 4.2.

Non-Nursing Programme/Degree	No. Professional Nurses
Information Technology	2
Human Resource Management	2
Diploma in Labour Law	1
Certificate Course in Medicine and Law	1
Bachelor of Commerce	1
Masters in Business Administration	2
Total (n=151)	9

Table 4.2. Distribution of Non-Nursing Programmes/Degrees

4.2.1.3 Distribution of Years in Practice as a Professional Nurse

According to Table 4.3 below, experienced nurses responded well to the study. Their length of time in clinical practice is proof of their extensive experience and ability to evaluate clinical competence.

Number of Years	Frequency	Percentage
5-10	58	38.7
11-15	30	20.0
16-20	29	19.3
More than 20	33	22.0
Total Number	150	100.0

Table 4.3. Distribution of Years in Practice

4.2.1.4 Distribution of Clinical Settings: Respondents Functioning As Professional Nurses

Table 4.4 below indicates that the findings of the study were based on perceptions from a wide clinical area with a wide variety of skills even though the basic nursing care of patients remains the same. This implies that clinical competence was evaluated from all areas of clinical practice where as students the graduates were allocated to and should have gained enough practice and achieved objectives set for each area.

Type of Ward	Frequency	Percentage
Maternity	22	14.6
Surgical	14	9.3
Medical	19	12.6
Paediatric	15	9.8
Psychiatric	11	7.3
Other	70	46.4
Total Number	**151**	**100.0**

Table 4.4. Distribution of Types of Wards

Other clinical areas or types of wards, which were not specified above, are as follows:

Other Types of Ward	No. Professional Nurses
Gynaecology	5
Orthopaedic	5
Operating Theatre	3
Out Patient Department	6
Casualty and Trauma	6
Urology	3
Intensive Care	9
Infection Control	2
Community Health Services	13
Renal Unit	4
Tuberculosis	3
Administration	7
Clinical Teaching	4
Total	**70**

Table 4.5. Distribution of Other Clinical Settings

4.2.2 Professional Socialisation of New Graduate Nurses

The findings from this section were based on information obtained from responses to sixteen statements by the professional nurses. Responses were based on a four-point Likert Scale, namely: disagree, uncertain, agree and strongly agree.

4.2.2.1 Orientation of New Graduate Nurses

Fig. 4.3 below, shows that experience was regarded to be important in the orientation of new graduates to ensure that they receive information that would help them to function as competently as possible. Some professional nurses, though very few, 2% (n=3), did not agree with the statement, which may be due to lack of understanding of the question.
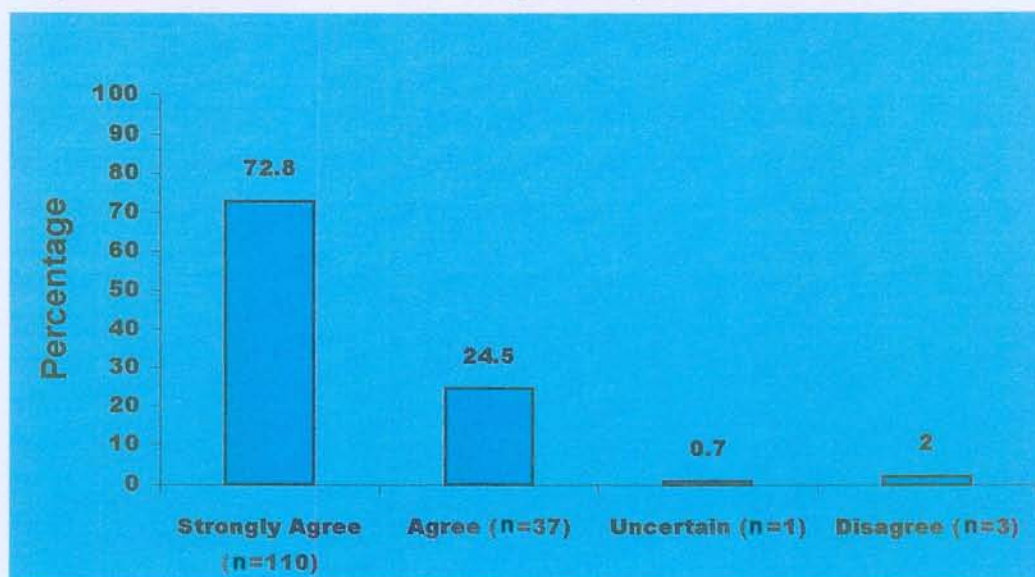
Figure 4.3. Professional Nurses' Perceptions of the Importance of Orientation of New Graduates by Experienced Clinical Nurses

4.2.2.2 Availability of Written Orientation Programmes in the Clinical Area

According to Fig. 4.4 on page 41, the majority of professional nurses, 72.8%, (n=110) believed it was important that a written orientation be available in each clinical area and that orientation facilities adjustment and enhance competency. A written orientation programme enables the orientator to cover all areas and the new graduate nurses could always refer back to it during moments of uncertainty.
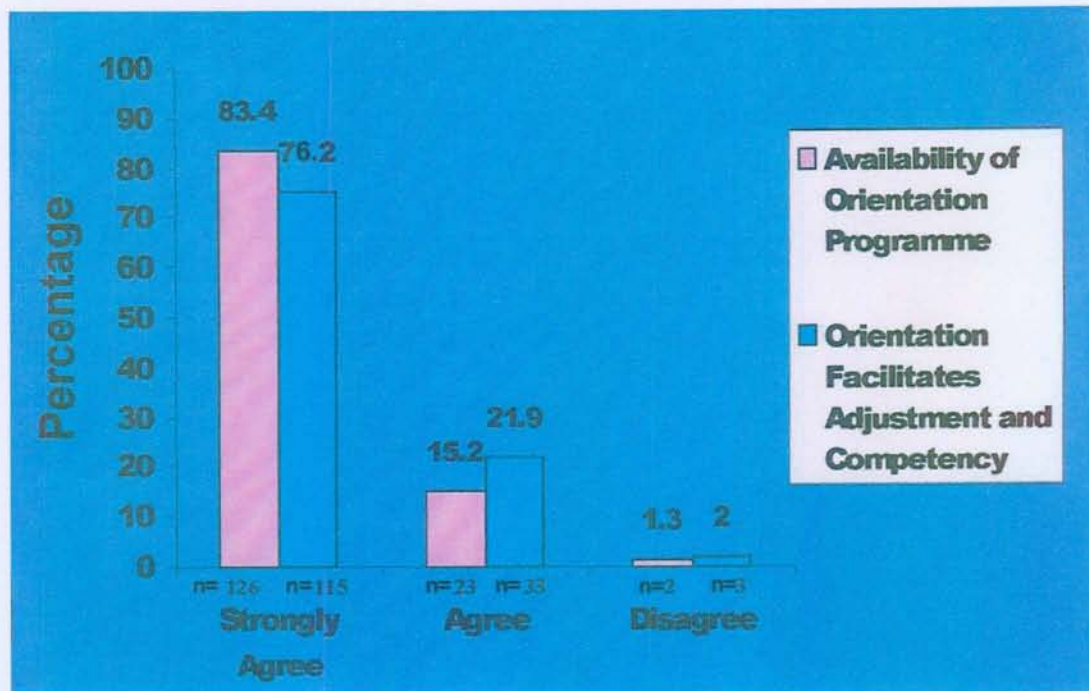
Figure 4.4. Professional Nurses' Perceptions of the Importance of a Written Orientation Programme and Opinions Regarding the Statement "Orientation Facilitates Adjustment and Enhances Competency".

In relation to the above discussion, new graduates were requested to respond to the questions whether they considered the orientation programme to be effective. The responses are indicated in Table 4.6.

RESPONSE	FREQUENCY	PERCENTAGE
Yes	42	84.0
No	8	16.0
TOTAL (n=67 New Graduates)	50	100.0

Table 4.6 New Graduate Nurses' Perceptions of the Effectiveness of the Orientation Programme With Regard to Their Own Competence.

New graduates who experienced the orientation programme, 74.6% (n=50), confirmed the claims made by professional nurses that orientation facilitates adjustment and enhances competency. An overwhelming number, 84% (n=42), of new graduates considered the programme to be effective.

4.2.2.3. Competency In Relation To Independence

A significant number of professional nurses, 52% (n=78), visualised a competent nurse as someone who could function independently without supervision and could be relied upon to provide quality care. However, an

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astounding number of professional nurses, 71.59% (n=108), did not think that new graduate nurses were competent on completion of their training. Professional nurses indicated that new graduate nurses still needed supervision after completion of their training.
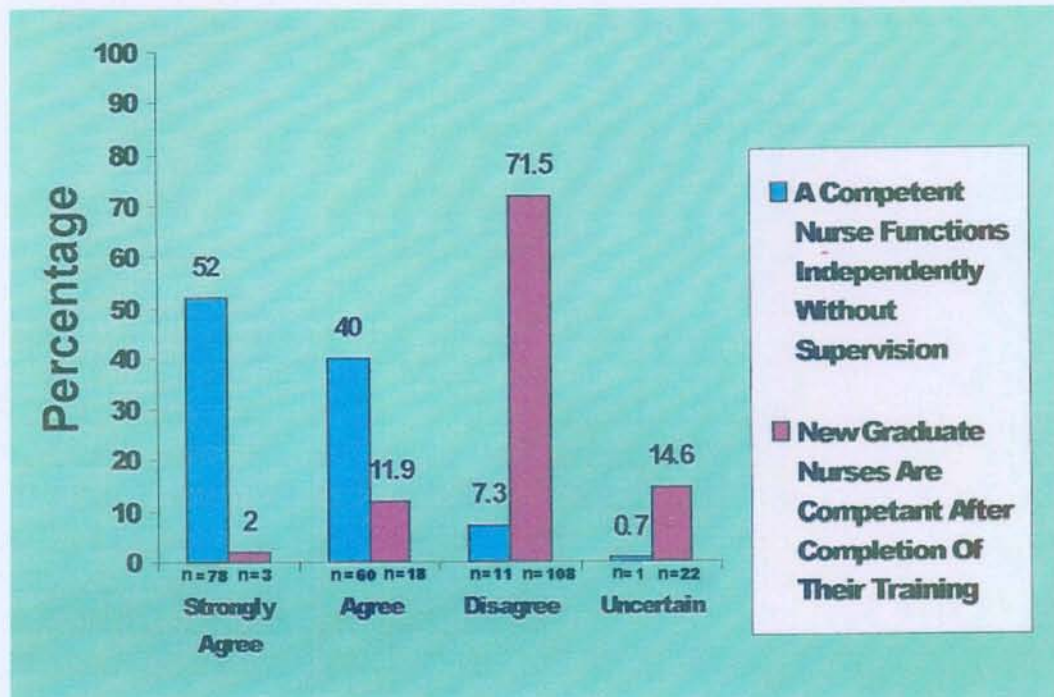
Figure 4.5. Professional Nurses' Perceptions of the Statement "A Competent Nurse Functions Independently Without Supervision" and " New Graduates are Competent".

The opinions of professional nurses in regard to the competency of new graduate nurses raised an important argument since it also affected the quality and amount of clinical exposure. It showed the significance of the length of exposure to clinical practice in relation to competency.

4.2.2.4. Comparison Between The Perceived Competency Of University and College Graduates

According to Fig. 4.6 on page 43, university graduates were considered to be less competent than college graduates. It is important to note that the overall time allocation to clinical practice in the two courses is the same. The reason may therefore be probably due to lack of continuation in the university graduate's clinical exposure.
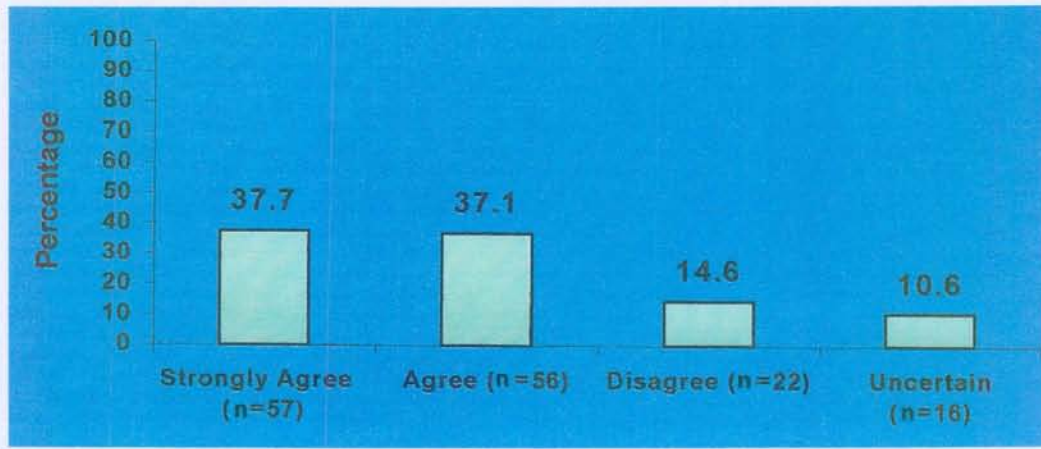
Figure 4.6. Professional Nurses' Responses to the Statement "A College Graduate is more Competent than a University Graduate".

4.2.3 Factors which Contribute to the Adjustment of New Graduate Nurses in Their Working Environment

Reduction in the discrepancy between what they have been taught and what is actually taking place in the work situation

Good interpersonal relationships in the clinical area

Whether new graduates are accepted as responsible professionals who are capable of making valuable contributions to the quality care of clients

Whether new nurse graduates are involved in the planning and decision-making of the ward

Whether more experienced nurses demonstrate commitment and dedication to their work

Figure 4.7. Professional Nurses' Perceptions of the Factors Contributing to the Adjustment of New Graduates in Their Working Environment.

Respondents' opinions were sought regarding the possibility that some factors may enhance new graduate's adjustment in the clinical environment.

A significant number, 62.8% (n=91), agreed that the discrepancy between

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what the new graduates have been taught and what is actually taking place in the clinical area should be reduced. This discrepancy may be due to the lecturer not being aware of changes and developments in the clinical situation and continuing to teach management of certain conditions in an old fashioned way.

The majority of respondents, 50% (n=74), agreed that good interpersonal relationships in the clinical area enhance adjustment and competency of new graduate nurses. They become relaxed and are free to ask for guidance and reassurance if they encounter difficulties in their working environment.

A good number of respondents, 52% (n=78), indicated that it would help if new graduates were accepted as professionals and not as learners anymore. They were capable of making valuable contributions to the care of clients and a significant number of respondents felt that new graduates should be given a chance and be involved in the planning and decision making of the ward.

New graduate nurses continue to regard experienced clinical nurses as role models even after completion of their training. This is due to the amount of knowledge and experience that the professional nurses have gained though their years of practice. New graduates, therefore, observe, imitate and learn from experienced nurses. If experienced nurses demonstrate lack of commitment and dedication to their work, this may affect the performance of new graduate nurses. The majority of respondents, 45.5% (n=68), agreed with this statement.

