EXPERIENCES OF THE NEWLY QUALIFIED REGISTERED NURSES AT A NATIONAL HOSPITAL IN NAMIBIA.

MERCIA UAZEUA

Thesis presented in (partial)* fulfilment of the requirements

for the degree of Master of Nursing Science

in the Faculty of Medicine and Health Sciences

Stellenbosch University

Supervisor: Dr Guin Lourens

April 2022

Stellenbosch University https://scholar.sun.ac.za

DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third-party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Date: April 2022

Copyright © 2022 Stellenbosch University

All rights reserved

Stellenbosch University https://scholar.sun.ac.za

ABSTRACT

Newly qualified Registered Nurses (NQRNs) experience stress and anxiety in their first year as professional nurses. This hinders their successful transition from student nurse to competent professional nurse. The aim of the study was to explore the experiences of newly qualified registered nurses at a national hospital in Windhoek, Namibia.

The objectives of the study were to:

- Describe the experiences of newly qualified registered nurses
- Assess the various support systems available for NQRNs

The study made use of a qualitative descriptive study design with a sample size n=8 from a total population of n=10 through purposive sampling. A pilot interview was conducted using a semi-structured interview guide. Elements of trustworthiness were applied to the study. The data was collected using semi-structured interviews. The data were transcribed and analysed using thematic analysis. Four themes emerged from the data analysis, i.e., experiences, expectations, challenges and support strategies for NQRNs. The findings were in line with Kramer's reality shock phases of transition, which states that registered nurses initially display excitement at being a registered nurse, which quickly transforms into shock at the reality of being a registered nurse before acceptance of the reality of nursing.

The findings conclude that NQRNs feel overwhelmed, despite their exposure to the hospital environment during clinical practice. Moreover, there are limited support strategies in place, thus hindering the progress of NQRNs into competent professional nurses. Recommendations include developing orientation programs and creating a conducive work environment.

Key words

Newly Qualified Registered Nurses, transition, support systems

Stellenbosch University https://scholar.sun.ac.za

OPSOMMING

Nuut gekwalifiseerde geregistreerde verpleegkundiges ervaar spanning en angs in hul eerste jaar as professionele verpleegkundiges. Dit belemmer dus hul suksesvolle oorgang van studenteverpleegster na bekwame professionele verpleegkindige. Die doel van die studie was om die ervarings van nuut gekwalifiseerde verpleegkundiges in 'n nasionale hospitaal in Windhoek te verken.

Die doel van die studie was :

• Beskryf die ervarings van nuut gekwalifiseerde geregistreerde verpleegkundiges

• Identifiseer die verskillende ondersteuningstelsels wat beskikbaar is vir NGGVs

Die studie het gebruik gemaak van 'n kwalitatiewe beskrywende studie-ontwerp met 'n steekproefgrootte n = 8 uit 'n totale bevolking van n = 10 deur doelgerigte steekproefneming. 'n loodsonderhoud is gevoer met behulp van 'n semi-gestruktureerde onderhoudsgids. Elemente van betroubaarheid is toegepas op die studie. Die data is versamel met behulp van semi-gestruktureerde onderhoude. Die gegewens is getranskribeer en geanaliseer met behulp van tematiese analise. Vier temas het uit die data-analise na vore gekom, dit wil sê ervarings, verwagtinge, uitdagings en ondersteuningstrategieë vir NGGVs. Die bevindinge was in ooreenstemming met Kramer se werklikheidskokfases van oorgang, wat lui dat verpleegkundiges aanvanklik opgewondenheid toon as geregistreerde verpleegkindige wat vinnig in skok verander oor die werklikheid om verpleegkundige te wees voordat hulle die verpleegwerklikheid aanvaar.

Die bevindinge kom tot die gevolgtrekking dat NGGVs oorweldig voel ondanks hul blootstelling aan die hospitaalomgewing tydens kliniese praktyk. Daar is ook beperkte ondersteuningstrategieë in plek wat die vordering van NGGVs tot bekwame professionele verpleegkundiges belemmer .

Sleutelwoorde

Nuut gekwalifiseerde geregistreerde verpleegkundiges, oorgang, ondersteuningstelsels

Stellenbosch University https://scholar.sun.ac.za

ACKNOWLEDGEMENTS

I would like to thank the Lord Almighty for being my rock during this journey. Therefore, I would like to express my deepest appreciation and gratitude to the following people:

- My mother for her daily prayers towards everything I do and for believing in me.
- My son Pekara for being my inspiration of striving to be better.
- My sisters Rollinda, Mangoyi, Julien and my entire family and friends for the endless support and patience during my studies.
- My supervisor, Dr Guin Lourens, for going the extra mile in going through my thesis and providing some much-needed guidance.
- All the nurses that availed their precious time by participating in the interviews.

Stellenbosch University https://scholar.sun.ac.za

TABLE OF CONTENTS

Declaration i
Abstract ii
Opsomming iii
Acknowledgements iv
List of tables viii
List of figures ix
Appendices x
Abbreviations xi
CHAPTER 1 FOUNDATION OF THE STUDY 1
1.1 Introduction 1
1.2 Rationale 1
1.3 Problem statement 3
1.4 Research question 3
1.5 Research aim 3
1.6 Research objectives 4
1.7 Theoretical framework 4
1.8 Research methodology 6
1.8.1 Research approach 6
1.8.1 Research design 6
1.8.2 Study setting 7
1.8.3 Population and sampling 7
1.8.4 Data collection tool 8
1.8.5 Pilot interview 8
1.8.6 Trustworthiness 9
1.8.7 Data collection 9
1.8.8 Data analysis 9
1.10 Operational definitions 10
1.11 Significance of the study 10
1.12 Summary 11
1.13 Chapter outline 11
CHAPTER 2 LITERATURE REVIEW 12

Stellenbosch University https://scholar.sun.ac.za

2.1 Introduction 12
2.2 Selecting and reviewing the literature 12
2.3 Experiences of newly qualified registered nurses in the global north and global south 12
2.3.1. Experiences of newly qualified registered nurses in the global north 13
2.5 Challenges faced by newly qualified nurses 21
2.6 Support of newly qualified nurses 24
2.7. Summary 28
CHAPTER 3 RESEARCH METHODOLOGY 29
3.1 Introduction 29
3.2 Aim and objectives 29
3.3 Quantitative research 29
3.4 Qualitative research 29
3.4 Research design 31
3.3 Study setting 33
3.5 Population and sampling 34
3.5.1 Inclusion criteria 35
3.5.2 Exclusion criteria 35
3.6 Data collection tool 35
3.7 Pilot interview 36
3.8 Trustworthiness 37
3.8.1 Credibility 37
3.8.2 Transferability 38
3.8.3 Dependability 38
3.8.4 Confirmability 38
3.9 Data collection 38
3.10 Data analysis 39
3.10.1 Steps of analysis 40
1.9.1 Right to self-determination 42
1.9.2 Right to confidentiality and anonymity 42
1.9.3 Right to protection from discomfort and harm 43
3.11 SUMMARY 43
CHAPTER 4 FINDINGS 44
4.1 Introduction 44

Stellenbosch University https://scholar.sun.ac.za

4.2 SECTION A: BIOGRAPHICAL DATA 44
4.2.1 Age 44
4.2.2 Gender 44
4.2.3 Years of experience 44
4.3 Section B: Themes emerging from the interviews 45
4.3.1 Theme 1: Experiences of NQRNs 48
4.3.2 Theme 2: Expectations of NQRNs 50
4.4 Summary 55
CHAPTER 5 DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS 56
5.1 Introduction 56
5.2 Discussion 56
5.2.1 Objective 1: Describe the experiences of newly qualified registered nurses in a national hospital 56
5.2.2 Objective 2: Assess the various support systems available for the newly qualified registered nurses 59
5.3 Limitations of the study 62
5.4 Conclusions 62
5.5 Recommendations 63
5.5.1 Support strategies 63
5.5.2 Policies 63
5.5.3 Conducive work environment 64
5.5.5 Future research 64
5.5 Dissemination 64
5.6 Conclusion 65
References 66
Appendices 71