4.2.4 Collaboration Between Nurse Educators And Professional Nurses In The Clinical Area

An overwhelming number of respondents, 84.7% (n=127), were positive with regard to the statement. (See Fig. 4.8 page 45.) This response emphasises that the two categories should work as a team to produce clinically competent graduate nurses. They compliment each other. It is impossible for the nurse educator to avail herself throughout the day in the clinical area, but the clinical nurse is always there to facilitate student learning in the application of theory to practice.
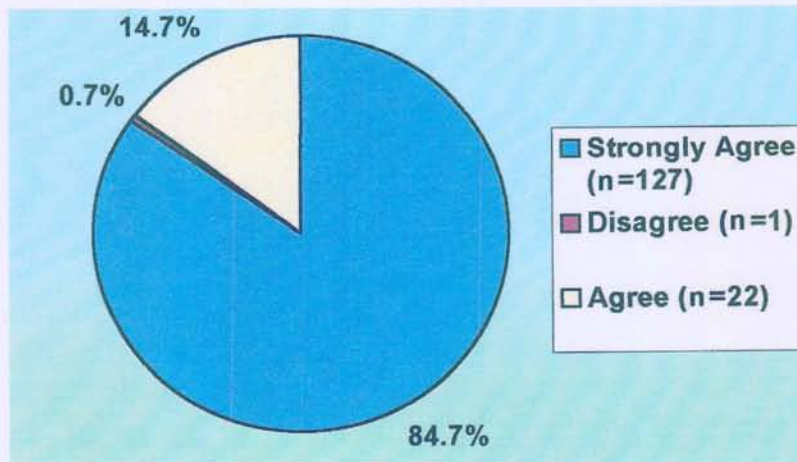
Figure 4.8. Professional Nurses' Perceptions of the Co-operation Between Nurse Educators and Clinical Nurses In the Development of Clinically Competent Nurses.

4.2.5 The Emotional Climate Between Professional Nurses and New Graduates
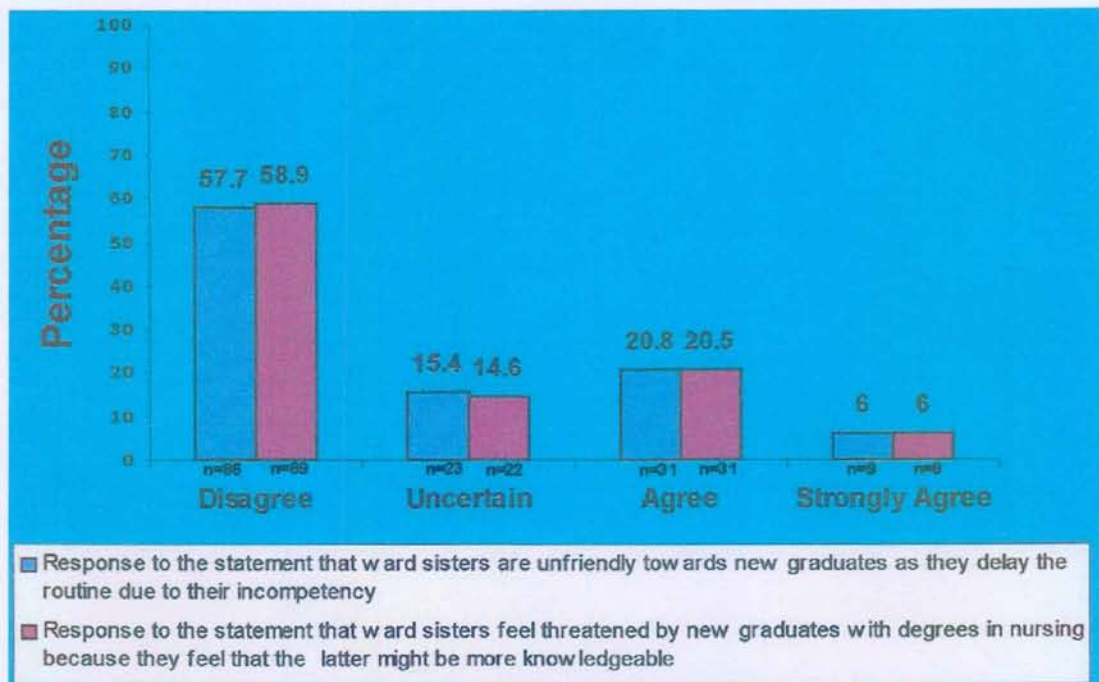
Figure 4.9. Professional Nurses' Response to the Statements "Ward Sisters are Unfriendly Towards New Graduates Because They Delay the Routine" and "Ward Sisters Feel Threatened by New Graduates".

The majority of the respondents, 57.7% (n=86), disagreed that ward sisters are unfriendly towards new graduates, whereas 20.8% (n=31) agreed with the statement.

A significant number of respondents, 58.9% (n=89), were of the opinion that professional nurses did not feel threatened by the qualifications of new

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graduates, although quite a large proportion, 33.1% (n=50), felt that new graduates look down upon the professional nurses without a degree.

4.2.6 New Graduate's Responsibility for Own Competency
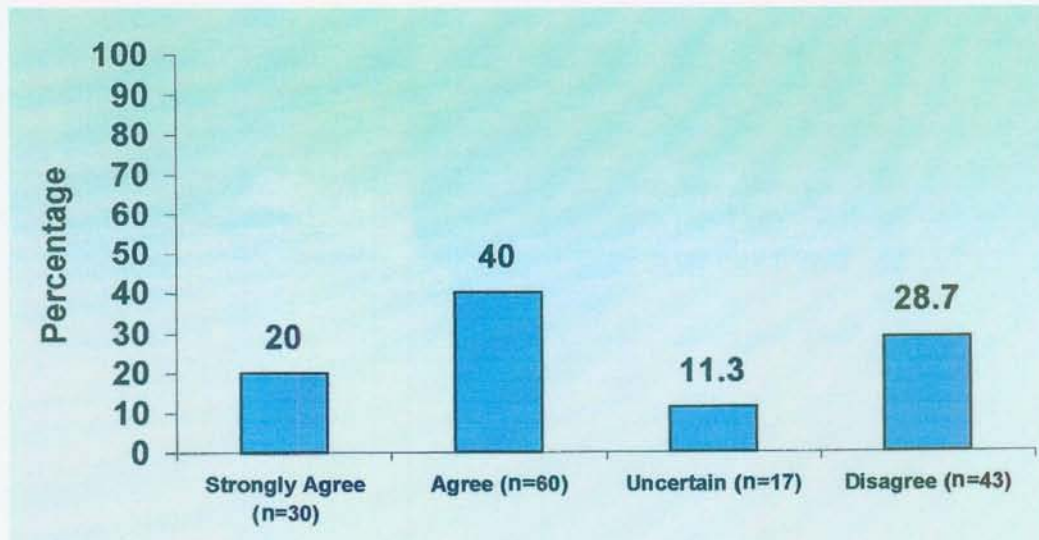
Figure 4.10. Professional Nurses' Response to the Statement "If the New Graduate Fails to Meet Expectations and is Incompetent, She Must Take Responsibility."

The majority of respondents, 40% (n=60), agreed that the new graduate should take responsibility if she fails to meet the expectations and is incompetent. However, a significant number, 28.7% (n=43), did not agree with the statement.

4.2.7 Realisation of the Scope of Practice of the Registered Nurse (SANC Regulation 2598 of 1984 as amended)

This section was based on those aspects of the Scope of Practice that deal mainly with basic care of patients and is made up of nine questions. Professional nurses had to evaluate the competency of new graduate nurses according to a three-point Likert Scale, namely: always, not always and never.

4.2.7.1. Competency of New Graduates in the Diagnosis of a Health Need and the Prescribing, Provision and Execution of a Nursing Regimen to Meet the Needs of a Client.

As can be seen from Fig. 4.11 (page 47), most of the respondents, 80.5% (n=120), indicated that new graduates were not always competent in this skill on completion of their training and very few, 1.3% (n=2), of the respondents were of the opinion that new graduates were never

competent in the skill. Only 18.2% (n=27) of respondents were positive with regard to the competency of new graduates in this skill.

18.2%

1.3%

Not Always (n=120)

Never (n=2)

Always (n=27)

80.5%
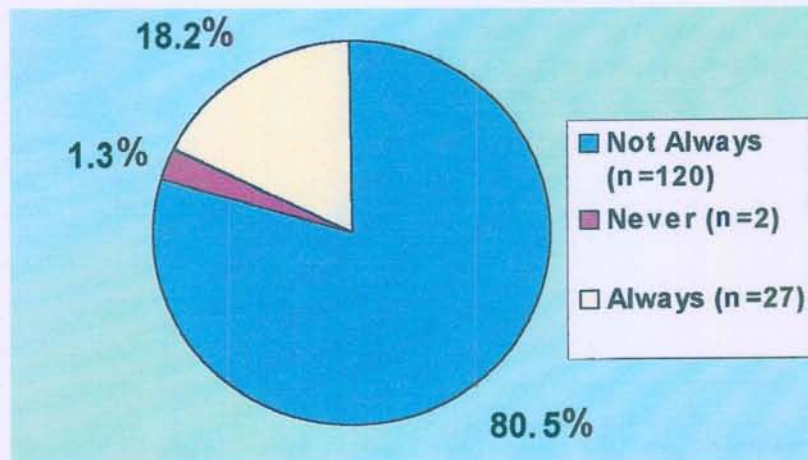
Figure 4.11. Professional Nurses Perceptions of New Graduates' Competency in the "Diagnosing of a Health Need and Prescribing, Provision and Execution of a Nursing Regimen."

4.2.7.2   Competency of New Graduates in the Execution of a Programme of Treatment or Medication Prescribed by a Registered Person for a Client.

33.3%

Not Always (n=98)

Never (n=2)

Always (n=50)

65.3%

1.3%
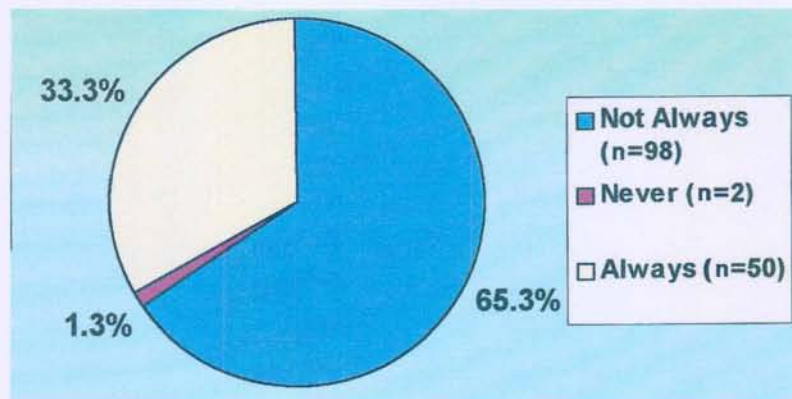
Figure 4.12. Professional Nurses Perceptions of New Graduates' Competency in the "Execution of a Programme of Treatment, or Medication, Prescribed by a Registered Person for a Client".

The graduate should be proficient in this skill from the second year of training and must be continuously evaluated to ensure competency. The response to this question was positive as a significant number of respondents, 33.3% (n=50), claimed that new graduates were always competent in this skill. However, the majority of respondents, 65.3% (n=98), maintained that new graduates were not always competent and a small number of respondents, 1.3% (n=2), reported that new graduates were never competent in this skill.

4.2.7.3 **Competency of New Graduates in the Preparation for and Assistance with Operative, Diagnostic and Therapeutic Acts for a Client.**
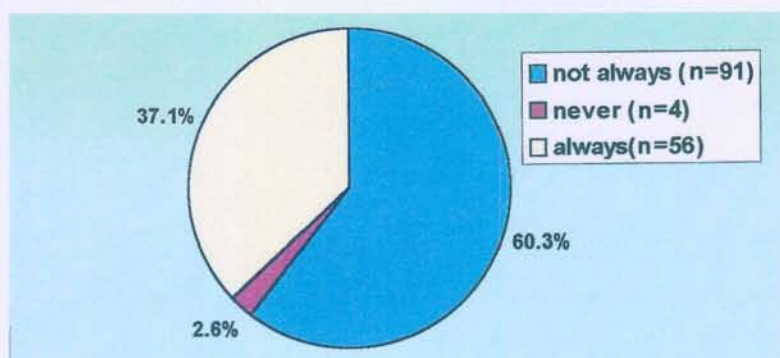
Figure 4.13 Professional Nurses' Perceptions of New Graduates' Competency in the "Preparation for and Assistance with Operative, Diagnostic and Therapeutic Acts for a Client."

In comparison with the responses to the above two questions the response to this question was even more positive. Although the highest percentage, 60.3% (n=91), claimed that new graduates did not demonstrate competency in this skill, a significant number, 37.1% (n=56), claimed that new graduates were always competent in this skill. Only a small percentage, 2.6% (n=4), said that new graduates were never competent in this skill.

The responses to the above three questions (4.2.7.1-3) imply that most of the new graduates could not identify a health need, carry out instructions with regard to the care of clients or assist in any action that was required in the management of the sick.

4.2.7.4 **Competency of New Graduates Regarding the Supervision Over and Maintenance of Elimination by a Client.**
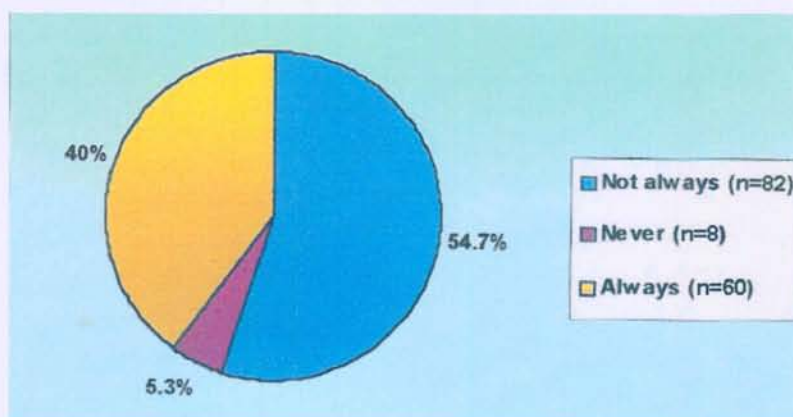
Figure 4.14 Professional Nurses' Perceptions of New Graduates' Competency Regarding the "Supervision Over and Maintenance of Elimination of a Client".

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The highest percentage, 54.7% (n=82), of respondents claimed that new graduates were not always competent in this skill, even though this is one of the most basic skills that are practiced from the beginning and throughout training.

4.2.7.5 **Competency of New Graduates in the Prescribing, Promotion and Maintenance of Hygiene, Physical Comfort and Reassurance of the Client**
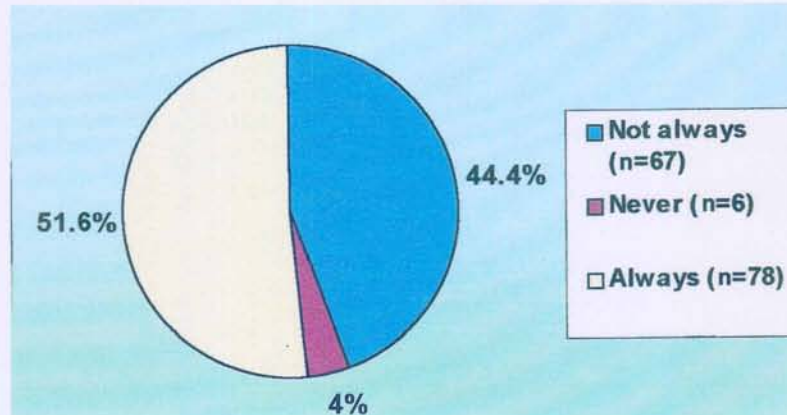
Figure 4.15 Professional Nurses' Perceptions of New Graduates' Competency Regarding the "Prescribing, Promotion and Maintenance of Hygiene, Physical Comfort and Reassurance of the Client".