Stellenbosch University https://scholar.sun.ac.za

LIST OF TABLES

Table 2 Clinical procedures student nurses are expected to undertake (Adopted from Nursing Act No. of 2004). 19

Table 3 Challenges faced by new registered nurses and the appropriate intervention (Adopted from Theisen and Sandau, 2013:408). 25

Table 4 Steps in analyzing qualitative data (Adopted: Braun and Clarke, 2006:77-101). 40

Table 5 Themes and sub-themes 45

Table 6 Support needs based on nurses' experiences 62

Stellenbosch University https://scholar.sun.ac.za

LIST OF FIGURES

Figure 1: Kramer’s phases of reality shock. 5

Figure 2 Psychological intervention programs for nurses. 60

Stellenbosch University https://scholar.sun.ac.za

APPENDICES

Appendix 1: Ethical approval from Stellenbosch University 71

Appendix 2: Permission obtained from institutions / Department of health.............. 73

Appendix 3: Participant information leaflet and declaration of consent by participant and investigator 75

Appendix 4: Interview guide 83

Appendix 5: Extract of transcribed interview 83

Appendix 6: Declaration of technical and language editor…………………………..89

Appendix 7: Turn it in report……………………………………………………………93

Stellenbosch University https://scholar.sun.ac.za

ABBREVIATIONS

ENA	Enrolled nurse auxiliary
EN	Enrolled nurse
ICU	Intensive care Unit
IUM	International University of Management
MHSS	Ministry of Health and Social Services
NQRNs	Newly Qualified Registered Nurses
UNAM	University of Namibia

Stellenbosch University https://scholar.sun.ac.za

CHAPTER 1
FOUNDATION OF THE STUDY

1.1 INTRODUCTION

The first year of practice as a newly qualified registered nurse (NQRN) is regarded to be stressful and associated with reality shock, burnout and other negative experiences (Gardiner & Sheen, 2016:7). A large body of evidence globally shows that the environment of work has complex organisational dynamics and becomes challenging to the newly qualified registered nurses (Woo and Newman, 2019:82). However, most of the existing studies are from neighbouring South Africa, the United States of America and Europe, with no studies done in Namibia, whose nursing education system has recently expanded and has a different cultural context for nursing practice. It is therefore of major importance to understand how the newly qualified registered nurses in Namibia experience the transition from nursing school into the work environment. This information could help understand the NQRNs transition experiences and use such experiences as a basis for building support systems for the newly qualified registered nurses in Namibia. A registered nurse is also known as a professional nurse and usually has graduated with a four-year degree or diploma in nursing and is then registered with a professional nursing council for the country of practice. Therefore, this study aims to explore the experiences of newly qualified registered nurses at a national hospital in Namibia.

1.2 RATIONALE

There is a body of literature indicating that NQRNs experience stress during their first year of professional practice (Woo and Newman, 2020:81; Edward, Ousey, Playle and Giandinoto (2017:20). The stress experienced by the newly qualified registered nurses is related to the increased need for accountability, increased responsibility, theory-practice gap, lack of adequate support structures and shortage of staff (Abiodun, Daniels, Pimmer and Chipps, 2019:8-12). In addition, recent evidence reveals that some orientation programs are not effective enough to deal with the stress of newly

Stellenbosch University https://scholar.sun.ac.za

qualified registered nurses because they are not evidence-based (Pertiwi and Hariyati, 2019:617).

The experiences of NQRNs in Namibia have not been studied before. There were unique contextual factors that made the researcher believe this study will yield new findings to add to the existing body of knowledge. Namibia relied on a significant number of foreign nurses, who now got replaced by Namibians, in a policy move meant to provide jobs for citizens. This move did not address the shortage, but rather replaced experienced nurses with newly qualified nurses who were then expected to immediately function as independent registered nurses. There are no graduate mentorship or preceptorship programs in Namibia and the orientation programs are not tailored to newly qualified nurses specifically, but generalized for all newly employed nurses, regardless of experience. This is different from situations in published literature for example in South Africa, where there is a formal one-year mandatory community service transition year for registered nurses (Abiodun, Daniels, Pimmer and Chipps, 2019:2). There are also nursing graduate transition and mentoring programs in most European countries and America (Edward, Ousey, Playle and Giandinoto, 2017: 20).

The training of registered nurses in Namibia, although it is mainly university-based, has significant time for clinical learning. Final year nursing students are delegated responsibilities to allow them to function as qualified nurses with minimum supervision, as a way of preparing them for the world of work. Although this is not a formalized program and is enforced by staff shortages, it can act as a prequalification initiative.

The researcher's experience as a nurse has been in two different countries. The differences in culture, work environments and educational experience influence newly qualified registered nurses' transition. Given that Namibia is a multicultural, multi ethnic society with a different educational experience from the published studies, the researcher believed that the study should explore the newly qualified nurses' experiences in Namibia. This study is significant as it adds to the existing body of knowledge on how newly qualified registered nurses experience their world of employment in this diverse country. In addition, this study reveals how students cope in the unique Namibian environment where they are expected to immediately function as newly qualified registered nurses.

Stellenbosch University https://scholar.sun.ac.za

1.3 PROBLEM STATEMENT

Newly qualified registered nurses should be supported through formalised orientation or mentorship programs that are tailored to their needs. Kaihlanen et al (2020) stated that such programs can help create positive experiences and a smooth adaptation into the role of a professional nurse. The earlier the NQRNs develop into the role of a professional nurse, the earlier they start delivering quality nursing care. However, the newly qualified registered nurses in Namibia are expected to immediately assume the role of a professional nurse without any formalised orientation and mentoring programs. This situation in Namibia has been shown to cause stress and drive newly qualified nurses to consider leaving the profession (Woo and Newman, 2020:81). In some cases, evidence showed that orientation and mentorship programs were not effective because they were not contextualised and based on research (Pertiwi and Hariyati, 2019:617). Kaihlanen, Elovainio, Haavisto, Salminen and Sinervo (2020:3) highlighted the need for well-planned and organised mentorship programs for newly qualified nurses.

It is not known how the newly qualified registered nurses in Namibia experience their first year as professional nurses. Exploring the experiences of newly qualified registered nurses helps understand experiences in this context that is more widely reported in literature elsewhere. Understanding the newly qualified registered experiences can form the basis of evidence required to tailor-make support programmes for the Namibian context.

Therefore, this research aimed at exploring the experiences of newly qualified registered nurses at a hospital in Namibia.

1.4 RESEARCH QUESTION

What are the experiences of the newly qualified registered nurses at a national hospital in Namibia?

1.5 RESEARCH AIM

The aim of this study was to explore the experiences of newly qualified registered nurses at a national hospital in Namibia.

Stellenbosch University https://scholar.sun.ac.za

1.6 RESEARCH OBJECTIVES

The research objectives were to:

- Describe the experiences of newly qualified registered nurses in a national hospital in Namibia
- Assess the various support systems available for these newly qualified registered nurses

1.7 THEORETICAL FRAMEWORK

This study has adopted Kramer's shock phases' theory of transition. Kramer's (1974:50) outline of reality shock includes the phases of honeymoon, shock, recovery, and finality. New graduates in the honeymoon phase are excited about embarking on a new career. They enter the workplace with euphoria and an idealistic understanding of their professional role. The transitioning from being a student to the reality of working as a registered nurse ranges from feeling uncomfortable to a highly shocking experience. The researcher used the theory to apply the experiences described in Kramer's theory with the reality of the findings in this study. Kramer's phases are described in Figure 1 below.

Stellenbosch University https://scholar.sun.ac.za

1.Honeymoon Phase Idealism, excitement and optimism
2.Shock Phase Emotional withdrawal Rejection, possible hostility, fatigue and illness
3.Recovery Phase Reduced anxiety and increased coping ability
4.Resolution phases Successful transition to confident and competent practitioner OR Burnout and possible decision to leave the profession

Figure 1: Kramer's phases of reality shock (Kramer, 1974:50).

1. Honeymoon Phase

In this phase, new nurse graduates are excited about having secured a paying job and starting their chosen career (Kumaran and Carney, 2012: 8). According to the authors, newly graduate nurses mentioned that it is an exciting feeling to complete and obtain a degree

2. Shock phase

The reality of nursing sets in, and the new nurse graduates find themselves with a disparity between what they were taught and expected to do and the actual nursing practice (Wakefield, 2018:48).

Stellenbosch University https://scholar.sun.ac.za

New nurse graduates are suddenly exposed to extreme changes, new rules and regulations, new responsibilities, new staff to work with and a new environment. All of these can lead to stress and anxiety (Ebrahimi, Hassankhani, et al. 2016).

3. Recovery phase

In this phase newly qualified registered nurses start to climb back upwards and see job realities from a more open perspective and positive aspect. They need more constructive criticism to stay in this phase and move to the next one (Guinan, 2016:402).

4. Resolution phase

The fourth and final phase, usually occurs after a year. In this phase, newly qualified registered nurses start to see their role in the career and their contribution to the nursing profession. Some newly qualified registered nurses at this stage cannot cope in the profession and they end their nursing career (Guinan, 2016:402).

1.8 RESEARCH METHODOLOGY

1.8.1 Research approach

Aspers and Corte (2019:1007) define qualitative research as a refining process in which a better understanding to the scientific community is achieved by making new important distinctions resulting from getting closer to the phenomenon studied.

The researcher chose qualitative research because it was deemed suitable for the study to get the opinions and better understand the views of the participants as the aim was to explore the experiences of the newly qualified registered nurses. It was found to be the best method to allow the researcher to be able to ask questions like how and why to get deeper and broader views from the participants.

1.8.1 Research design

A descriptive qualitative study design was used to carry out the study. Where little is known about the topic of investigation, a qualitative descriptive design is deemed the most appropriate as it acknowledges the subjective nature of the problem, the

Stellenbosch University https://scholar.sun.ac.za

distinctive experiences participants may have and the findings will be presented in a way that directly or closely reflects the terminology used in the research question (Doyle, McCabe, Keogh, Brady and McCann, 2020:443).

The advantage of conducting research within this design, was to allow the researcher to make sense of and understand the views of the participants from an individual perspective. The researcher wanted to explore the experiences of the nurses and therefore found the qualitative descriptive study design to be the more appropriate approach for the study.

1.8.2 Study setting

The study took place in a tertiary specialized national hospital in Namibia. Namibia is an African country in the far south western region, neighboured by South Africa in the south, Botswana in the east and, Angola in the north. The country gained independence 31 years ago, with Windhoek as its capital city. The country has three main hospitals, two in Windhoek and one situated in northern Namibia, Oshakati. The tertiary specialized national hospital is the only state national referral hospital for specialized health care in the country, and tertiary is the highest level of care available in the country. Therefore, this setting was appropriate for the study. The hospital is located in Windhoek which is the capital city of Namibia. The hospital was commissioned in 1982 and only became operational as a health facility in 1984 with a bed capacity of 855 (Ministry of Health and Social Services). In the year 1990, the hospital became a national referral hospital, as well as a major training institution. Medical and nursing students gain their practical skills and experience at this hospital.

1.8.3 Population and sampling

A paper by Majid (2018:7) defined population as a study's target population that the researcher intends to study. For this study, the population was newly qualified registered nurses who have been employed for six months up to eighteen (18) months.

Sampling is defined as a procedure of selecting a sample from individuals or a large group of population for certain or specific kind of research purpose (Bhardwaj, 2019). The duration of employment was chosen because during the 18 months the newly qualified registered nurses would have gained enough experience about their work

Stellenbosch University https://scholar.sun.ac.za

and the period is not too long for them to have forgotten about their experiences since starting employment.

Purposive sampling was used in this study, which is the type of sampling were sampling members are selected according to the purpose of the study (Bhardwaj, 2019). Sample size refers to the number of individuals participating in the study. In this study, sample size depended on data saturation that was reached at the 8th participant. The researcher anticipated conducting around ten in-depth semi-structured interviews to gain in-depth information.

The sample consisted of both male and female participants.

Inclusion criteria

- ✓ All newly qualified registered nurses
- ✓ employed at Windhoek central hospital
- ✓ who have been employed for six (6) up to eighteen (18) months

Exclusion criteria

- ✓ All newly qualified registered nurses who are on annual, sick leave or any other kind of leave were not included.

1.8.4 Data collection tool

Data was collected through conducting individual interviews, using a semi-structured interview guide which was translated into three languages, in case any participant needed a translated one. The interviews started with open-ended questions which were followed by probing questions as those allowed the researcher to collect rich data. The data collection tool was developed based on the research objectives and subjected to validation by the research supervisor.

1.8.5 Pilot interview

A pilot interview is a practice interview that can serve many purposes like: getting started, practicing interview questions, getting feedback on the topic as well as the interview method to be used (Portsmouth, Echols, Toyoizumi, Tillotson and Nagata, 2021). In this study, one pilot interview was conducted with a newly qualified registered nurse who met the inclusion criteria, to test if the questions were clear and to confirm

Stellenbosch University https://scholar.sun.ac.za

the skills of the researcher in the interview. The data obtained from the pilot study were included in the main study with the permission of the supervisor. The supervisor assessed the interview and provided feedback. The researcher has been trained in how to conduct interviews.

1.8.6 Trustworthiness

This study used the four principles of trustworthiness namely; credibility, transferability, dependability, and conformability, as described by Lincoln and Gaba (1985:4) which will be explained in detail in chapter 3.

1.8.7 Data collection

Interviews were conducted in a private section of the wards where the participants are working, with the permission of the hospital management. Before gaining written consent from the participants, the researcher explained the research study to the participants in a private, unoccupied room in the ward. The interviews were audio-taped with a digital audio recorder and were conducted in a private and quiet room to prevent disruptions. English was the language used during the interviews but in cases where the participants were not comfortable with English, the researcher offered to conduct the interviews in Otjiherero, Oshiwambo or Afrikaans as she is fluent in all three. All participants preferred to be interviewed in English and no interview guides in other languages were used. Each interview lasted between 45 to 60 minutes. The data collection process took place over a period of six weeks. Member checking was done with participants once data was analysed.

1.8.8 Data analysis

The researcher transcribed the digital audio tapes verbatim into Microsoft Word. The transcriptions were then labelled according to the audiotapes. The recorded sessions on the audiotapes and transcripts were stored on the researcher's password-protected personal computer and a flash drive for backup purposes. The flash drive is stored in a lockable cupboard by the researcher. To protect the identities of the participants, the list of the personal details and pseudo names were stored in a different password-secured file from the collected data (Heale and Shorten, 2017:7).

Stellenbosch University https://scholar.sun.ac.za

The researcher used thematic analysis to analyse the data. Thematic analysis is a six-step process of data analysis (Braun and Clarke, 2006:77-101) to be explained later.

1.9 ETHICAL CONSIDERATIONS

In research, three important principles of ethics should be used to protect human beings from unethical research practices. To ensure that the principles are applied, ethical bodies approve studies provided they meet the ethical requirements (Wu, Howarth, Zhou, Hu and Cong, 2019:9). The researcher got approval from The Health Research Ethics Committee (HREC) at Stellenbosch University (Appendix 1) and the Ethics Committee of the Ministry of Health and Social Services (MoHSS) of Namibia (Appendix 2). In addition, permission, was also granted by the Windhoek Central Hospital management (Appendix 2) to conduct this study. The following ethical principles were observed in this study; the principle of self-determination, beneficence and justice, and they will be discussed in detail in chapter 3.

1.10 OPERATIONAL DEFINITIONS

1. Registered nurse- is a person who is authorised under section 62(4) of the Act to practice as a nurse. The Act referred to is the Namibian Nursing Act, 2004 (Act No. 8 of 2004).
2. Newly qualified registered nurse- a person who just qualified and is authorised under section 62(4) of the Act to practice as a nurse.