The majority of respondents, 51.6% (n=78) perceived new graduates to be competent in this regard, 44.4% (n=67) did not perceive new graduates as always competent and 4.0% (n=6) of the respondents claimed that new graduates are never competent regarding the prescribing, promotion and maintenance of hygiene, physical comfort and reassurance of the client.

4.2.7.6 **Competency of New Graduates' in the Education of Other Categories of Staff, Clients and Members of the Community**

Incompetence in this skill affects the preventative aspect of nursing as it implies that the new graduate cannot educate or impart knowledge. A significant number of respondents, 34% (n=51), reported that new graduates were always competent in the skill, though the highest number, 61.3% (n=92), claimed that new graduates were not always competent. A small number of respondents, 4.7% (n=7), perceived new graduates as never competent in this skill. (See Figure 4.16 page 50.)
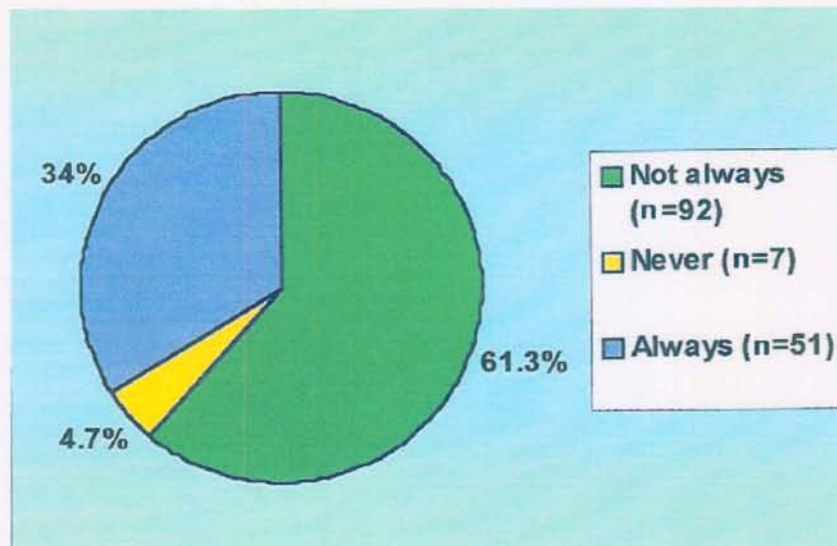
Figure 4.16 Professional Nurses' Perceptions of New Graduates' Competency in the "Education of Other Categories of Staff, Clients and Members of the Community".

4.2.7.7. **Reasons Given by the Professional Nurses who Perceived New Graduates as Incompetent on Completion of Training (Question 19)**

The response to this question was disappointing as only a few respondents stated the reasons why they perceived the new graduates to be incompetent in the basic skills mentioned in question 19.

The few professional nurses that responded cited the following reasons:

- Lack of practical skills
- Lack of initiative
- Arrogance and
- Lack of confidence

The implication of the above responses is that new graduate nurses needed more practice in order to develop initiative and confidence. Competence, however, depends on many factors such as knowledge and acceptance. The graduates apparently also considered themselves to be above certain skills after completion of training.

4.2.7.8. **New Graduates' Ability to Relate and Apply Theoretical Content in Clinical Practice**

The majority of respondents, 68.7% (n=101), were of the opinion that new graduates do apply theory to clinical practice. However, a significant

number of respondents, 31.3% (n=46), did not agree and claimed that new graduates were unable to apply theory to practice. This implies that a gap exists between theory and practice, which may be due to a lack of facilitation or that a discrepancy exists between the two entities. The respondents who were of the opinion that new graduates were able to apply theory to practice gave the reasons shown in Table 4.7 below.

Reason	Frequency	Percentage
Graduates are competent and responsible.	45	62.5
Some of the graduates are good.	11	15.3
It depends on the availability of resources and good orientation	9	12.5
No problems have been experienced with them	5	6.9
It depends on the amount of clinical exposure	2	2.8
TOTAL (n=151 Professional Nurses)	72	100.0

TABLE 4.7 Reasons Given by the Professional Nurses Who Perceived New Graduates as Having the Ability to Apply Theory to Practice.

According to the majority of respondents, 62.5% (n=45), new graduate were able to apply theory to practice, as they were competent and responsible.   This response, however, contradicts the response to question eleven where 71.5% (n=108) of respondents perceived new graduates as incompetent after completion of their training.

Reason	Frequency	Percentage
New graduates need guidance and supervision	19	57.6
They need practice	9	27.3
They are incompetent	4	12.1
They could do well if there was no staff shortage and a lower bed occupancy rate	1	3.0
TOTAL (n= 151 Professional Nurses)	33	100.0

TABLE 4.8 Reasons Given by the Professional Nurses Who Perceived New Graduates as Unable to Apply Theory to Practice.

The majority of respondents in Table 4.8 above were of the opinion that new graduates could not apply theory to practice for they needed guidance and supervision, as well as practice. There were, however, other reasons given for this inability, as illustrated in Table 4.9.

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Reason	Frequency	Percentage
They have more theory than practice	13	52.0
What is done in the clinical area differs from what they learned in class	8	32.0
The look down upon some procedures	3	12.0
The need time to adjust	1	4.0
TOTAL (n= 151 Professional Nurses)	**25**	**100.0**

TABLE 4.9 Other Reasons Given by the Professional Nurses for the Perceived Inability of New Graduates to Apply Theory to Practise.

The majority or respondents, 52.0% (n=13), claimed that new graduates have more theory than practice. This implies that their clinical exposure was inadequate and they spent more time at the college or university learning theory. A significant number of respondents, 32.0% (n=8), cited another important reason, i.e. what is being done in the clinical area is different from what the graduates learned in class. This means there is a discrepancy between the two and there is no collaboration between the nurse educator and the professional nurse in the clinical area.

The fact that new graduates were seen as arrogant could not be ignored as it appeared for the second time. It implies that new graduates consider some of the nursing skills to be of low level and fit for sub-professionals only.

4.3   Analysis of Data Pertaining to New Graduate Nurses (1998-2001)

4.3.1 Biographic Data of New Graduate Nurses.

This section consisted of three questions and the data yielded the following findings:

4.3.1.1   The Type of Qualifications Obtained by New Graduate Nurses.

It was important to distinguish between the qualifications of the newly qualified nurses. The graduates who registered with a college of nursing obtained a diploma whereas those who registered with a university obtained a basic degree in nursing. According to the findings no new graduate had registered with a technikon.
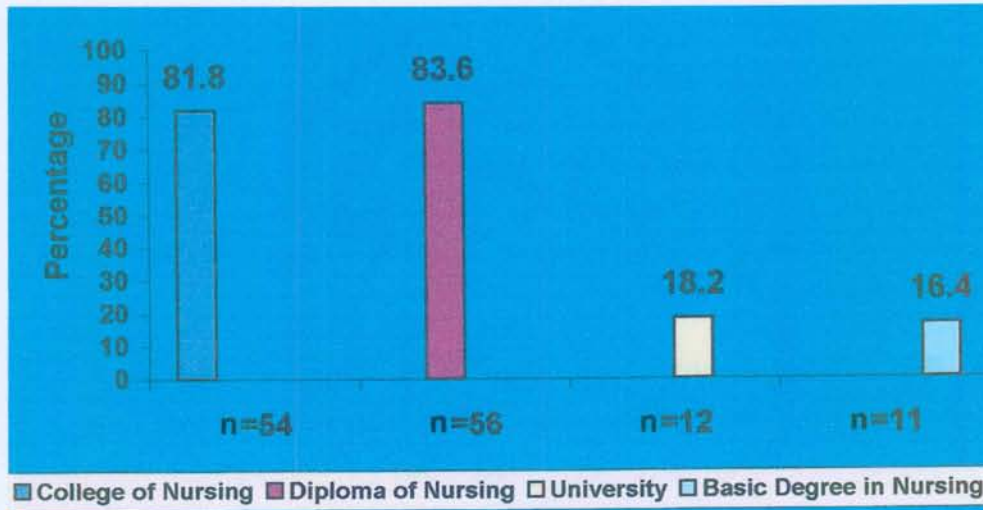
Figure 4.17 Type of Qualifications Obtained by New Graduate Nurses

According to Fig. 4.17 above, most of the respondents, 83.6% (n=56), included in this study obtained a diploma in nursing through a college and only 16.4% (n=11) of respondents obtained a basic degree in nursing through a university.

The data revealed that more diploma nurses were employed in the North West Province than degree nurses. The reason for this may be that university graduates preferred other provinces that are not as rural as the North West. It may also have been due to the availability of vacancies or selection procedures. Professional nurses with a basic diploma qualification should be encouraged to develop themselves through granting of study leaves and incentives on obtaining post-basic qualifications.

4.3.1.2 Year of Completion of the Nursing Programme.

The question on the year in which the graduate completed the nursing programme was important since the study was directed at graduates who completed their training in 1998-2001. The graduates who completed their training before the stipulated period were considered to have gained a lot of experience and could for this reason, not be regarded as new graduates.
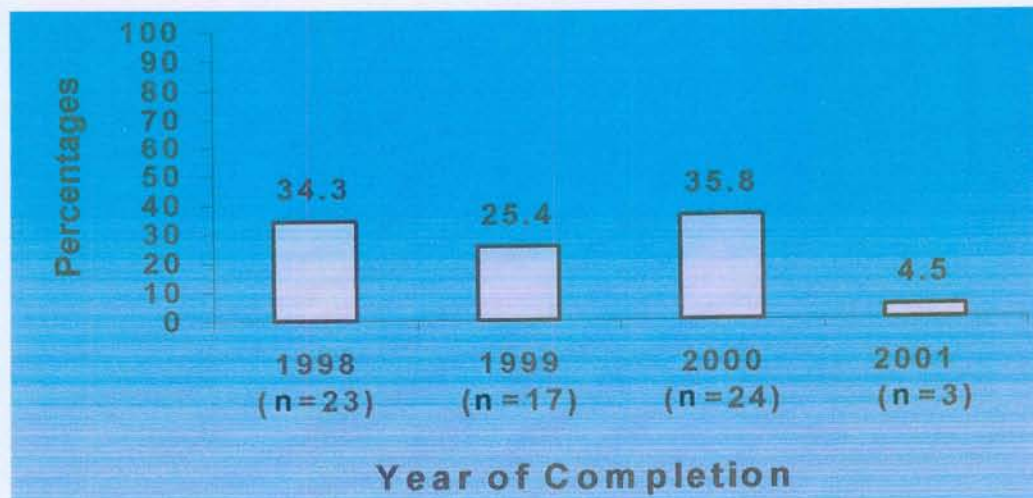
Figure 4.18 Year of Completion of the Nursing Programme

The highest percentage of respondents, 35.8% (n=24), completed their training in 2000 and the second highest percentage of respondents completed in 1998, 34.3% (n=23).

4.3.2 Educational Data

This section consisted of 14 Questions. The following information was obtained from the data:

4.3.2.1 Responsibility for Organisation of Practicals.

The student should know who is responsible for her practicals and who to consult when faced with difficulties regarding application of theory to practice.
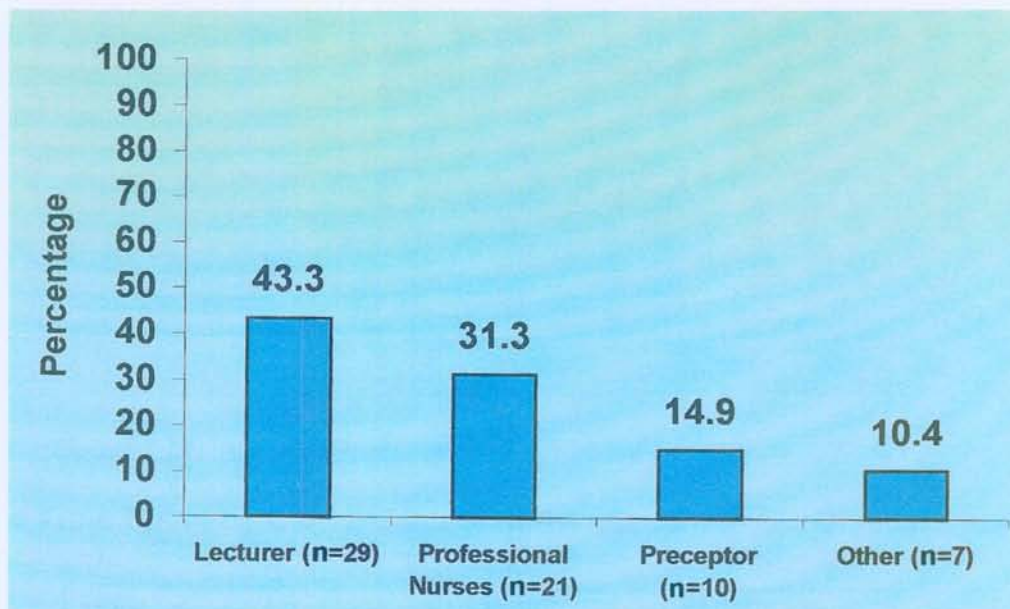
Figure 4.19 New Graduates' Perceptions of the Person Responsible for the New Graduate's Practical During Training.

Fig. 4.19 shows that the majority of respondents, 43.3% (n=29), thought the lecturer was responsible for the training and a significant number, 31.3% (n=21), thought the professional nurses in the clinical area were responsible for their practicals. Some of the new graduates indicated that they themselves were responsible for their own practicals and others mentioned tutors. It seems some of the new graduates think tutors are different from lecturers.

4.3.2.2. Accompaniment of the Student to the Clinical Area by the Lecturer.

As can be seen from Fig. 4.20 below, the highest percentage of respondents, 70.2% (n=47), reported that lecturers sometimes accompanied them. This implies that lecturers do accompany students, although it is impossible for the lecturers to be always in the clinical area. They have lectures to give and prepare for. Some graduates, 16.4% (n=11), even claimed that their lecturers were always with them in the clinical area. However, a small but significant number of respondents, 13.4% (n=9), reported that their lecturers never accompanied them to the clinical area.
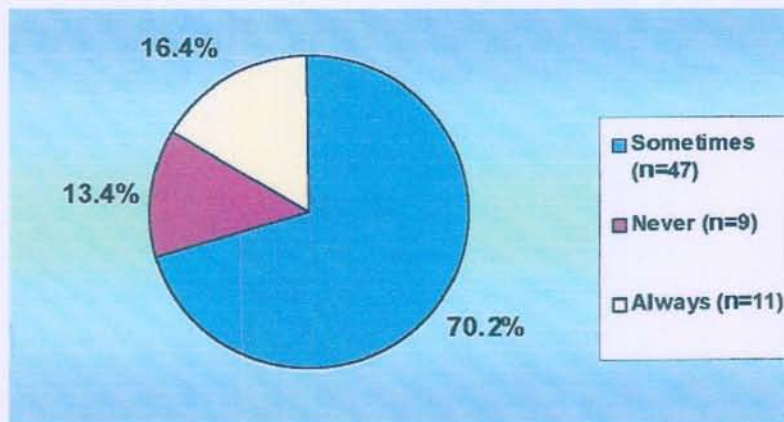
Figure 4.20   Accompaniment of Students by the Lecturer

4.3.2.3   The Time Spent by the Lecturer with the Student in the Clinical Area

Time	Frequency	Percentage
About an hour	18	27.7
More than an hour	9	13.6
As long as necessary	28	43.1
Rarely saw her	10	15.4
Total (n= 67 New Graduates)	**65**	**100.0**

Table 4.10 Time Spent by the Lecturer with the Student.

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The time that the lecturer spends with the student in the clinical area should be determined by the needs of the student. According to Table 4.10 above, the majority of respondents, 43.1% (n=28), indicated that lecturers remained with them as long as necessary and a significant number, 27.7% (n=18), indicated that the lecturer spent about an hour with the student. Accompaniment of students by lecturers seems to be satisfactory even though a small number of respondents, 15.4% (n=10), claimed that they rarely saw the lecturer.

4.3.2.4 **New Graduates' Perspective of the Statement "The Time the lecturer Spends with the Student in the Clinical Area is Quality Time."**

The data as indicated in Figure 4.21 below, shows that the majority of graduates, 43.3% (n=29) and 32.8% (n=22), agreed that the lecturer spends quality time with the student in the clinical setting.
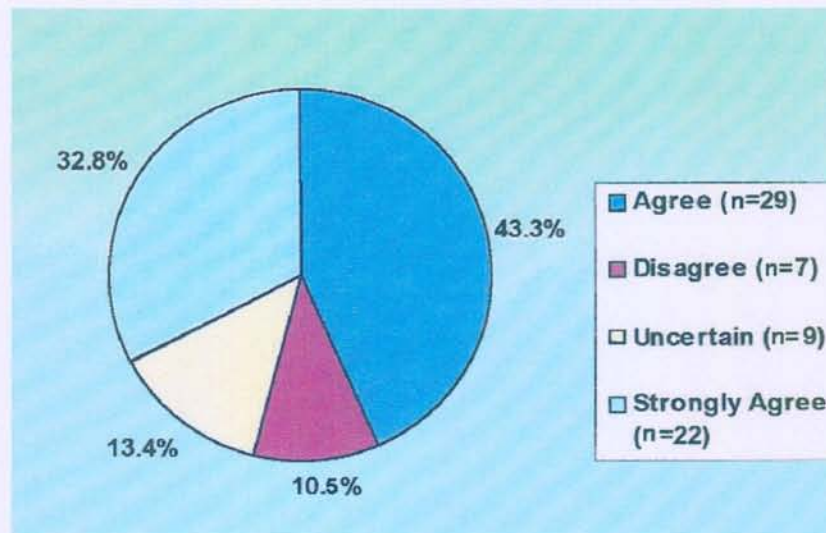
Figure 4.21 New Graduates' Response to the Statement "The Time the Lecturer Spends with the Student in the Clinical Area is Quality Time."

The lecturer is responsible for theoretical knowledge of the student and is the best person to facilitate the application of what she taught in class, in the clinical area. The lecturer also sets objectives for the student and she can ensure that they have been achieved. The time she spends with the student in the clinical area should therefore be quality time.

4.3.2.5 **The Contribution of Professional Nurses Towards the Development of Graduate Nurses.**

It is heartening to note that graduate nurses are aware of and readily acknowledge the role that is played by the clinical nurses in their development. (See figure 4.22 below.)
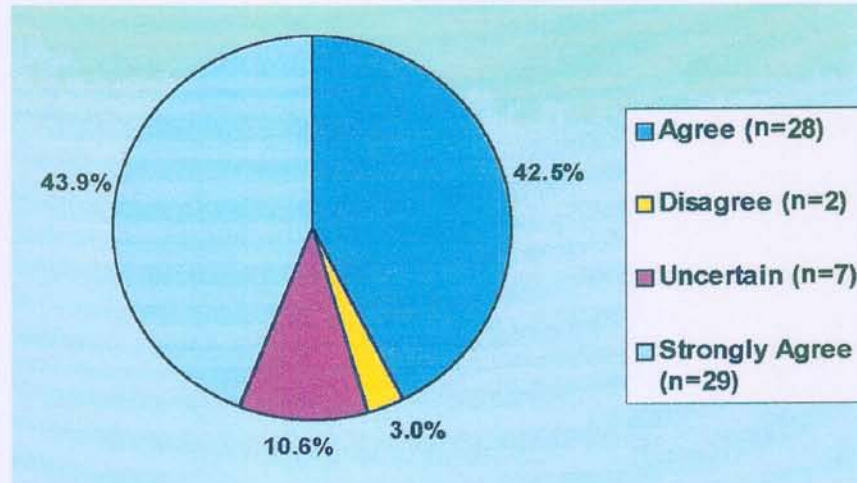
Figure 4.22 New Graduates' Response to the Statement "Professional Nurses in the Clinical Area Contribute a Great Deal Towards the Development of Graduate Nurses."

It may be due to ignorance that 3.0% (n=2), which is a very small number, disagreed with the statement that professional nurses contribute to their development. Most of the respondents, 43.9% (n=29) and 42.5% (n=28), agreed with the statement, however 10.6% were uncertain.

4.3.2.6 **The Influence of the Attitude of Professional Nurses on Student Development.**
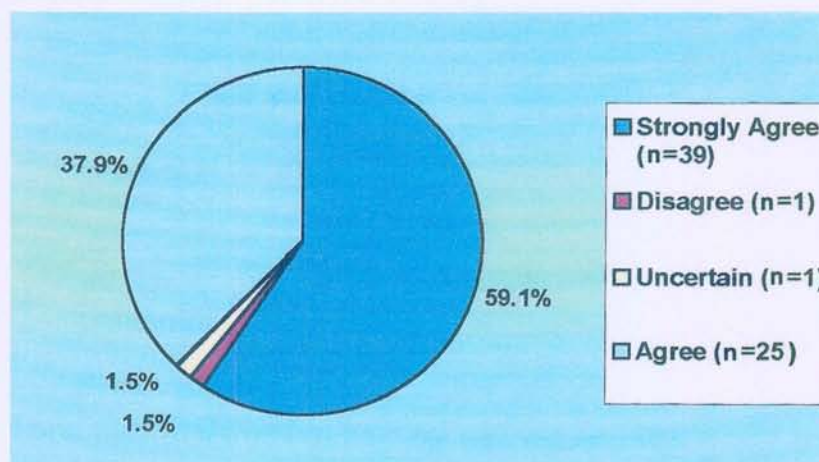
Figure 4.23 New Graduates' Response to the Statement "Friendly and Supportive Attitudes of Professional Nurses are Crucial for the Development of Students into Assertive and Efficient Professionals."

From Fig. 4.23 (page 57) it can be seen that clinical nurses play a very important role in the development of new graduate nurses as 97.0%, (59.1%+37.9%, n=64, (39+25)) of respondents think highly of the friendly and supportive attitudes of professional nurses in their development.

A very small percentage, 1.5% (n=1), disagreed or was uncertain about the statement. This may be due to ignorance or she had never experienced lack of support by professional nurses, as they are always available in the clinical area.

4.3.2.7   **Opportunity to Develop Managerial Skills.**

Most respondents, 66.7% (n=44), (see Fig. 4.24) agreed that in order to develop efficient managerial skills the learner must be given the opportunity to act as a team manager and one respondent, 1.5% (n=1), was of the opinion that this of experience is not necessary.
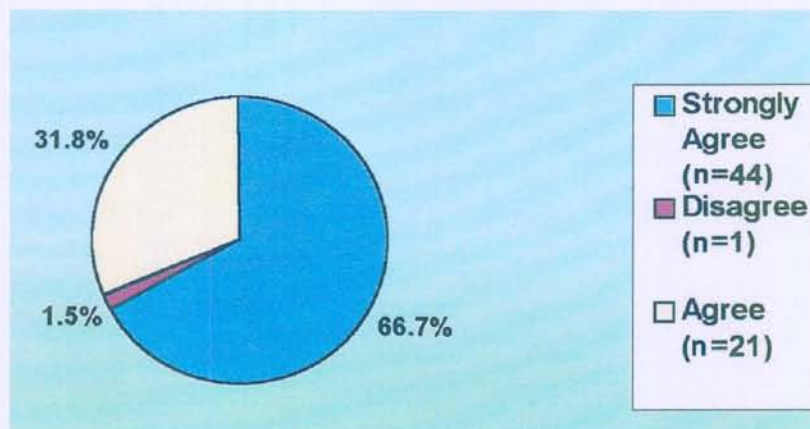
Figure 4.24 New Graduates' Perceptions of the Statement "To Develop Managerial Skills the Learner Must be Given the Opportunity to Act as the Person in Charge of a Ward or a Team of Nurses."

The new graduate that lacks managerial skills needs supervision even after completion of training and may be perceived as incompetent. Lack of managerial skills undermines the confidence of an individual and as a result she may feel that her training was inadequate.

4.3.2.8. The Importance of Regular Feedback on the Quality of Performance

According to Fig. 4.25 below, all respondents agreed that regular feedback on the quality of performance is effective in helping the students to identify areas that need improvement.
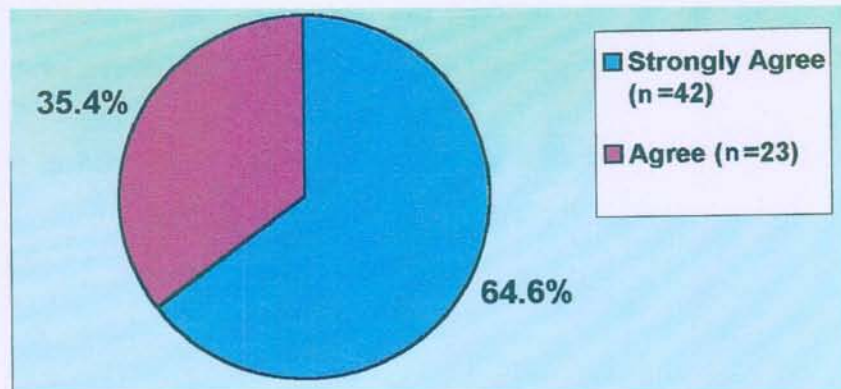
Figure 4.25 New Graduates' Response to the Statement "Regular Feedback on the Quality of Performance is Effective in Helping the Students to Identify Areas that Need Improvement."

Regular feedback helps the students to develop the required competency. This implies that as students, new graduates were keen to learn about their performance and to improve, where necessary, to ensure their development into effective practitioners.

4.3.2.9 Responsibility of the Student for Her Own Development and Training.

It is crucial that the learner take the initiative in self-development. In Fig. 4.10 on the analysis of data from the professional nurses, the majority of respondents agreed that the graduate should take the responsibility if she fails to meet the expectations and is incompetent (see paragraph 4.2.6).
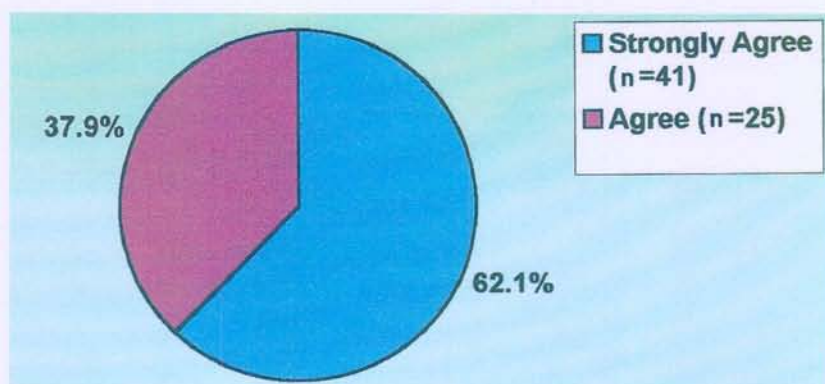
Figure 4.26 New Graduates' Response to the Statement "That the Student is Responsible for Her Own Learning and Development".

In Fig. 4.26 (page 59), it can be seen that *all* respondents agreed that the student is responsible for her own learning and development. She should, however be assisted through guidance, support and role modelling. Objectives should be given to the student and facilities for learning should be made available.

There is however one factor that may affect learning and performance in the student, that is regular absenteeism from the practice. Frequent absenteeism may suggest that the learner is irresponsible unless it is for valid reasons. If the absenteeism is due to ill health, the learner may have to be assessed and a decision be made as to whether the student will cope with the demands of nursing.

Regular absenteeism may affect competency through shortening of clinical exposure. The learner may miss the opportunity to observe important and rare practical skills that she may never see again. Students that absent themselves without any valid reason perhaps require counselling and coaching.

4.3.2.10 Difficulties Experienced Regarding Practical Skills.
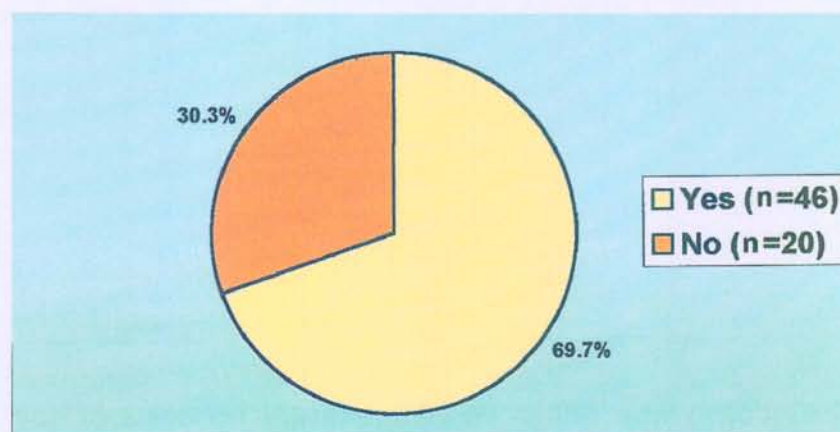
Figure 4.27 New Graduates' Response to the Question "Did You, at One Stage During Your Training, Have Difficulties Regarding a Procedure in the Clinical Area".

The response from the data in Fig. 4.27 shows that most of the graduates, 69.7% (n=46), did encounter problems regarding practical skills at one stage during their training. However a significant number, 30.3% (n=20), of graduates never experienced such problems.

It was important to learn what the graduate did when she realized that she was having problems regarding practical skills.

In case of difficulties regarding practical skills, it is usual for the learner to ask for assistance from someone she trusts, who is more knowledgeable and is available at that particular time. If the lecturer is never there, the learner will not be able to ask for assistance from her.

What the graduate did	Frequency	Percentage
Asked for help from the lecturer	15	31.9
Asked for help from colleagues	11	23.4
Asked for help from professional nurses	20	42.6
Ignored the problem and just went on	1	2.1
Total (n=67)	47	100.0

Table 4.11 How the Graduates Handled the Difficulty Regarding a Procedure or Practical Skill.

The majority, 42.6% (n=20), of new graduates (Table 4.11 page 61) asked for assistance from the professional nurses in the ward. This is understandable as professional nurses are always available in the clinical situation; they are more knowledgeable regarding practical skills and serve as role models. A significant number of respondents, 31.9% (n=15), asked for assistance from a lecturer that implies that lecturers do accompany their students in the clinical area. Some graduates made use of their own colleagues, 23.4% (n=11), and a very low percentage, 2.1% (n=1), chose to ignore the problem and just go on.

4.3.3. Professional Data

This section focused on the experiences of the new graduate from the time she started working as a professional nurse.

4.3.3.1 Adequacy of Training

The majority of new graduates, 63.1% (n=41), in Table 4.12, did not feel their training was inadequate and therefore felt themselves to be competent and coping well. However, a significant number, 36.9% (n=24), did experience inadequate training. This implies that they could not cope, which may be equal to incompetence.

Response	Frequency	Percentage
Yes	24	36.9
No	41	63.1
Total (n=67 New Graduates)	**65**	**100.0**

Table 4. 12 Graduates' Response to the Question: "Did You Feel Your Training to be Inadequate".

This question had to be discussed in conjunction with the next question in which the areas where the graduate felt inadequate would be identified.