1.11 SIGNIFICANCE OF THE STUDY

The experiences of the newly qualified registered nurses in hospitals need to be taken into consideration because subjective feedback shows that the experiences of newly qualified registered nurses lean more towards the negative side. As a registered nurse myself, I went through this experience and it is not easy and something constructive should be done about it. Most newly qualified registered nurses may think that the only way out is to leave their work. Leaving their work might contribute to shortages of staff which impacts on nursing care rendered to patients. Negative experiences like lack of support from experienced nurses could be a challenge to the nurses' well-being and mental health. This study was able to shed light on the experiences of the newly

Stellenbosch University https://scholar.sun.ac.za

qualified registered nurses, and it, therefore, serves to inform on retention and support strategies of newly qualified registered nurses in Namibia.

1.12 SUMMARY

This research study intended to explore the experiences of newly qualified registered nurses working at a hospital in Namibia. This study provided an introduction, a primary literature review, the rationale, problem statement and research questions of the proposed study. The aim, objectives, and ethical considerations are also discussed. Furthermore, the research design, population, sample, data collection and data analysis methods were explained. In the next chapter, the literature review will be discussed in detail.

1.13 CHAPTER OUTLINE

Chapter 1: Foundation of the study

This chapter provides the foundation of the study by introducing the study, its aim and objectives including the significance of the study. It provides an overview of the research methods and design, theoretical framework, definition of terms and the duration of the study.

Chapter 2: Literature review

This chapter presents an in-depth discussion of the findings from previous studies.

Chapter 3: Research methodology

This chapter provides a detailed description of the research methodology that was utilized for this study.

Chapter 4: Findings

This chapter presents the findings of the study after the analysis and interpretation.

Chapter 5: Discussion, conclusions and recommendations

The final chapter discusses and concludes the findings of the study on which the recommendations were made in accordance with the objectives of the study. The chapter also provides recommendations for future studies and an overall conclusion for the study.

Stellenbosch University https://scholar.sun.ac.za

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

Chapter one provided a background on the study, including elements that the literature review will address and the conceptual framework upon which the study was based. In this chapter, an extensive literature review was conducted on existing studies on the experiences of newly qualified nurses in the global north and the global south. Moreover, a literature review was conducted on legislation that governs nurses and the underlying legislation that governs the training of nurses which includes the curriculum in the country of the study.

2.2 SELECTING AND REVIEWING THE LITERATURE

Winchester & Salji (2016:308) defines a literature review as an evidence-based, in-depth analysis of a subject. A literature review is conducted by a researcher in order to develop a research idea; to combine what is already known about a phenomenon and identify any knowledge gaps; determine how the research can contribute to further the understanding of a phenomenon while also assisting in developing hypotheses and framing the research question. The literature review was conducted by firstly placing keywords in PubMed and Google Scholar, such as, “experiences”, “newly qualified nurses”, “training”, “policies” and “transition”. The study was informed by information derived from journal articles that were published between 2010 and 2020 from educational databases, including Taylor & Francis and SAGE. In addition, newspaper articles and national policies and legislation were reviewed.

2.3 EXPERIENCES OF NEWLY QUALIFIED REGISTERED NURSES IN THE GLOBAL NORTH AND GLOBAL SOUTH

In this section, the experiences of newly qualified registered nurses will be thoroughly reviewed based on similar studies conducted in countries in the global north and south.

Stellenbosch University https://scholar.sun.ac.za

2.3.1. Experiences of newly qualified registered nurses in the global north

Odeh (2010:338) defines the global north as representing the economically developed nations of Europe, North America and parts of the Middle East. Countries in the global north are regarded as wealthy, technologically advanced, politically stable and aging as their societies tend towards zero population growth. This study will review the experiences of newly qualified nurses from Australia, Singapore, United States of America, and United Kingdom.

2.3.1.1 United Kingdom

A systematic review by Higgins, Spencer and Kane (2010:500) found that the transition of a student nurse to a qualified nurse is associated with changes related to: transition and change; personal and professional development; pre-registration education and preceptorship or clinical mentoring and support. Pre-registration education is a nursing programme in the United Kingdom that nursing students undergo in order to acquire the competencies needed as per the requirements of the Nursing and Midwifery Council (NMC) (Nursery AND Midwifery Council, 2010:4). According to the United Kingdom's Department of Health, preceptorship is defined as a period of structured transition for a newly registered nurse during which they will receive support from a preceptor, in order to develop their confidence, refine skills, values and behaviours. Clinical mentoring was described by Foolchand and Maritz (2020:3) as a four-way mentoring that involves assessing students in clinical practice by specially trained mentors; guiding and monitoring trainee practice nurses in order to promote their independence; the teaching of new knowledge, skills and attitudes with support from experienced preceptors and the empowerment of the trainees in adapt to professional changes.

Higgins et al (2010:501) found that the newly qualified registered nurses found the transition process as being uncontrollable, ambiguous and overwhelming. In addition, they expressed emotions ranging from stress, uncertainty to fear. The NQRNs found the process of transition as being ill-defined and lacking clarity, thus creating the potential for role conflict and blurring the boundaries between professional nursing and skilled health care work. The second identified theme, personal and professional development was seen to be in respect of an increase in responsibility and

Stellenbosch University https://scholar.sun.ac.za

accountability, which has been identified as a major stressor in the transition process. Furthermore, it brings to the fore, increased stress, tension, anxiety and pressure, which can be attributed to NQRNs requiring management and organisational skills, the ability to prioritize care needs of patients, time management, delegation, drug administration and decision making all at once. Unrealistic expectations of nursing and the new role that NQRNs have to play in order to provide the best patient care as taught during their theoretical studies, is quickly stifled by time pressures and a lack of staff, thus they are unable to meet their own expectations. Over time, the NQRNs expressed emotions of disappointment that eventually translates into frustration and demoralisation in not being able to deliver care to their standard (Higgins et al, 2010:501). Pre-registration education, or the undergraduate period, has been identified as a major issue in the transition period and has been found to relate to the educational aspects of nursing education and clinical placements, respectively. The authors have identified the change in pre-registration education over the past years from the apprentice style training to the newly introduced higher education evidence-based practice training. These changes have raised issues related to the suitability of pre-registration education and how it prepares students for working as a nurse (Higgins et al, 2010:502). Lastly, preceptorship has been documented as an essential part of ensuring a smooth transition from student to professional nurse. Preceptorship attempts to narrow the gap between the theoretical and practical knowledge by providing a period of support in order to simplify the transition into professional practice. Studies have indicated that NQRNs experience a lack of adequate support and guidance on their first job post. The environment in which NQRNs start working, was also identified as a crucial aspect in ensuring a smooth transition. It has been found that a supportive environment helps facilitate post-registration development for nursing practice and also helps retain newly qualified nurses in practice, ultimately improving patient care (Higgins et al, 2010:503).

2.3.1.2 Australia, and United States of America

Elias and Day (2020:339) similarly conducted a qualitative systematic review on the experiences of Newly Qualified Nurses (NQNs) based on studies conducted in Australia, the United Kingdom and United States of America. From the data, five themes emerged, namely, Intensive Care Unit (ICU) Readiness; An Emotional

Stellenbosch University https://scholar.sun.ac.za

Spectrum; Developing Relationships; The Journey to Self-Satisfaction and ICU Commitment. The first theme of ICU Readiness involves how prepared the NQNs were in working at ICU, to which, they felt inadequately prepared for the environment. In addition, they were of the opinion that their undergraduate training provided little to no exposure to critically ill patients, the medications required or equipment used.

Under the emotional spectrum, the NQNs' emotions fluctuated between positive and negative emotions. Initially, excitement was found to be the most frequently discussed positive emotion. The NQNs experienced 'adrenaline rushes' when in life-saving situations. Moreover, the work environment proved to be exciting, as it was perceived to be more fun. However, all the studies have revealed fear as the most prominent negative emotion. More than half of the NQNs feared making mistakes and causing harm to their patients-prompting them to hide their fears from colleagues to avoid looking inferior. Furthermore, NQNs expressed emotions of fear during emergency situations, this is caused by panic that sets in when asked to get medication in rapid succession and feeling useless when senior nurses are asked to take over (Elias et al, 2020:340).