According to data from Figure 4.28 below the majority (n=16) of graduate nurses felt inadequate in managing as clinical area. A significant number could not educate or impart knowledge and some could not provide care as required. Few graduates could not conduct themselves ethically and others failed to cope in specialized areas like high care. The implication may be that exposure to clinical practice was insufficient.
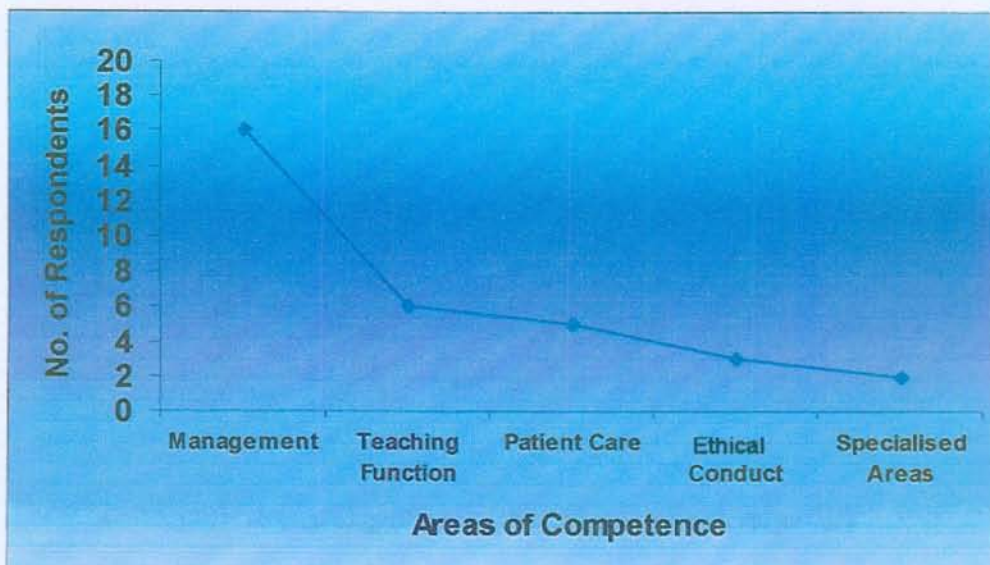
Figure 4.28   Areas in which the New Graduate Felt Inadequate.

4.3.3.2   Orientation on Starting as a Professional Nurse.

Response	Frequency	Percentage
Yes	47	71.2
No	19	28.8
Total (n= 67 New Graduates)	**66**	**100.0**

Table 4. 13 Exposure of New Graduates to an Orientation Programme.

In Table 4.13 it can be seen that the majority of respondents, 71.2% (n=47), underwent an orientation programme when they started working as professional nurses, but a significant number, 28.8% (n=19), did not get this exposure. An orientation programme facilitates adjustment in a new work situation and in case of a new graduate it helps her to apply her knowledge when required.

Under normal circumstances new employees should benefit from an orientation programme. If such people claim that they did not benefit from an orientation programme then this programme has to be reviewed to ensure that it meets the needs of the appointees. At the end of an orientation programme, the appointees usually evaluate it and modifications are then made according to the findings.

When asked whether the orientation programme had been effective, the majority, 84% (n=42), of new graduates who had undergone this programme reported that it was effective. However a small but significant number, 16% n=8), claimed that it was not effective. The reasons given for the ineffectiveness of the programme are shown in Table 4.14.

Reason	Frequency	Percentage
Programme too short	5	22.7
Too much emphasis on routine work	9	40.9
Too much information in a short period of time	6	27.3
Other (Shortage of staff reported)	2	9.1
Total (n=67 New Graduates)	**22**	**100**

Table 4.14 Reasons Given by New Graduates as to Why the Orientation Programme was not Effective.

Most of the respondents, 40.9% n=9), indicated that during orientation, too much emphasis was put on a routine work. Some of the respondents, 27.3% n=6), complained that too much information was given in a short time and 22.7% (n=5) claimed that the programme was too short. Apparently, they were inundated with too much information at a time when they could not absorb it all. The lowest percentage, 9.1% (n=2), gave other reasons such as shortage of staff. It seems the orientation

programme could not always be conducted properly because of shortage of staff.

4.3.3.3 Allocation in the Clinical Setting in Relation with Personal Interest

Allocation of a new graduate nurse to an area of her interest enhances the development of competency and assists in the formation of constructive and supportive relationships that will facilitate adjustment at this difficult time when everything seem strange (Kapborg and Fishbein 1998:169). According to the response to this question 62.9% (n=39) of new graduates were allocated to the area of their interest when they started working as professionals though 37.7% (n=23) of them could not be placed in the area of their interest.

Allocation to an area of interest may not be possible where there is shortage of staff or if an area of interest is already having enough professionals working in it. However, the positive response to allocation according to area of interest proves that nursing managers do take this factor into consideration when allocating new graduate nurses. Such an allocation encourages specialization which plays an important role in provision of quality care.

4.3.3.4 Should Specialization Be Encouraged Among New Graduates

Specialization contributes to quality care and also plays an important role in the ensurance of job satisfaction. In response to the question about specialization, 76.1% (n=51) of respondents were in favour, whereas 23.9% (n=16) were not in favour of specialization.

The reasons given by the respondents, who were in favour of specialization, were that it enhances competency and promotes job satisfaction. The respondents who were not in favour of specialization were of the opinion that new graduates must gain general knowledge and experience first as that best decisions are based on experience. New graduates cannot remain junior members of the profession, they have to grow, mature and become leaders in the profession. They need exposure to a wide variety of clinical settings to gain experience.

4.3.3.5 **Competency of New Graduates According to the Scope of Practice of the Registered Nurse (R2598 0f 1984 as amended).**

4.3.3.5.1 **The Diagnosing of a Health Need and the Prescribing, Provision and Execution of a Nursing Regimen to Meet the Needs of a Client.**

The majority of respondents, 89.4% (n=59), in Fig. 4.29 below, claimed that they were competent in this skill, though 10.6% (n=7) of them reported that they were not competent.

Only four of the seven new graduates who thought themselves incompetent in this skill gave reasons for their incompetence. According to these graduates, lack of knowledge and lack of resources in the clinical areas were the main reasons they could not perform competently.

This is a very important skill in nursing as it forms the foundation from which provision of care to a client evolves. Resources must be available in the clinical situation otherwise nurses cannot function according to expectations.

10.6%

Yes (n=59)
No (n=7)

89.4%
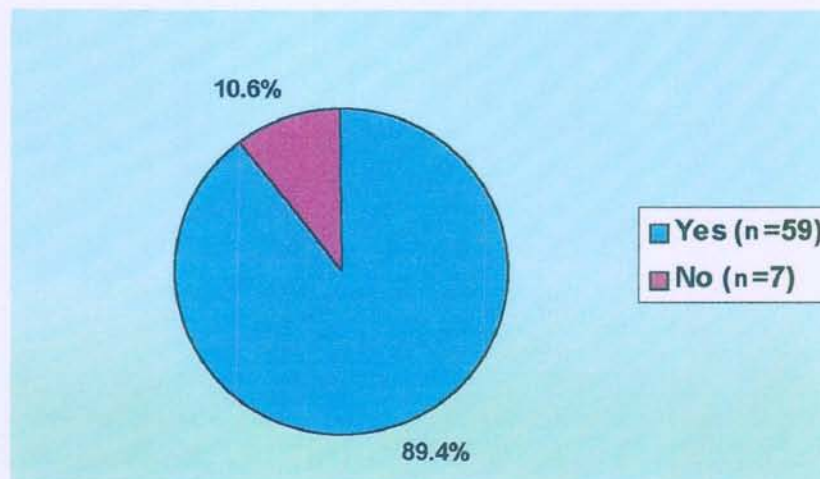
Figure 4.29 New Graduates' Perception of Their Own Competence in the " Diagnosing of a Health Need and the Prescribing, Provision and Execution of a Nursing Regimen to Meet the Needs of a Client".

Sometimes knowledge is lacking and further training is required. Evaluation must be carried out continuously to ensure competency in learners. If the graduate is not competent in this skill, further training is advocated.

4.3.3.5.2 The Prescribing, Promotion or Maintenance of Hygiene, Physical Comfort and Reassurance of the Client.

Fig. 4.30 shows that almost all new graduates, 98.5% (n=65), considered themselves competent in the above skill. Only one graduate reported that she was incompetent in the skill and no reason was given for this incompetency.
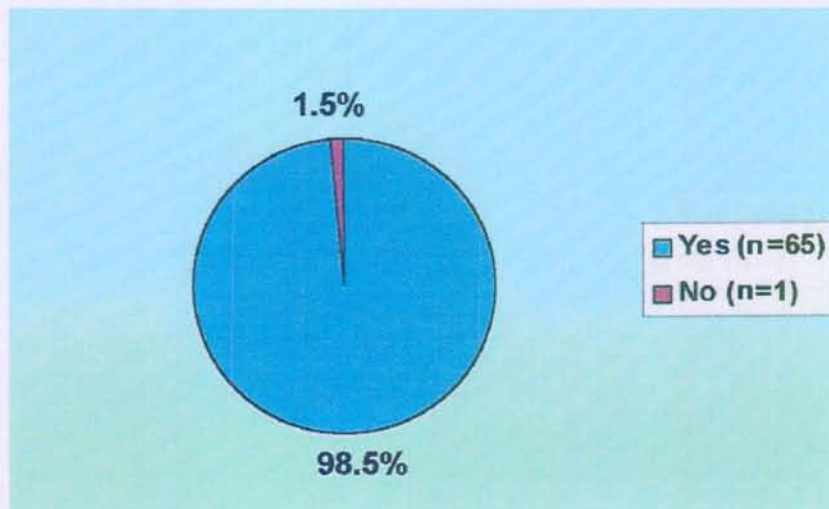
Figure 4.30 New Graduates' Perception of Their Own Competence in Prescribing, Promotion or Maintenance of Hygiene, Physical Comfort and Reassurance of the Client.

4.3.3.5.3 The Supervision Over and Maintenance of a Supply of Oxygen to a Client.
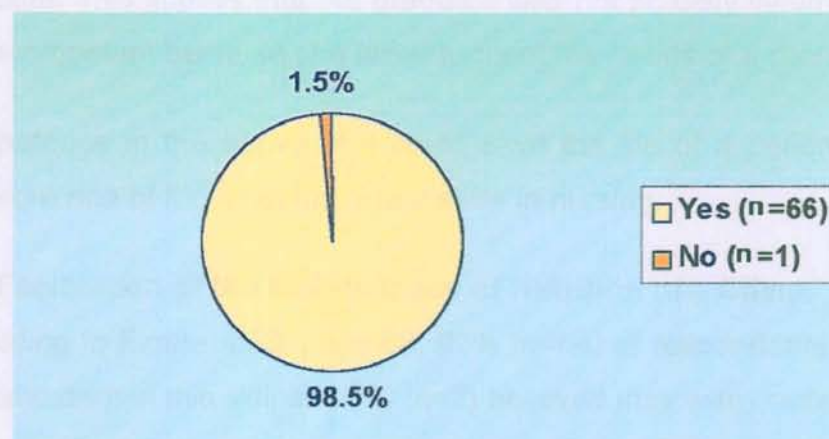
Figure 4.31 New Graduates' Perception of Their Own Competence in the Supervision Over and Maintenance of a Supply of Oxygen to a Client

The response to this question shows that almost all new graduates, 98.5% (n=66), considered themselves to be competent. Only one graduate

reported incompetence in this skill and the reason given for this incompetence was lack of supplies and not lack of knowledge.

4.3.3.5.4 The Supervision Over and Maintenance of Fluid, Electrolyte and Acid Base Balance of a Client.

1.6%

Yes (n=63)
No (n=1)

98.4%
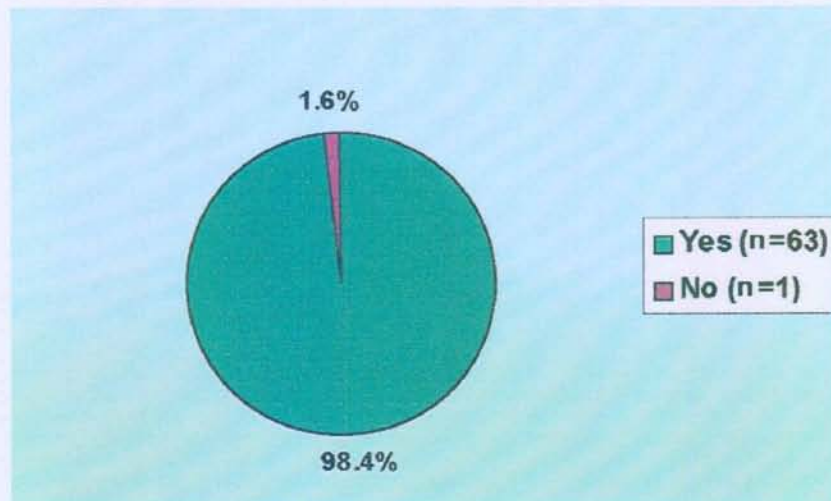
Figure 4.32 New Graduates' Perception of Their Own Competence in the Supervision Over and Maintenance of Fluid, Electrolyte and Acid Base Balance of a Client.

The majority of respondents, 98.4% (n=64), Fig. 4.32, claimed to be competent in this skill and only one claimed to be incompetent. The reason given by the respondent was, that at that time, there was a staff shortage. This implies that the graduate was not actually incompetent, but felt incompetent because she failed to meet the needs of a client.

Competence in the above skill could save the life of a patient, and it is therefore one of the most important skills in nursing.

4.3.3.5.5 The Facilitation of the Maintenance of Nutrition of a Client.

According to Figure 4.33, page 68, 97% (n=64) of respondents claimed to be competent in this skill and 3% (n=2) believed they were incompetent.

Lack of supplies was blamed for the incompetency. One graduate reported that she became frustrated because she repeatedly ordered a diabetic diet for a patient, to no avail. This was confused with incompetence. Another reason given by a graduate was that it is the dietician who was supposed to take rounds and order the required diets,

this indicates a lack of knowledge. Shortage of staff was also mentioned as the reason for failure in the performance of this skill.

3.0%

Yes (n=64)

No (n=2)

97.0%
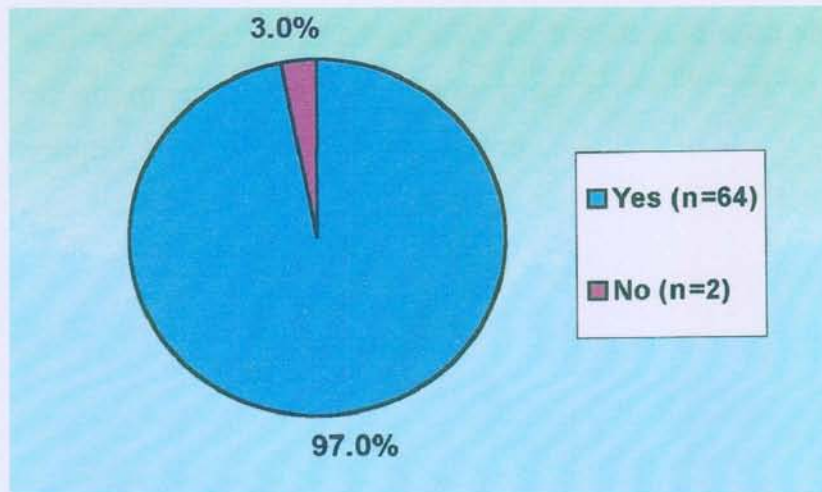
Figure 4.33 New Graduates' Perception of Their Own Competence in the Facilitation of the Maintenance of Nutrition of a Client.

The facilitation of the maintenance of nutrition is a basic and very important skill that is emphasized throughout training and development of nurse graduates. Inability to perform this skill may jeopardize the life of a patient. No student should be allowed to graduate and become professional unless she is competent in this skill.

4.3.3.5.6 The Education of Students, Clients, Their Relatives and Members of the Community.

4.5%

Yes (n=63)

No (n=3)

95.5%
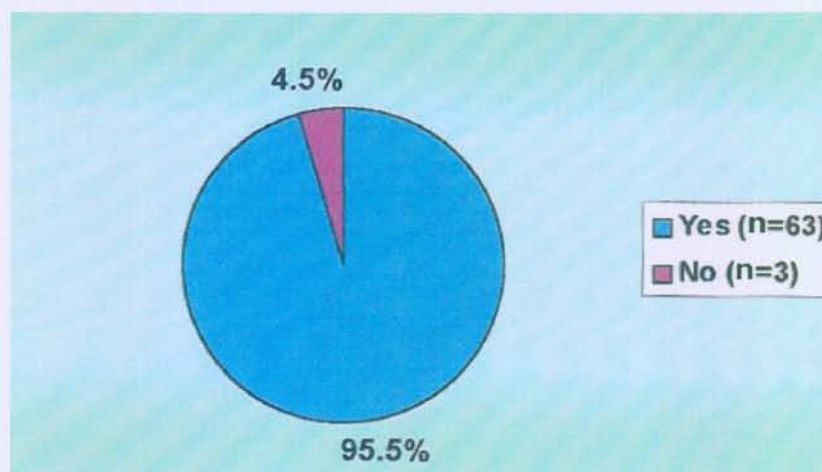
Figure 4.34 New Graduates Perception of Their own Competence in the Education of Students, Clients, Their Relatives and Members of the Community.

Most of the respondents, 95.5% (n=63), claimed they were competent in the above skill and only 4.5% (n=3) claimed they were incompetent.

Some of the new graduates reported they had no time to educate their clients and members of the community as the clinical area was busy and there staff shortage. Some reported they did not know how to perform this skill although it is practiced during training.

It is the responsibility of every health practitioner to educate others in health matters. It is an important basic skill due to the role it plays in prevention of disease and promotion of health. The education role of health professionals should be emphasized throughout training and evaluated periodically to ensure paramount proficiency.

4.3.3.6 New Graduates' Satisfaction with Their Clinical Experience as Professional Nurses.

The response to this question indicates that 70.8% (n=46) of new graduates were satisfied with what they were experiencing in the clinical area although 29.2% (n=19) claimed they were dissatisfied.

The reasons given as to why they were satisfied with their experience in the clinical area varied from feeling that they were competent and confident, to the fact that they were gaining more knowledge and experience and that the clinical area was according to their expectations. Only one claimed she was trying to fit in and adjust.

REASON	n	%
Shortage of staff equipment and supplies	5	29.4
Lack of Professionalism	5	29.4
Expected to perform beyond scope of practice	2	11.8
Lack of managerial skills	2	11.8
Lack of Orientation	1	5.9
Not placed in area of interest	1	5.9
Too much expected from us	1	5.9
Total New Graduates	**19**	**100.0**

Table 4.15 Reasons for Dissatisfaction with What is Experienced in the Clinical Area.

The new graduates who stated that there was a lack of professionalism in the clinical area cited a variety of reasons including: lack of team spirit, bad interpersonal relationships and inadequate ethical conduct.

Shortage of staff equipment and supplies is also causing so much frustration in the clinical area that the professional behaviour of clinical nurses is affected.

If the grievances of new graduate nurses could be looked into and their complaints carefully analysed and corrected the exodus of nursing professionals into other professions, private institutions or even other countries could be prevented.

4.3.3.7 Factors That Could Cause New Graduates To Leave Nursing

As can be seen in Table 4.16, the most common reason given by new graduate nurses, 85.7% (n=54), as to why they would leave nursing is poor salaries. However, a significant number, 11.1% (n=7), cited reasons such as corruption, feeling overworked and developing conditions such as backache and varicose veins due to the strenuous work.

REASON	FREQUENCY	PERCENTAGE
The discipline is too strict	1	1.6
Do not enjoy nursing	1	1.6
The salary is poor	54	85.7
Other (specify)	7	11.1
Total (n=67 New Graduates)	**63**	**100.0**

Table 4.16 Rationale For Leaving Nursing

One new graduate did not enjoy nursing and one thought the discipline was too strict. During the recruitment process prospective nursing students should be made to comprehend exactly what the profession entails so that they can make an informed decisions before joining a nursing programme.

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4.4   Conclusion

In this, chapter the findings yielded by data during analysis were discussed. The findings were further clarified by illustrations to make them easy to understand. Conclusions, further discussions and recommendations will be made in the next chapter.

CHAPTER 5

FINDINGS AND RECOMMENDATIONS

5.1 Introduction

In this chapter conclusions drawn from the study are presented as well as recommendations for further research and for facilitation of improvement in the performance of new graduate nurses in the clinical area. Significant issues extracted from the findings of the study are used as reference.

5.2 Aim of the Study

The aim of this study was to identify areas of incompetence in the clinical practice of new graduate nurses and to make recommendations on how these problems could be addressed during the education and training of nurse graduates.

Multiple factors related to the clinical incompetence of new graduate nurses have been investigated using the parameters of the Scope of Practice of the Registered Nurse (SANC R2598 of 1984 as amended). Other factors such as accompaniment of students by nurse educators, the contribution of experienced clinical nurses and the role played by the learner were also looked into.

5.3 Limitations of the Study

- The study was limited to the North West Province only and cannot thus be generalised to other provinces or the whole country.

- Only new graduates (1998 - 2001) with a basic degree and diploma in nursing were included in the study. The research, therefore, was not representative of all categories of nurses.

- The authenticity of information obtained from new graduate nurses regarding their competency may need to be questioned since they may be unwilling to acknowledge their shortcomings.

- The researcher cannot vouch for the fact that concepts such as nursing regimen, correlation of theory to practice and discrepancy between what is taught and what is actually taking place were well understood by all respondents.

5.3.1 Difficulties Experienced During Collection of Data

The difficulties, which were experienced by the researcher during data collection, may have contributed to the limitations of the study and need, therefore, to be taken into account as they may have had an impact on the findings of the study.

- The number of new graduate nurses who responded to the study was low. This may be due to the fact that most hospitals developed their own enrolled nurses and gave them study leave for bridging courses. These graduates had experience in bedside nursing as they had been practicing for years before going for training. They were, therefore, excluded from the study.

- It was very difficult for experienced nurses to participate in this study due to general shortage of staff, high bed occupancy and the busy state of clinical areas. They had to sacrifice their off-duty time to respond to the study and this did not appeal to a great number of experienced nurses. It may, therefore, have contributed to the low return of questionnaires.

5.4   Objectives of the Study

The objectives of the study were as follows:

- To determine the perceptions of the professional nurses in the clinical practice with regard to the competence of new graduate nurses.

- To determine the perceptions of newly qualified nurses with regard to their clinical abilities.

- To make recommendations concerning the identified areas of incompetence in clinical practice.

The perceptions of both the professional nurses and the new graduate nurses were obtained through data collection and then analysed. Recommendations are made according to this analysis and identified areas of incompetence. The objectives of the study were achieved, though there were limitations that need to be taken into consideration.

5.5   Findings of the Study

5.5.1 New Graduate Nurses

5.5.1.1   Demographic Data

Sixty-seven new graduate nurses participated in the study. The majority, 83.6% (n=56), had obtained a diploma in nursing through registration with a nursing college and a small percentage, 16.4% (n=11), had obtained a degree in nursing through registration with a university (fig. 4.17 page 53).

5.5.1.2   Educational Data

A striking feature that emerged from this study was that 43.3% (n=29) of new graduates claimed that lecturers were responsible for their clinical practice and 31.3% (n=21) thought that professional nurses in the clinical area were responsible (fig.4.19 page 54). This implies that both lecturers and professional nurses do take responsibility for the development of graduate nurses. A significant 70.2% (n=47) of new graduates (fig. 4.20 page 55) claimed that lecturers sometimes accompanied them to the clinical area and 43.1% (n=28) of these reported that lecturers stayed with them for as long as necessary (table 4.10 page 55). This shows the commitment of lecturers to the development of students and as it is not

always possible for them to be available in the clinical area, this is acceptable.

It is unfortunate that there are lecturers who never accompany their students as 15.4% (n=10) of the new graduates claimed. Although the percentage is small this is not acceptable. It seems there are lecturers who do not understand that they need to facilitate the application of the theory they teach in the classroom in the clinical area. These lecturers need strong motivation and encouragement from their colleagues and the heads of departments to help them realise that accompaniment of students is one of their responsibilities.

The significant commitment displayed by clinical nurses is noticed and appreciated. A high percentage, 86.3% (n=57), of new graduates acknowledged the role played by clinical nurses in their development when they agreed with the statement that professional nurses in the clinical area contribute a great deal towards their development (fig.4.22 page 57). To confirm this, 42.6% (n=20) of new graduates reported that when faced with difficulties regarding a procedure in the clinical area, they asked for help from the professional nurses (table 4.11 page 61).

5.5.1.3 Recommendations Regarding the Educational Data

The findings yielded by the educational data were satisfactory, however, it is important to ensure that all professional nurses participate fully in the education of students. They should be encouraged to demonstrate commitment in this regard and this could be ensured by:

- Designing self-evaluation tools for the professional nurses regarding their amount of participation in the development and training of new graduate nurses. These could be submitted to the area manager for discussion on a monthly basis and would help to motivate the professional nurses.
- Students should be given the opportunity to evaluate the role played by each of the professional nurses in the clinical area toward their education and development.

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- The nurse educators should allow groups of students to evaluate their own performance periodically to help them to identify areas that need improvements in their educational role.

5.5.1.4 Factors that Impacted Negatively on the Development of New Graduate Nurses

The following factors, which were depicted by new graduate nurses, seem to have had a negative impact on their competency:

- Their managerial skills were inadequate as indicated by 31.3% (n=16) of respondents. This contributed greatly to their feeling of inadequacy and incompetence. The importance of giving them the opportunity to act as leaders of teams or ward managers during their training must have been underestimated.

- They needed regular feedback on their quality of performance during their development. This would have enabled them to identify areas that needed improvement in good time.

5.5.1.5 Recommendations Regarding the Education and Development of Graduate Nurses

- Nurse educators and clinical nurses should work together to enhance development of managerial skills in nursing students. Allocating senior students as team leaders or nurses in charge of wards could do this. They should be encouraged to take the lead in planning, decision-making and problem solving in the ward situation. Continuous evaluation could then be carried out on leadership and managerial skills. This would enhance the production of analytic and critical thinking graduates that are able to face challenges that may be encountered in the clinical area.

- Evaluation instruments must be re-designed to assess all levels of necessary competence using all critical factors. A combined effort by both nurse educators and clinical nurses is required in this undertaking

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to ensure that the educator's didactic expertise is effectively utilised.

- Internal accreditation committees comprising of experienced clinical nurses and nurse educators should be formed to look into problems such as lack of equipment and shortage of staff in the clinical area and advise management on the existence of such problems. Suggestions could also be given on how such problems should be addressed and follow-ups done. Such committees should also be allowed to advise the Director of Health Services at the Provincial Department of Health on their findings, resolutions and suggestions.

- Involvement of clinical nurses in the educational affairs of the student will make them realise that such students are their products too and they should share the responsibility if their products are incompetent. Nurse educators should also be involved in changes or new developments in the clinical area to ensure that there is no discrepancy between what is taught to students in the classroom and what is taking place in the clinical situation.

- Heads of nursing departments and colleges of nursing should ensure that lecturers accompany their students and emphasise the importance of clinical credibility of the educators.

5.5.1.6 Factors that Impacted Negatively on the Clinical Area

The following factors, which were depicted by new graduate nurses, seem to have had a negative impact on their competency:

- The shortage of staff and high bed occupancy caused a lot of frustration. Due to this shortage it was difficult for the experienced professional nurses to guide and supervise these beginners sufficiently. The new graduate nurses could not get the attention they required at a very critical period of adjustment and there was no time for them to adjust and fit in.

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- It became even more difficult and frustrating when equipment, which was supposed to be used for patient care, could not be availed as indicated by 29.4% (n=5) of new graduate nurses who were expected to function optimally and provide quality care (table 4.15 page 69).

- Due to shortage of staff, new graduates were expected to perform beyond their Scope of Practice. A very small percentage, 11.8% (n=2) of new graduates claimed that too much was expected of them (table 4.15 page 69).

- What was taking place in the ward situation differed from what they had learned in class or in the demonstration room. This discrepancy made them appear stupid and incompetent. The existence of discrepancy was confirmed by 62.8% (n=91) of professional nurses who agreed that the reduction of this discrepancy would benefit the new graduates (fig. 4.7 page 43).

- Supplies, e.g. vaculiters of intravenous infusion, gloves, etc. were sometimes out of stock and this added to their frustration, sometimes they would order special diets for patients and never get them as indicated by 29.4% (n=5) of the new graduates (table 4.15 page 69).

- Orientation programmes were sometimes neglected due to shortages of staff, 9.1% (n=2). Some programmes, 22.7% (n=5), were too short, while others, 40.9% (n=9), placed too much emphasis on routine work (table 4.14 page 63).

5.5.1.7 Recommendations Regarding the Clinical Practice Areas

- The clinical area needs careful screening to root out factors that may be affecting the performance of new graduates as has been revealed by the study. A co-ordinated effort by clinical experts, nurse educators and relevant health authorities is required in this venture, as quality performance demands an environment that will satisfy the needs of both the provider and the consumer of health care.

- Nurse-patient ratio must be according to the requirements, and equipment and supplies be availed to ensure quality care and competency. As the foundation from which quality care emanates, the clinical area outlines the route to desired competencies and should therefore be well equipped in terms of material and human resources. These areas must be accredited by the South African Nursing Council to ensure quality performance and safety. More frequent visits by the South African Nursing Council and the internal accreditation committees are recommended to ensure this, however this may not be practical.

- The Scope of Practice of different categories serves as guidelines that need to be adhered to. This should be done to ensure that the allocation of the new graduate nurses is carried out in accordance with the level of training and experience of every category of nurse and not only the needs of the service. This will enable the practitioners to provide a better service where the safety of both the provider and consumer of health care is ensured.

- As beginners, new graduates need time to adjust and develop in professional maturity. Perfection and experience are impossible to acquire overnight but should be nurtured through acceptance, supervision and guidance. The individuality of new graduates should be taken into consideration, since the study revealed that not all graduates are incompetent.

- Orientation programmes that are periodically reviewed and updated to suit the needs of the service and new appointees could enhance quality performance. Evaluation by new appointees at the end of each orientation programme should be conducted and improvements carried out according to suggestions. Orientation programmes are the answer to problems such as staff shortages if properly conducted and not disrupted before completion. Through such programmes

adjustment is facilitated and individuals enabled to perform reasonably. Moreover, continuous in-service education and training will enable new nurse graduates to attain professional maturity with a particular emphasis on competency in the managerial skills.