Developing relationships with service users, colleagues and peers as an important aspect of the NQNs' transition into working in a critical care environment, was another identified theme in the review. The studies indicated that NQNs experience difficulty in communicating patients that are critically ill patients, either due to sedation or delirium. However, mentor relationships had mixed reviews. Some NQNs described their mentors as role models, while others felt belittled by them. Peer support was also discussed in the study of Elias et al (202:341), with most of the NQNs feeling included by confiding in their peers. The journey to self-satisfaction encompasses the NQNs' development of critical thinking skills and ability to self-reflect. NQNs were critical of their own practice, while questioning what they could have done better, without appreciating other contributing factors (Elias et al, 2020:341).

2.3.1.3 Singapore

The experience of newly graduated registered nurses (NGRNs) in Singapore was explored using a survey by Woo and Newman (2020:81). Out of 30 participants, 28 indicated that their transition experience was stressful. They indicated that the stress was attributed to a lack of experience and self-perceived knowledge deficit, which

Stellenbosch University https://scholar.sun.ac.za

eroded their confidence. Only sixty percent of the participants believed their level of knowledge had prepared them for their registered nurse role. Only three participants in that study acknowledged that their knowledge gained from their pre-registration nursing education was adequate, yet they were not confident to handle various unfamiliar responsibilities that are assigned to them as registered nurses during transition. Such responsibilities included communicating with physicians, interpretation of pathology investigation results and clinical diagnostic reports (Woo et al, 2020:82).

The gap between the theoretical knowledge and practice was addressed in the study, with 53.3% (n=16) of the participants feeling competent in managing the workload assigned to them during transition. As a result, the NQNs expressed feeling frustration and leading them to reflect and question the quality and adequacy of nursing education they received. Moreover, three participants were of the opinion that their nursing education did not reflect the reality of practice due to the different values and expectations held by the healthcare sectors. In terms of organizational transition, 83% of the participants felt they were made to feel part of the nursing team in their department by being invited to departmental events and receiving encouragement from their colleagues (Woo et al, 2020:83).

2.3.2. Experiences of newly qualified registered nurses in the global south

For this study, the experiences of NQRNs were reviewed in Malawi, South Africa and Nigeria.

2.3.2.1 Malawi

In the Malawian health system, challenges have been observed in the transition from graduate nurse to professional nurse; a challenge that is regarded as a priority to nursing managers. A qualitative descriptive study by Tembo, Kabuluzi, Gondwe and Mbakaya (2019:3) found that newly qualified registered nurses perceived that they were incompetent; had an unsupportive system in the workplace; and experienced negative attitudes from senior nurses and inadequate resources. The newly qualified nurses had the perception that they had adequate theoretical knowledge, but little clinical training to accompany that knowledge. In relation to a lack of support structures, the newly graduated nurses were of the opinion that the nursing managers

Stellenbosch University https://scholar.sun.ac.za

and senior nurses do not render enough support. Hence, the absence of orientation and/or mentorship programs. The participants in the study conveyed the negative attitude of senior nurses towards them, which included being undermined due to age. A lack of adequate human and material resources was similarly identified as a hindrance in the transition of newly graduate nurses (Tembo et al, 2019:3-5).

2.3.2.2 South Africa

In 2008, South Africa introduced a community service programme (CSP) for newly qualified nurses in line with the Nursing Act No. 33 of 2005, requiring NQRNs to serve in rural or underserved areas for a period of one year after the completion of their undergraduate degree or diploma in nursing. However, the NQRNs still experienced challenges during the transition period. According to a review study by Abiodun, Daniels, Pimmer and Chipps (2019:3), the NQRNS with their limited practice experience, were often placed in clinics in remote areas in which they in most cases were the most senior nurses. This attributed to high levels of stress, anxiety and feelings of isolation. The experiences of NQRNs were summed up in main themes, namely: difficulties in reconciling theory and practice; contextual challenges in the workplace; limited human and material resources and a high workload and interpersonal challenges (Abiodun et al, 2019:4).

2.4 TRAINING FOR NQRNS AND THE UNDERLYING LEGISLATIONS AND POLICIES

The following section will address the legislation and policies that govern the training and standards of student nurses in preparation for their role as professional nurses in the global north and global south.

2.4.1 Training of newly qualified registered nurses in the global north

2.4.1.1 European countries

Countries in the European Union make use of Article 31 of 2005/36/EC in the governing of the nursing profession; under which student nurses are expected to undergo 4600 hours of theoretical and clinical training, with theoretical training taking up at least one-third and clinical training occupying at least one half of the minimum duration of the training. Clinical training is given in respect to: general and specialist

Stellenbosch University https://scholar.sun.ac.za

medicine, general and specialist surgery, child care and paediatrics, maternity care, mental health and psychiatry, care of the old and geriatrics and home nursing (WHO-EU, 2009:4-6).

2.4.2. Training of newly qualified registered nurses in the global south

2.4.2.1 South Africa

The South African Nursing Council (SANC) came into existence as a result of the Nursing Act No. 45 of 1944. Amongst other things, the council regulates the education, training and registration of nurses According to the SANC, registered nurses are required to complete a four-year Diploma at Universities, Universities of Technology and Colleges of Nursing, with specialization in general nursing, midwifery, psychiatry and community health (Dolamo et al, 2013:17).

The nursing profession is governed by the Nursing Act No. 33 of 2005. Section 40 of the act states that all nurses that have completed their nursing qualification and seek registration to start practicing; are obligated to undergo a one-year remunerated community service at a public health facility.

2.4.2.2 Namibia

The policy that governs the nursing profession in Namibia is the Nursing Act No. of 2004. The country does not have a transition program in place, however, the Nursing Professions Act No. 30 of 1993 Regulations, makes provision for clinical training that must be undertaken by student nurses. Student nurses are obligated by law to undergo a minimum of 2000 hours of clinical training, of which 1300 hours must be spent in hospital wards, clinics, health centres and communities; and the remaining 700 hours in maternity wards. Furthermore, the regulations make provisions for student nurses to partake and conduct specific medical clinical procedures.

Stellenbosch University https://scholar.sun.ac.za

Table 1 Clinical procedures student nurses are expected to undertake (Adopted from Nursing Act No. of 2004).

First Year	
30 physical examinations relating to palpitation and auscultation	5 episiotomies
5 normal births and 5 abnormal births	5 home visits
Second year	
10 normal deliveries	2 normal and 2 abnormal partograms
10 vaginal examinations	5 first baby baths
5 physical examinations	10 placenta examinations
15 first stage examinations	Apgar counting
10 nutrition, hygiene, immunisation, family planning and growth monitoring educational sessions	5 care of breasts educational sessions

In Namibia, nursing has two main career paths, namely: General nursing and Midwifery and Clinical nursing, being offered by public and private tertiary institutions and the National Health Training Centre (NHTC) that is ran by the Ministry of Health and Social Services. However, all institutions have the mandate of producing quality nurses that are in a position to deliver healthcare to all citizens (Jacob, 2014:1). In order to become a professional registered nurse, one is expected to have a four-year university degree, which can be obtained at The University of Namibia (UNAM), International University of Management (IUM) or Welwitschia Health Training Centre (WHTC). The NHTC offers a three-year diploma in registered nursing; that

Stellenbosch University https://scholar.sun.ac.za

complements the existing two-year course in Enrolled Nursing also offered by the ministry (Jacob, 2014:1).

2.4.3. Dr. Benner's stages of clinical competence

A direct relationship exists between the good practice and the development of a skillful nurse, who is comfortable with clinical tasks (Benner, 1984:189). Moreover, a nurse's capacity evolves with developing practice skills and insights from experience. Using the Dreyfus model of skill acquisition; which states that the skills develop over time and not as a result of isolated competencies. The Benner model, suited to the nursing profession, is vital as it allows a practitioner at different levels of skill in different areas of practice to operate based on their background experience and knowledge. According to Dr. Benner, clinical competence has five stages, namely: novice, advanced beginner, competent, proficient, and expert (Benner, 1984:191).

Novice: This first stage of skills acquisition describes first year students, which describes students that have little to no experiential background nor do they have an understanding of the clinical situation. Furthermore, the novice students' rule-governed behavior is limited and inflexible (Benner, 1984:191-192).