- Nursing as a career and profession is also a job and its practitioners need to survive and therefore remunerated according to the demands and risks that are associated to their work. Dissatisfactions that were cited by the practitioners regarding their salaries need careful consideration to prevent the exodus into other professions and countries, resulting in acute staff shortages. This also may affect the morale of practitioners, thus affecting their performance, which may be mistaken for incompetence. It is imperative, therefore, that salary structures for nurses are looked into and negotiations carried out to improve them.

5.5.2 Professional Nurses

5.5.2.1 Demographic Data

One hundred and fifty-one (151) professional nurses participated in the study. The respondents were from different types of clinical settings, e.g. urology, maternity, surgical wards and various others and they also differed in ranks and experience as clinical nurses (table 4.4 page 39).

5.5.2.2 Factors Revealed by the Study

It must be appreciated that it was through the eyes and observations of the professional nurses that the study was able to look into the performance and competency of new graduate nurses. The professional nurses described the new graduate nurses as follows:

- New graduate nurses are not always competent in basic nursing procedures. However, this depends on the individual graduate, since there were many hardworking, competent graduates who had been good students. It also depends on the amount of clinical exposure.

It is recommended that the nursing schools and the clinical managers discuss the possibilities to enhance the quality of accompaniment of students during clinical exposure. This could be facilitated through the use of preceptors.

- New graduate nurses had an abundance of theoretical knowledge but failed to relate this knowledge and apply it to the clinical situation. They therefore needed guidance and supervision.

Learning opportunities should be created on a continuous basis. This will allow the students the opportunity to explain the events that occur in a clinical situation using the theoretical foundation and will eventually result in a critical analytical ability to apply the theory in the clinical setting.

- Professional nurses had identified a certain amount of arrogance in new graduate nurses. The latter looked down upon certain procedures in the clinical situation according to 12% (n=3) of professional nurses and they were reluctant to perform such procedures (table 4.9 page 52). Some of the new graduates even looked down upon professional nurses without a degree in nursing.

The researcher recommends that attention be given to such aspects during the education of learners. Ethics and professional practice should be emphasised and demonstrated in the clinical setting. The importance of all types of procedures, individual care and the rights of patients should also be emphasised. Students tend to follow a role model. The educators should therefore demonstrate respect for the dignity, knowledge and skill of the clinical nurse and demand that the students follow their example.

- College graduates were seen to be more competent than university graduates since the former spent more time than the latter in the clinical area. The clinical exposure of university graduates was therefore inadequate.

Professional nurses need to be made aware that both university and college students train under the same regulations. University students

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spend an equal amount of time in the clinical area, over a period of 4 years, but this is broken into frequent short periods because of the extensive amount of theory they receive. They can therefore stay for a prolonged period in the clinical situation only during vacation. All students complete the number of hours prescribed by the South African Nursing Council for clinical exposure before registration as professional nurses.

- According to the perceptions of the professional nurses, the competency of new graduates may be affected by the lack of equipment and supplies. This observation was made by a significant 12.5% (n=9) of professional nurses who claimed that new graduates would be competent if it was not for this shortage (table 4.7 page 51).

Professional nurses were of the opinion that during training, new graduates were provided with everything that they needed to perform a procedure and they could therefore not improvise if there was shortage of supplies and equipment.

The researcher recommends closer co-operation between nurse educators and clinical personnel to create opportunities to bring these problems under the attention of directors of nursing and identify ways to address them.

5.6   Recommendations Regarding Future Research

There is a need to conduct research in the following:

- Re-appraisal of the present allocation and accompaniment strategies of student nurses in the clinical setting so as to enhance the quality of learning in clinical practice.

- The evaluation strategies that are utilised throughout training to ensure that only the student that is competent at a certain level is allowed to proceed to the next level. This is crucial, especially at the end of the

nursing programme, to ensure that only competent graduates are registered with the South African Nursing Council.

- In-depth study to analyse the effect of shortage of staff and lack of equipment and supplies on the practice and performance of new graduate nurses as well as on provision of quality care to patients.

- Study on nurse-patient and student-teacher or student-professional nurse ratios to investigate their effect on the competency of the new graduate nurse.

- A comparative study on the performance between college and university graduates.

- A study on the salaries of nurses, how they compare with other professions and their effect on job-satisfaction and provision of care.

- A study on the student-posts and their effects on the type of candidate that is attracted into the nursing profession, whether is it only for the salary or for the love of caring for the sick.

5.7   Conclusion

The study has reaffirmed the findings of the previous studies regarding the performance of new graduate nurses and revealed that there are multi-faceted issues that impact on the clinical competency of these nurses. However, the results are confined to the institutions in the North West Province only. Perhaps further research is required to establish if these problems exist on a national level.

It is clear that the quality of clinical exposure plays a leading role in the development of learners into nursing professionals. Nursing skills alone cannot ensure quality care of clients without the application of theory. Facilitation of this theory to practice remains, therefore, an essential component of nursing education.

The areas of incompetence in the clinical practice of new graduates have been identified and recommendations made to ensure competency. The perceptions of both professional and new graduate nurses played a key role in this regard and the objectives of the study have therefore been achieved. The researcher hopes that the study will contribute to the development of nurse graduates and initiate changes in nursing education that will benefit the consumer of health care through improvements in clinical practice.

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P. O. Box 1109
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31 October 2000

Attention:. Mr Caesar Vundule
Department of Health & Developmental Social Welfare
Private Bag X2068
Mmabatho
2735

Dear Sir

REQUEST TO CONDUCT A RESEARCH STUDY

I hereby request permission to conduct a research study at the following institutions:-

Thusong Community Hospital - *for pilot study only.*

Taung Community Hospital

Paul Kruger Hospital

George Stegmann Hospital

Tshepong Hospital

Gelukspan Hospital and

Mafikeng Provincial Hospital

The purpose of this study is to investigate the clinical competence of new graduate nurses (1998- 2001) through perceptions of the experienced professional nurses. Patients will not be involved in this study.

Page 1 of 2 pages

The findings of this study will benefit the development of nursing students by identifying areas in their training, that need improvement. This will contribute to the quality of care that is given to patients.

Find enclosed please, a copy of the research proposal and Ethics Committee of the Academic Institution that has approved my proposal.

On completion of this study a copy of the research report will be submitted to your office. I hope my application will be favourably considered.

Thanking you in advance.

Yours sincerely

MS M R MOETI

DEPARTMENT OF HEALTH
NORTH WEST PROVINCE
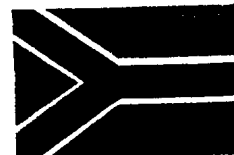
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5 January 2001,

Ms M R Moeti

UNIWEST Nursing Dpt

Fax: 018-3925775

Dear Ms Moeti,

RE: PERMISSION TO CONDUCT RESEARCH IN THE NORTH WEST PROVINCE

The Departmental Research Committee recently reviewed your request to conduct your study entitled *Perceptions of the clinical competence of newly registered nurses in the North West Province* (ref January-01/1) and wishes to inform you that permission has been granted for you to conduct your research project, subject to the following conditions:

i.   the Ethics/Research Review Committee of your academic institution has approved your proposal,

ii.   the Department will not be responsible for any costs associated with the research project,

iii.   that on completion of the research project, a copy of your research report (or dissertation or thesis) will be submitted to the Department.

Any enquiries regarding your study should be addressed to Mr Caesar Vundule tel. (018) 3875213/6.

Yours sincerely,

Dr H. GOSNELL
Deputy Director General

Enquiries: M.R. Moeti
Tel No: (018) 3892450(W)
Cell No: 082 254 0098
Fax   : (018) 329 5775

Box 1109
Mafikeng
2745

16 March 2001

The Assistant Director of Nursing
Klerksdorp Tshepong Hospital Complex
KLERKSDORP

Madam

Request to collect Data for Research

I hereby request permission to collect data for a research project from your institution. The research is for a Magister Curationis (Mcur) which is registered with the University of Pretoria. The research does not involve any patients or general workers. Data will be collected from the registered nurses in the clinical area and the new graduate nurses who completed their training from 1998 to date.

Permission from the Department of Health in Mmabatho and the approval from the ethics committee of the University of Pretoria are attached.

Title of the study:

- Perceptions of the clinical competence or newly registered nurses in the North West Province

Aim of the Study:

- To identify areas of incompetence in the clinical practice of new graduate nurses and to make recommendations on how these problems could be addressed during the education and training of student nurses.

Objective of the Study:

- to determine the perceptions of the professional nurses in clinical practice with regard to the competence of new graduate nurses.

- To determine the perceptions of newly qualified nurses with regard to their own clinical abilities.

- To make recommendations concerning the identified areas of incompetence in clinical abilities.

- To make recommendations concerning the identified areas of incompetence in clinical practice.

Research Instrument:

- Two structured questionnaires will be used, one directed to professional nurses and another one to new graduate nurses (1998-2001). A letter stating the purpose of the questionnaire is attached to each instrument and confidentiality as well as anonymity are guaranteed. Respondents are also informed that participation is voluntary.

Method of Data Collection

- Questionnaires will be distributed by hand by the researcher. Participants will be requested to submit completed questionnaires to identified members of staff and these will be collected by the researcher after a period of one week

Kindly note that questions of the instruments are purely based on clinical practice and the education of student nurses.

I hope my application will be favourably considered.

Thank you.

Yours faithfully

M.R. Moeti
Researcher

REPUBLIC ~~RICA~~

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
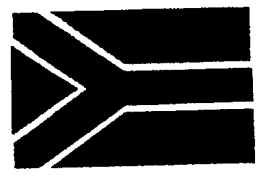
NORTH WEST PROVINCE

Ref: ....

Enq: *O. B. Mokoto*

Bophelong Psychiatric Hospital
Private Bag X2031
MAFIKENG
2745

Tel: (018) 383 2005
Fax: (018) 383 2142

MR. Moeti
Box 1109
Mafikeng
2745

DEAR Sir

RE:REQUEST TO CARRY-OUT A RESEARCH

Receipt of your letter dated 29/05/01 is hereby acknowledged.

Management of Bophelong Psychiatric Hospital have the pleasure of informing you that permission has been granted to yourself to carry-out a research as you have requested.

You are there for expected to note the following".

1.Management will like to have a copy of your research document.
2.No findings or part of the findings in the research shall be published either in PRINT ,MEDIA or any other form without prior approval of the Management of Bophelong Psychiatric Hospital.

You are therefore wished all the best in your endeavours.

Yours sincerely

Mr. O. B. MOKOTO

BOPHELONG
PSYCHIATRIC HOSPITAL
PRIVATE BAG X2031
2001 -06- 0 5

QUESTIONNAIRE

TARGET POPULATION :   PROFESSIONAL NURSES

TITLE OF STUDY   :   PERCEPTIONS OF THE CLINICAL
COMPETENCE OF NEWLY REGISTERED
NURSES IN THE NORTH WEST
PROVINCE.

Dear Participant

You are kindly requested to assist in the study on perceptions of clinical competence of new registered nurses by completing the attached questionnaire. Data that is collected through your participation will enable the researcher to compile information that is needed for the study.

Please do not reflect your name anywhere on the questionnaire. This is to ensure your privacy, confidentiality and anonymity. Kindly note that your participation on this study is voluntary.

Thank you.

M R MOETI
(RESEARCHER)

SECTION A :   **BIOGRAPHIC DATA**

Official Use

Respondent N0.

V_1 ☐☐☐ 1 - 3

Card Number

V_2 ☐☐ 4

V_3 ☐ 5

NB: **Please make an (X) in the appropriate square:**

1.   Indicate your qualifications.

      Diploma in nursing   ☐ 1
      Degree in nursing   ☐ 2
      Post-graduate qualifications (specify)-------------- ☐ 3

      ----

2.   Indicate your rank.

V_4 ☐ 6

      Professional nurse   ☐ 1
      Senior professional nurse   ☐ 2
      Chief professional nurse   ☐ 3
      Nursing service manager   ☐ 4
      Other (specify) ------------------------------ ☐ 5

3.   How long have you been practising as a professional nurse?

V_5 ☐ 7

      5 - 10 years   ☐ 1
      11 - 15 years   ☐ 2
      16 - 20 years   ☐ 3
      More than 20 years   ☐ 4

4.   Are you presently furthering your studies?

V_6 ☐ 8

      Yes   ☐ 1
      No   ☐ 2

NB :   **Mark an (X) in the appropriate square**

5.   If your response to item 4 is "yes", please indicate the programme you are following:

$V_7 \square_9$

       Degree in nursing $\square$ 1

       Other (Specify) ------------------- $\square$ 2

6.   Indicate the type of ward you are presently working in.

$V_8 \square_{10}$

       Maternity $\square$ 1

       Surgical $\square$ 2

       Medical $\square$ 3

       Pediatric $\square$ 4

       Psychiatric $\square$ 5

       Other (Specify)----------------------- $\square$ 6

SECTION B: PROFESSIONAL SOCIALIZATION OF NEW NURSE GRADUATES

NB.   **Mark an (X) in the appropriate square. The scale ranges from:**

1	2	3	4
DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE

EXAMPLE : Nursing is a caring profession.

1	2	3	4
			X

7.   It is essential that an experienced clinical nurse be assigned to orientate graduate nurses in each ward.

$V_9 \square_{11}$

1	2	3	4

NB :   Make an (X) in the appropriate square. The scale ranges from:

1	2	3	4
DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE

8.   It is important that a written orientation programme be available in each ward.

V_{10} ☐ 12

1	2	3	4

9.   Orientation of new graduates facilitates their adjustment to the work situation and thus enhances their competency.

V_{11} ☐ 13

1	2	3	4

10.   A competent nurse is a nurse who can function independently without supervision.

V_{12} ☐ 14

1	2	3	4

11.   New nurse graduates are competent after completion of their training. They do not need a lot of supervision.

V_{13} ☐ 15

1	2	3	4

NB : Make an (X) in the appropriate square. The scale ranges from:

12. A college graduate is more competent than a university graduate, as college students spend more time in the clinical area.

V_{14} ☐ 16

1	2	3	4

13. **The following factors contribute greatly to the adjustment of new graduate nurses in their working environment:**

V_{15} ☐ 17

13.1 Reduction of discrepancy between what they have been taught and what is actually taking place in the ward situation.

1	2	3	4

13.2 Good interpersonal relationships in the clinical area.

V_{16} ☐ 18

1	2	3	4

13.3 Whether new nurse graduates are accepted as responsible professionals who are capable of making valuable contributions to the quality care of clients.

V_{17} ☐ 19

1	2	3	4

NB : **Mark an (X) in the appropriate square. The scale ranges from:**

1	2	3	4
DISAGREE	**UNCERTAIN**	**AGREE**	**STRONGLY AGREE**

13.4 Whether new nurse graduates are involved in the planning and decision-making of the ward.

V_{18} ☐ 20

1	2	3	4

13.5 Whether more experienced nurses demonstrate commitment and dedication to their work.

V_{19} ☐ 21

14. Nurse educators and clinical nurses must work together to produce clinically competent graduates.

V_{20} ☐ 22

1	2	3	4

15. Ward sisters are unfriendly towards new graduates as they delay the routine due to their incompetency.

V_{21} ☐ 23

1	2	3	4

NB : Mark an (X) in the appropriate square. The scale ranges from:

1	2	3	4
DISAGREE	UNCERTAIN	AGREE	STRONGLY AGREE

16.   Ward sisters feel threatened by new graduates with degrees in nursing because they feel the latter might be more knowledgeable.

V_{22} ☐ 24

1	2	3	4

17.   New nurse graduates look down upon ward sisters who do not have a degree in nursing.

V_{23} ☐ 25

1	2	3	4

18.   If the new nurse graduate fails to meet expectations and is incompetent, she herself is to blame and must take responsibility for that.

V_{24} ☐ 26

1	2	3	4

SECTION C: REALIZATION OF THE SCOPE OF PRACTICE   Official Use

NB : Make an (X) in the appropriate square:

19.   **According to your observations, are new graduate nurses competent in the following upon completion of their education programme?**

19.1   The diagnosing of a health need and the prescribing, provision, and execution of a nursing regimen to meet the needs of a client.

V_{25}☐ $_{27}$

Always	☐1
Not Always	☐2
Never	☐3

19.2   The execution of a programme of treatment or medication prescribed by a registered person for a client.

V_{26}☐ $_{28}$

Always	☐1
Not Always	☐2
Never	☐3

19.3   Preparation for and assistance with operative, diagnostic and therapeutic acts for the client.

V_{27}☐ $_{28}$

Always	☐1
Not Always	☐2
Never	☐3

19.4   The supervision over and maintenance of elimination by a client.

V_{28}☐ $_{30}$

Always	☐1
Not Always	☐2
Never	☐3

19.5   The prescribing, promotion and maintenance of hygiene, physical comfort and reassurance of the client.

V_{29}☐ $_{31}$

Always	☐1
Not Always	☐2
Never	☐3

NB : Make an (X) in the appropriate square:

19.6   The education of other categories of staff, clients and members of the community.

V_{30} ☐ 32

Always	☐ 1
Not Always	☐ 2
Never	☐ 3

20.   If your response to any of item 19 is"never" state your reasons.

V_{31} ☐☐ 33 - 34
V_{32} ☐☐ 35 - 36
V_{33} ☐☐ 37 - 38
V_{34} ☐☐ 39 - 40
V_{35} ☐☐ 41 - 42
V_{36} ☐☐ 43 - 44

21.   According to your observations, are the new nurse graduates able to relate and apply the theory that they learned in the classroom to their practice as professionals?

V_{37} ☐ 45

Yes	☐ 1
No	☐ 2

22.   Give reasons for your response to item 21.

V_{38} ☐☐ 46 - 47
V_{39} ☐☐ 48 - 49
V_{40} ☐☐ 50 - 51

QUESTIONNAIRE

TARGET POPULATION :   NEW GRADUATE NURSES (1998 – 2001)

TITLE OF STUDY :   PERCEPTIONS OF THE CLINICAL COMPETENCE OF NEWLY REGISTERED NURSES IN THE NORTH WEST PROVINCE.

Dear Participant

You are kindly requested to assist in the study on perceptions of clinical competence of new registered nurses by completing the attached questionnaire. Data that is collected through your participation will enable the researcher to compile information that is needed for the study.

Please do not reflect your name anywhere on the questionnaire. This is to ensure your privacy, confidentiality and anonymity. Kindly note that your participation on this study is voluntary.

Thank you.

M R MOETI
(RESEARCHER)

SECTION A :   **BIOGRAPHIC DATA**

Official Use

Respondent N0.

V_1 ☐☐☐ 1-3

Card Number

V_2 ☐ 4

NB: **Please make and (X) in the appropriate square:**

1.   Indicate the type of institution where you registered as a student nurse.

University	☐ 1
College	☐ 2
Technikon	☐ 3

V_3 ☐ 5

2.   Indicate your qualifications on completion of the nursing programme.

Diploma in nursing	☐ 1
Degree in nursing	☐ 2
Other (specify) ------------------------------	☐ 3

V_4 ☐ 6

3.   Indicate the year in which you completed the nursing programme.

1998	☐ 1
1999	☐ 2
2000	☐ 3
2001	☐ 4

V_5 ☐ 7

SECTION B : EDUCATIONAL DATA

NB : Mark an (X) in the appropriate square.

4. During your training as a nurse, who was responsible for your practica?

$V_6 \square_8$

Lecturer	$\square_1$
Preceptor	$\square_2$
Professional nurses in the wards	$\square_3$
Other (specify) -------------------------------	$\square_4$

5. Did your lecturer ever accompany you to the clinical area?

$V_7 \square_9$

Never	$\square_1$
Sometimes	$\square_2$
Always	$\square_3$

6. If your lecturer did accompany you, how much time did she spend with you each time?

$V_8 \square_{10}$

About an hour	$\square_1$
More than and hour	$\square_2$
As long as necessary	$\square_3$
Rarely saw her	$\square_4$

NB: **Make an (X) in the appropriate square. The scale ranges from:**

1	2	3	4
DISAGREE	**UNCERTAIN**	**AGREE**	**STRONGLY AGREE**

EXAMPLE   :   Nursing is a caring profession.

1	2	3	4
			X

7.   The time that the lecturer spends with the student in the clinical
      area is quality time.

V_9 ☐ 11

1	2	3	4

8.   Professional nurses in the clinical area contribute a great deal
      towards the development of graduate nurses.

V_{10} ☐ 12

1	2	3	4

9.   Friendly and supportive attitudes of professional nurses are crucial
      for the development of students into assertive and efficient
      professionals.

V_{11} ☐ 13

1	2	3	4

NB: **Make an (X) in the appropriate square. The scale ranges from:**

10. To develop efficient managerial skills, the learner must be given the opportunity to act as the person in charge of a ward or team of nurses.

V_{12}☐$_{14}$

1	2	3	4

11. Regular feedbacks on the quality of performance are effective in helping the students to identify areas that need improvement, and thus develop and become competent.

V_{13}☐$_{15}$

1	2	3	4

12. The student is also responsible for her own learning and development.

V_{14}☐$_{16}$

1	2	3	4

N.B : Mark an (X) in the appropriate square.

13. Did you ever absent yourself from practica?

V_{15}□ 17

    Yes   □1
    No   □2

14. If your response to item 13 is "yes" how often did you absent yourself.

V_{16}□ 18

    Once   □1
    Twice   □2
    Three times   □3
    More than three times   □4

15. If response to item 13 is "yes", what was the reason for your absence?

V_{17}□ 19

    ill health   □1
    needed a break   □2
    did not like practica much   □3
    family matters   □4
    other (specify) ----------------------- □5

16. Did you at any stage during your training have difficulties regarding a procedure in the clinical area?

V_{18}□ 20

    Yes   □1
    No   □2

17. If your response to item 16 is "yes", how did you handle the situation?

V_{19}□ 21

    Asked for help from the lecturer   □1
    Asked for help from colleagues   □2
    Asked for help from a professional nurse □3
    Ignored the problem and just went on   □4

SECTION C :   PROFESSIONAL DATA
N.B : Mark an (X) in the appropriate square.

18.   When you started working as a professional nurse, did you at any stage feel that your training was inadequate?

        Yes   ☐ 1
        No   ☐ 2

V_{20} ☐ 22

19.   If your response to item 18 is "yes", indicate the area in which you felt inadequate. You may mark more than one item.

        Patient care   ☐ 1
        Management   ☐ 2
        Teaching function   ☐ 3
        Ethical conduct   ☐ 4
        Other (specify) ---------------------------- ☐ 5

V_{21} ☐ 23
V_{22} ☐ 24
V_{23} ☐ 25
V_{24} ☐ 26
V_{25} ☐ 27

20.   When you started working as a professional, did you undergo any orientation programme?

        Yes   ☐ 1
        No   ☐ 2

V_{26} ☐ 28

21.   If your response to item 20 is "yes", do you consider that the orientation programme was effective?

        Yes   ☐ 1
        No   ☐ 2

V_{27} ☐ 29

22.   If your response to item 21 is "no", what could be the reason?

        Programme too short   ☐ 1
        Too much emphasis on routine work ☐ 2
        Too much information in a short period of time ☐ 3
        My basic knowledge was inadequate ☐ 4
        Other (specify) --- ☐ 5

V_{28} ☐ 30

23.   Were you placed in your area of interest?

        Yes   ☐ 1
        No   ☐ 2

V_{29} ☐ 31

N.B : Make an (X) in the appropriate square:

24.   Do you think specialization should be encourage even among new graduates?

V_{30} □ 32

Yes	□ 1
No	□ 2

25.   If your response to item 24 is "yes", what are your reasons? You may mark more than one item.

V_{31} □ 33
V_{32} □ 34
V_{33} □ 35
V_{34} □ 36
V_{35} □ 37

It promotes job satisfaction	□ 1
It enhances competency	□ 2
It minimizes anxiety of moving from one ward to the other	□ 3
It facilitates adjustment and learning	□ 4
Other (specify) -------------------------	□ 5

26.   If your response to item 25 is "no", what are you reasons?

V_{36} □ 38

New graduates must gain general knowledge and experience first	□ 1
Nurses become stereotyped	□ 2
New graduates cannot function effectively during disasters	□ 3
Best decisions are based on experience	□ 4
Other (specify) --------------------------------	□ 5

27.   **Are you competent in the performance of the following basic needs of a clients?**

27.1   The diagnosing of a health need and the prescribing, provision and and execution of a nursing regimen to meet the needs of a client.

V_{37} □ 39

Yes	□ 1
No	□ 2

N.B : Make an (X) in the appropriate square.

27.1.1 If your response to item 2.7.1 is "no", what could be the reason?

V 38 ☐☐ 40 - 41

V 39 ☐☐ 42 - 43

V 40 ☐☐ 44 - 45

27.2 The prescribing, promotion or maintenance of hygiene, physical comfort and reassurance of the client.

      Yes   ☐1
      No   ☐2

V 41 ☐ 46

27.2.1 If your response to item 27.2 is "no" what could be the reason?

V 42 ☐☐ 47 - 48

V 43 ☐☐ 49 - 50

V 44 ☐☐ 51 - 52

27.3 The supervision over and maintenance of a supply of oxygen to a client.

      Yes   ☐1
      No   ☐2

V 45 ☐ 53

27.3.1 If your response to item 27.3 is "no", what could be the reasons?

V 46 ☐☐ 54 - 55

V 47 ☐☐ 56 - 57

V 48 ☐☐ 58 - 57

N.B : Make an (X) in the appropriate square.

27.4   The supervision over and maintenance of fluid, electrolyte and
        acid base balance of a client.

                        Yes   ☐1
                        No   ☐2

27.4.1 If your response to item 27.4 is "no", what could be the reasons?

27.5   The facilitation of the maintenance of nutrition of a client.

                        Yes   ☐1
                        No   ☐2

27.5.1 If your response to item 27.5 is "no", what could be the reasons?

27.6   Education of students, clients and their relatives as well as members
        to the community.

                        Yes   ☐1
                        No   ☐2

Official Use

V_{49} ☐ 60

V_{50} ☐☐ 61 - 62

V_{51} ☐☐ 63 - 64

V_{52} ☐☐ 65 - 66

V_{53} ☐ 67

V_{54} ☐☐ 68 - 69

V_{55} ☐☐ 70 - 71

V_{55} ☐☐ 72 - 73

Respondent N0.

V_{57} ☐☐☐ 1 - 3
Card Number
V_{58} ☐ 4

V_{59} ☐ 5

N.B : Make an (X) in the appropriate square.

27.6.1 If your response to item 2.7.6 is "no" what could be the reasons?

V_{60} ☐☐ 6 - 7

V_{61} ☐☐ 8 - 9

V_{62} ☐☐ 10 - 11

28.	Are you satisfied with what you are experiencing in the clinical situation now what you are a professional nurse?

Yes ☐1
No ☐2

V_{63} ☐ 12

29.	State reasons for your choice in item 28.

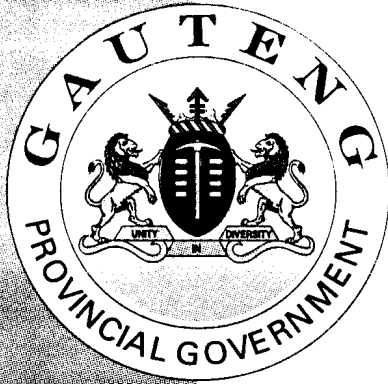
V_{64} ☐☐ 13 - 14

V_{65} ☐☐ 15 - 16

V_{66} ☐☐ 17 - 18

30.	If you decide to leave nursing, what would be your most likely reason?

Nursing is too difficult ☐1
The discipline is too strict ☐2
I do not enjoy nursing ☐3
The salary is poor ☐4
Other (specify) --------------------------- ☐5

V_{67} ☐ 19

Number	:	**S92/2000**

Title : Perceptions of the clinical competence of newly registered nurses in the NORTH WEST PROVINCE.

Investigator : M.R.Moeti; Department of Nursing Science; Pretoria Academic Hospital; Pretoria.

This Protocol and Informed Consent has been considered by the Ethics Committee, Faculty of Medicine, Univ.of Pretoria and Pretoria Academic Hospitals on 16/08/2000 and found to be acceptable.

Dr J.E.Davel	(female) MBChB:Hospital Superintendent
Prof A.P.du Toit	BA;DiplTheo; BA (Hons);MA;DPhil:Philosopher
Prof C.I. Falkson	(female)MBChB;M.Med(Int);MD;Med. Oncologist
Prof G. Falkson	CHAIRPERSON; MBChB;M.Med(Int);MD;OSG: Medical Oncologist
Mrs C Gerber	(female)BA(FineArts);Architectural Draughting (Boston House College Pta)
Prof S.V. Grey	(female)BSc(Hons);MSc; DSc :Deputy Dean
Mrs R Jooste	(female) Dip. Pharm; M Pharm; Pharmacist.
Dr V.O.L. Karusseit	MBChB;MFGP(SA);M.Med(Chir); FCS (SA): Surgeon
Dr S.Khan	(female)MB.BCh.; Med.Adviser (Gauteng Dept.of Health).
Ms B.C.F.Magardie	(female) BCur:Matron/Senior Nursing-Sister
Miss B Mullins	(female) BscHons;Teachers Diploma;
Dr P.Z Njongwe	(female)MBChB ;D.P.H;DTMtH; DOH ;F.F.C.H(CM) S.A.Chief Med.Super of Pretoria Academic Hospital.
Snr Sr J. Phatoli	(female) BCur(Et.Al)Senior Nursing-Sister
Prof H.W. Pretorius	MBChB;M.Med (Psych) MD: Psychiatrist
Prof P. Rheeder	MBChB;MMed(Int);LKI(SA);MSc (KLIN.EPI): Specialist Physician
Prof M.M.S.Smuts	(female) BVSc; DVSc
Prof J.R. Snyman	MBChB,M.Pharm.Med: MD:Pharmacologist
Prof De K.Sommers	BChB; HDD; MBChB; MD: Pharmacologist
Dr R Sommers	SECRETARIAT (female)MBChB; M.med (Int);MPhar.Med;
Prof FFW van Oosten	BA; LLB ; LLD ;LLD ;Head of Department of Public Law and Prof in Criminal Law and Medical Law

Student Ethics Sub-Committee

Mrs E Ahrens	(female)B.Cur;
Prof S.V. Grey	(female)BSc(Hons);MSc ;DSc :Deputy Dean
Prof P. Rheeder	MBChB;MMed(Int);LKI(SA);MSc (KLIN.EPI): Specialist Physician
Dr R Sommers	SECRETARIAT (female)MBChB; M.med (Int); MPharMed;
Dr C van der Westhuizen	(female) D.Cur; M.Ed.

PROF G FALKSON;
MBChB;M.Med(Int);MD;OSG: Medical Oncologist
CHAIRPERSON of the Ethics Committee at Pretoria Academic Hospital;

PROF P RHEEDER;
BChB;MMed(Int);LKI(SA);MSc (KLIN.EPI):Specialist Physician
CHAIRPERSON of the Student Ethics Committee at P.A. H