Advanced beginner: The second stage of advanced beginner includes newly graduated nurses that do not yet have administrative nor managerial responsibilities, despite having the theoretical know-how of the principles and practices related to these roles. However, an advanced beginner has the legal and professional responsibility for patients. The new level of responsibility brings along changes in the manner in which nurses experience the practice environment. However, the new changes are usually associated with an increase in anxiety (Benner, 1984:193-194).

This is the stage in which the category of nurses interviewed fell in because they reported that, due to a lack of confidence in their skills, the NQRNs have to repeatedly ask for guidance from senior nurses (Chapter 4, 4.3.1.). This was caused by an irrational fear of making mistakes. Low self-confidence is caused in part by limited practical knowledge and experience, which leads to discomfort on the job and an increased likelihood of making errors while performing various tasks and skills.

Stellenbosch University https://scholar.sun.ac.za

Competent: The competent stage describes persons who have been practicing for a year or two. A nurse who is regarded as competent, has the ability to decide what is more or less important based on past experiences with other patients. Moreover, the competent nurse limits unexpected situations through proper planning, analysis and forecasting of future needs and contingencies. At this stage, a competent nurse experiences anxiety in specific situations. Similarly, the emotions experienced are more towards exhilaration and satisfaction when they perform well and remorse when they recognize that their performance could have been could have been exponentially better had they paid attention to the relevant signs and symptom (Benner, 1984:196).

Proficient: The stage of proficiency is a transitional stage towards being expert. Proficient nurses have the enhanced ability to read situations without inducing anxiety in comparison to nurses in the proficient stage. At this stage, skills development raises, with nurses taking up courses to improve their skills set. Moreover, personal experiences determine how they will conduct and engage themselves in tough situations (Benner, 1984:196).

Expert: Is regarded as the last stage of clinical competence and skills acquisition. An expert nurse has the ability to take up and apply the theories in a variety of ways, thus creating new opportunities in handling the situation. Moreover, expert nurses make use of attunement, which allows for flexible inclusion of thought, feeling, and action towards the de-escalation of a situation. Expert practice, is described as consisting of local knowledge that is specific, while having the technical and scientific knowledge that can be easily transferred to other practical contexts (Benner, 1984:198-199).

2.5 CHALLENGES FACED BY NEWLY QUALIFIED NURSES

Despite being armed with a nursing qualification and experience derived from clinical practice and training, new nurses still face a myriad of challenges ranging from difficulty developing relationships with colleagues; the expectation from senior nurses to immediately adapt to their new roles and the fear of duty handover coupled with the hesitation to speak up to physicians, senior nurses and patients. Thus, challenges experienced by new nurses are categorized into eight areas, namely: 1) clinical knowledge and skills competency, 2) communication, 3) confidence, 4) expectations,

Stellenbosch University https://scholar.sun.ac.za

5) relationship with colleagues, 6) support, 7) workload and 8) working environment (Wong, Che, Cheng, Cheung, Cheung, Lee, So and Yip, 2018: 31). These will be discussed individually below.

1) Clinical knowledge and skills competency

Newly qualified registered nurses are required to be competent in the various areas of nursing. Competence is regarded as a professional standard in many nurse's associations and councils around the world, which is described by the authors as the ability to perform according to the defined expectations. The level of education and clinical competency of all health professionals is a key factor in improving client outcomes, for nurses, as the largest part of the health workforce this is particularly related to complex decisions and delegation of care (Coyne, Calleja, Forster and Lin, 2021:104623).

2) Communication

A study by Wong et al (2018: 32) found that new nurses expressed difficulty in communicating with the various parties, with the most difficult aspect being dealing with patients and their relatives due to the high expectations of them compared to what they can provide for. Comprehending the handwriting of the doctor's handwriting in the treatment records, was also expressed as a challenge. As such, the study found that the participants preferred face-to-face communication to alleviate the mentioned issues.

3) Confidence

According to Serafin, Strząska-Kliś, Kolbe, Brzozowska et al (2022:484) engaging in professional practice from being a student is a complex process, often called the struggle to develop self-esteem. Therefore, taking care of novice nurses and increasing their self-esteem is an important aspect, as it helps in reducing numerous problems defined by self-esteem including low job involvement, risk of stress and low job satisfaction.

Stellenbosch University https://scholar.sun.ac.za

4) Expectations

Wong et al (2018: 35) found two kinds of expectations that pose as a challenge, namely self-expectation and expectations from others. Self- expectations include proper time management and the pressure to complete tasks before handover. The expectations from others stem from the need to work independently and competently in order to avoid disappointing their colleagues or be the subject of gossip.

5) Relationship with colleagues

According to Wong et al (2018: 34), newly graduated nurses stated that a good working relationship with their colleagues is an aspect in their careers, more so, if the colleagues are supportive and helpful. Good relationships with colleagues are enhanced through a sense of belonging and facilitation of self-development in the wards. However, a bad working relationship with colleagues negatively affects the motivation and clinical performance of the new nurses. Furthermore, they expressed feelings of disheartenment due to being the subject of rumors and for being blamed during handover, a common situation in the ward.

6) Support

In Australia, it was reported by Parker et al (2014:152) that a number of senior registered nurses are unsupportive towards new graduates and their learning needs. They undermine the confidence that the new graduates have developed in their own practice and make them feel like they are ineffective members of the team. Senior registered nurses at times display territorial attitudes at NQRNs instead of teaching them. They were found to easily pick on newly qualified registered nurses for being seen as doing everything wrong and wasting time. Furthermore, in the authors found that the new graduate nurses felt their need for learning was in direct competition with the need to effectively staff the ward and for the provision of patient care without the correct skill set (Parker, et al., 2014:152).

7) Workload

In a study by Wong et al (2018: 35), the authors found that participants experienced heavy workloads. A heavy workload comprised of a lot of paperwork and simultaneous management of multiple tasks, including providing treatment for patients; answering to enquiries of patients and relatives; providing guidance to student nurses, and the

Stellenbosch University https://scholar.sun.ac.za

frequent monitoring of dangerous drugs. Moreover, the heavy workload was exacerbated by insufficient manpower and limited resources, which further increased the stress level.

8) Working environment

Bullying at workplaces has been identified as a pervasive factor that obstructs appropriate socialization of new nurses. More experienced nurses may bully the new nurse graduates with the aim of maintaining control of their work environment and this making it difficult for the new nurse to successfully transition to the workplace. New nurses are burnt out due to senior nurses going on retirement. This increases the workload for newly qualified registered nurses, which may lead to them disconnect from work and patients, and the end result is poor work performances and patient hazard events (Hofler & Thomas, 2016:134).

2.6 SUPPORT OF NEWLY QUALIFIED NURSES

Numerous studies have shown that nurses find the transition from nursing student to qualified nurse a stressful endeavour, with high incidences of reality shock and burnout being reported during the first year of practice. In order to address this, there are a wide variety of strategies and interventions that have been identified in literature for NQRNs, as depicted in Table 3, which shows the interventions that are well suited to the challenges faced by NQRNs.

These include longer periods of teaching, such as residencies and internship programs; shorter periods of teaching in the form of graduate orientation or graduate nursing programs. Other interventions include simulation programs where newly qualified nurses are exposed to patient scenarios; they are likely to encounter in the wards. Externship programs, described as programs that reinforce nursing school curriculum, whilst providing a longer period of engagement in the clinical learning environment (Ruth-Sahd, 2016:64). Externship programs are vital for nursing students who have completed the substantive components of their course prior to commencing formal employment.

Stellenbosch University https://scholar.sun.ac.za

Table 2 Challenges faced by new registered nurses and the appropriate intervention (Adopted from Theisen and Sandau, 2013:408).

Challenge	Intervention
Communication	Debriefing Role modelling
Leadership	Nurse residency programs Mentorship programs
Critical thinking and clinical reasoning	Course on theory, research and leadership Orientation
Stress management	Mentorship

2.6.1. Support systems for new graduate nurses in the global north

Countries in the global north are known for implementing nurse residency and mentoring programs, with the aim of easing the integration process of newly graduated nurses into the workforce. A study by Cline, La Frentz, Fellman, Summers and Brassil (2018:384) defined nurse residency programs as evidence-based syllabi with content that focus on leadership, patient safety, and professional development. The programs normally run for between 4 to 12 months; while being presented as commercially available, or internally developed programs. The programs have two main focal areas; clinical orientation, which introduces new nurses to the clinical practice setting, and entry to practice content, which focuses on aspects of professional development, concepts, and skills. Moreover, aspects of socialization, reflection, delegation, quality, evidence-based practice, and conflict management are seemingly included (Cline et

Stellenbosch University https://scholar.sun.ac.za

al, 2018:385). Using a Casey-Fink Graduate Nurse Experience Survey© to study the outcome of residency programs, the authors found a statistically significant change in score across all domains, including skills and procedure performance, work environment and role transition, job satisfaction, and comfort and confidence. In regards to communication/leadership and patient safety, a considerable increase was recorded, thus indicating increased confidence and comfort in communicating with colleagues, patients and families. In the patient safety aspects, an increase was also noted, indicating that the new nurses gained confidence in organizing and prioritizing patient care and comfort. According to the authors, the outcomes of the study indicate that internally developed residency programs are effective in supporting the transition of nurses (Cline et al, 2018:389). Sampson (2021:1) highlighted the drawbacks as including requiring new nurses to enter into a contractual agreement and make a time commitment.

Mentorship programs are another intervention used in the global north to bridge the gap from newly graduated nurse to a professional nurse. Wong, Stake-Doucet, Lombardo, Sanzone and Tsimicalis (2015:141) have defined the intervention as a process in which more experienced individuals, contribute towards the professional development of a newly graduated nurse by providing psychosocial support, career-related support, and role modelling.

Mentorship programs are implemented as new graduate nurses face numerous challenges with the academic and clinical demands of nursing education. Similarly, they lack preparation for the rigorous nursing curriculum. Mentorship has been used to help new nurses cope with insufficient academic preparation, lack of social and academic resources, and reduce anxiety (Wong et al, 2015:141).

Using a qualitative descriptive review design, the outcomes of mentorship were measured in accordance to its impacts in the academic, professional, and mental health aspects. The authors found that academic scores improved as a result of mentorship. In addition, mentees were given the opportunity to integrate theory and practice. Furthermore, opportunities for reflection and the enhancement critical thinking skills of mentees were other reported beneficial outcomes of mentorship programs. Under social benefits of peer mentoring programs reported by both mentors and mentees included: a sense of support, reduced sense of alienation, and the ability

Stellenbosch University https://scholar.sun.ac.za

to openly discuss fears or other aspects of the work environment (Wong et al, 2015:146).

The professional benefits of mentoring programs were highlighted by the authors as easily socializing mentees into the nursing profession, thus leading to positive changes in attitude towards the profession and increasing satisfaction with nursing as a career. Lastly, with regards to the mental health of mentees, the programs have resulted in new nurses having an increased sense of self-confidence. Though the program did affect their sense of self-efficacy, it did reduce their feelings of anxiety and stress, while improving their perceptions of self-esteem (Wong et al, 2015:146).

As with any intervention, the mentorship programs do have drawbacks, which according to Wong et al (2015:146) are related to conflicts in scheduling mentorship meetings, time commitment of both mentors and mentees, finding appropriate locations to hold meetings, and unclear program aims. In addition, challenges have been reported in mentor–mentee relationships, such as the passivity of mentees towards learning, the attitude of mentors which according to studies have been reported as being disrespectful and the matching of mentors with mentees. In addition, poor communication due to individual personality and/or attitude clashes were indicated as a challenge. Moreover, low program retention rates, lack of preparation and inadequate knowledge to teach on the part of the mentor, were found to be hindering the success of such programs (Wong et al, 2015:146).

2.6.2. Support systems for new graduate nurses in the global south

Intervention programs are not a well-developed initiative that is used in countries in the global south, with the exception of South Africa and Nigeria. The two countries have introduced 12-month internship programs to help with the transition process.

From a professional development perspective, the transition from new graduate nurse to a professional is key as it strongly impacts the development of skills and the success of a career in nursing. The South African Government introduced the community service program as an intervention that provides a bridge to help students to make the transition from a well-structured education environment to more flexible self-guided workplace learning, where they assume greater responsibilities for their own learning and decision-making. The program offers numerous opportunities for nurses to further

Stellenbosch University https://scholar.sun.ac.za

develop their clinical skills, ethical and professional behaviour and their critical thinking abilities upon graduation (Abiodun et al, 2019:1).

In Nigeria, a twelve-month internship programme has been introduced in 2017 (Uche, et al., 2017:273) for newly graduates. The aim of the programme is to improve the experiences of novice nurses in order to improve job satisfaction and quality patient care (Uche, et al., 2017:273).

Namibia has yet to develop a policy framework to introduce transition programs.

2.7. SUMMARY

In this chapter, literature related to the research question was reviewed. This chapter analysed studies that investigated the experiences of newly graduated nurses in the global north and south. The researcher also assessed the underlying legislation as they govern the training of nurses. Furthermore, the challenges that occur during the transition process from newly graduated nurse to professional nurse and the accompanying competence levels, were also included. In addition, how the challenges can be alleviated by using various interventions and how they are implemented in the global north and south were analysed. In the next chapter, how the data was collected and analysed will be presented.

Stellenbosch University https://scholar.sun.ac.za

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter two provided a comprehensive literature review on the experiences of newly qualified nurses as well as a review of the nursing legislations in the global north and the global south. This chapter addresses how the data was collected for the study, including how the data was analysed and the application of the ethical principles.

3.2 AIM AND OBJECTIVES

The aim of this study was to explore the experiences of newly qualified registered nurses at a national hospital in Namibia.

The research objectives were to:

- Describe the experiences of newly qualified registered nurses in a national hospital in Namibia
- Assess the various support systems available for the newly qualified registered nurses

3.3 QUANTITATIVE RESEARCH

Quantitative research explains phenomena by collecting unchanging numerical detailed data that are analyzed using methods that are mathematical based, particularly statistics that brings about questions of where, what, when, who, how, how much, how many. It deals in logic, numbers and an objective stance (Mohajan, 2020:52).

3.4 QUALITATIVE RESEARCH

Aspers and Corte (2019:1007) define qualitative research as a refining process in which a better understanding to the scientific community is achieved by making new important distinctions resulting from getting closer to the phenomenon studied.

Stellenbosch University https://scholar.sun.ac.za

The researcher chose qualitative research because it was deemed suitable for the study to get the opinions and better understand the views of the participants as the aim was to explore the experiences of the newly qualified registered nurses. It was found to be the best method to allow the researcher to be able to ask questions like how and why to get deeper and broader views from the participants.

3.4.1 Research paradigm and their assumptions

A research paradigm has been defined as the theoretical or philosophical basis on which the research work is based. It is the perspective, school of thought, or set of shared beliefs, that informs the interpretation of research data (Khatri, 2020:1435). The paradigm further defines the nature of reality, sources and types of knowledge and choice of methodology and methods (Khatri, 2020:1436). Paradigms are an important aspect of the research as they provide beliefs and dictate what should be studied, how it should be studied, and how the results of the study should be interpreted (Khatri, 2020:1436). The study made use of the interpretivist paradigm. The paradigm has been described by Kivunja and Kuyini (2017:33) as aimed at understanding human experience in a subjective manner. The approach is concerned with interpreting what the participants are thinking in regards to the phenomenon being studied, thus the viewpoint of the participant is the focal point. Hence, the interpretivist paradigm theorizes that reality is socially constructed (Kivunja et al, 2017:33).

Each paradigm is shaped by the conventions through which reality, knowledge, methodological approaches and values are defined under each paradigm. A paradigm is comprised of four elements, namely, epistemology, ontology, methodology and axiology (Khatri, 2020: 1436).

Epistemological assumptions are related to how knowledge can be created, developed, and communicated. The epistemological position of qualitative descriptive research is subjectivism. Subjectivism relies on the subjective awareness of the participants while including the role and contribution of the researcher. Thus, the researcher is an active participant in the research and not a bystander (Bradshaw, et al, 2017:2). The element of ontology is defined as the study of being, which is concerned with what constitutes reality, what the real world is, and what can be known about it. The ontological position of qualitative research is known as relativism, which

Stellenbosch University https://scholar.sun.ac.za

holds the view that reality is subjective and varies from individual to individual. Thus, there are many realities, as individuals assign their interpretation and meaning to the phenomenon being studied. Qualitative descriptive research aims to achieve an in-depth understanding by emphasizing the literal description of the phenomenon (Bradshaw et al, 2017:2).

The methodological assumptions are concerned with the approach that can be employed to investigate the perceptions of the participants in regards to the phenomenon under investigation. The approach determines the best strategies for data collection, data analysis, data interpretation, and the presentation of the findings; while keeping in mind the goal of qualitative descriptive research, which is to provide in-depth descriptions of the experience of the participants on a phenomenon that is not understood (Bradshaw et al, 2017:3). Lastly, the axiology assumption refers to the ethical issues that require consideration during the research. The assumption involves defining, evaluating and understanding the concepts of right and wrong behaviour that are related to the research. Moreover, it takes into consideration the values that the researcher ought to attribute to the different aspects of the research, the participants, the data and the audience. These values include privacy, accuracy, property, and accessibility (Kivunja et al, 2017:28).

3.4 RESEARCH DESIGN

The study made use of the qualitative descriptive study design. Where little is known about the topic of investigation, a qualitative descriptive design is deemed the most appropriate as it acknowledges the subjective nature of the problem, the distinctive experiences participants may have and the findings will be presented in a way that directly or closely reflects the terminology used in research question (Doyle, McCabe, Keogh, Brady and McCann, 2020:443)

When research is aimed at exploring and describing a phenomenon, opinions or views of a participant, a descriptive qualitative design is suitable for the study. This kind of study is suitable because it provides comprehensive information on events as it uses naturalistic enquiry or investigate a phenomenon in its natural state as much as possible (Chen, Song, Cui, Tang, Zhang, Shao, Qui, Wang, Wang and Ye, 2021:709).

Stellenbosch University https://scholar.sun.ac.za

A paper by Kim, Sefcik and Bradway, (2017:25) described in depth the characteristics of the approach. The design enables the researchers to draw from a naturalistic perspective and examine a phenomenon in its natural state. Secondly, the approach is less theoretical, thus making it more flexible in comparison to other approaches. Thirdly, the data collection strategies that apply to a qualitative descriptive approach make provision for the researcher to participate in the data collection process alongside the participants through interviews. Fourthly, the approach makes use of sampling techniques such as maximum variation sampling that are useful in obtaining broader insights and rich information. In regards to data analysis, the approach makes use of content analysis that can be supplemented with descriptive quantitative data. Thematic analysis is another method that can be used to analyse data. Both analysis approaches allow researchers to interpret the data with minimal interference. Lastly, the representation of the findings of the study is deemed to be straightforward, through comprehensive descriptive summaries and accurate details of the data collection process, while being presented sensibly to the audience (Kim et al, 2017:25).

The approach was found to apply to the study as it provides for the study to be undertaken in its natural setting, thus enabling the researcher to make sense and understand the actions and views of the participants from an individual point of view and to understand that individuals can perceive the same thing differently. Moreover, it ensures that the data analysis process remains true to the participants' accounts while ensuring the researcher's interpretations are transparent (Bradshaw, Atkinson and Doody, 2017:3).

THE ROLE OF THE RESEARCHER

As a researcher my role was to communicate my research, collaborate with others when it was appropriate and to transfer and exploit knowledge for the benefit of the study participants and the society at large. The researcher has a responsibility to behave honestly and ethically in the course of the research.

THE ROLE OF THE MODERATOR

The moderator facilitates the data collection process. The moderator also plays a key role in the implementation of bracketing by ensuring that the principles of privacy,

Stellenbosch University https://scholar.sun.ac.za

confidentiality and security of the participants and the research setting are maintained and managed. (Carter, Shih, Williams, Degeling and Mooney-Somers, 2021:711).

BRACKETING

The researcher applied bracketing measures by doing the following: before the commencement of interviews, the researcher noted down all the knowledge and experiences about the study topic, the researcher kept this list during interviews and noted down any biases that the researcher noted during the interviews as well as during transcribing. The process helped the researcher to avoid bringing in any preconceived ideas about the topic and purely noted only what the experiences of the participants were. The same sentiments were shared in a study by Weatherford and Maitra, (2019:91), who have indicated that by applying bracketing, it leads to analyses that are trustworthy and increased rigidity of the research. Thus, bracketing prompts the researcher to act as their best critic.

3.3 STUDY SETTING

According to Majid (2018:3), the study setting comprises the nature, context, environment, and logistics of the study setting, which may influence how the research study is carried out. By considering the study setting, the researcher can foresee any practical challenges that are intrinsic in the institute, structure or layout of the study setting. Thus, allowing the researcher to handle the challenges with appropriate strategies.

The study took place in a tertiary specialized national hospital in Namibia. This hospital is the only public-ran national referral hospital for specialized health care in the country and tertiary is the highest level of care available in the country. The hospital offers general medicine, general surgery, orthopaedics, cardiology, neurology, obstetrics & gynaecology and oncology treatment to the public. Therefore, this broad clinical setting was appropriate for the study. The hospital is located in Windhoek, the capital city of Namibia in the South West of Africa. The hospital was commissioned in 1982 and only became operational as a health facility in 1984 with a bed capacity of 855 beds (Ministry of Health and Social Services). In the year 1990, the hospital became a national referral hospital as well as a major training institution. Both medical and nursing students gain their practical skills and experience at this hospital.

Stellenbosch University https://scholar.sun.ac.za

3.5 POPULATION AND SAMPLING

Population

A paper by Majid (2018:7) defined population as a study's target population that the researcher intends to study. For this study, the population was newly qualified registered nurses who have been employed for six months up to eighteen (18) months. The duration of employment was chosen because during the eighteen (18) months the newly qualified registered nurses would have gained enough experience about their work and the time is not too long for them to have forgotten about their experiences since starting employment. The total population for the study stood at ten (10) individuals but only 8 interviews were done due to data saturation.

Sampling

Sampling is defined as a procedure of selecting a sample from individuals or a large group of population for certain or specific kind of research purpose (Bhardwaj, 2019:157). Purposive sampling was used in this study, which is the type of sampling were sampling members are selected according to the purpose of the study (Bhardwaj, 2019:157). The goal of the study was to obtain the perceptions and experiences of the newly qualified registered nurses in the hospital, thus it was required for the study to intentionally select individuals that will increase the understanding of the phenomenon hence, the study making use of purposive sampling. According to Andrade (2021:86), purposive sampling is one whose characteristics are made for a purpose that is relevant to the study. The advantage of this method is that it allows the researcher to study only the population of interest. Moreover, the availability and willingness to participate, and the ability to communicate experiences clearly and reflectively are also included as important aspects of selecting participants.

This study made use of the concept of data saturation, which was defined as saturation as the point at which additional data from participants does not yield any new emergent themes (Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs and Jinks, 2018:1894). The researcher anticipated to conduct 10 in-depth semi-structured interviews; however, data saturation was reached at the eighth participant. Saturation

Stellenbosch University https://scholar.sun.ac.za

occurs when putting more participants to the study does not bring about additional perspectives or information

3.5.1 Inclusion criteria

Patino and Ferreira (2018:84) defined inclusion criteria as the features of the target population that are key in helping researchers answer their research questions. Inclusion criteria normally include demographic, clinical, and/or geographic characteristics. For this study, the inclusion criteria included:

- ✓ All newly qualified registered nurses
- ✓ employed at Windhoek central hospital
- ✓ whom have been employed for six (6) up to eighteen (18) months

3.5.2 Exclusion criteria

Exclusion criteria are features of potential research participants who meet the inclusion criteria but have additional characteristics that have the potential to interfere with the success of the study or increase the risk for an unfavourable outcome. Exclusion criteria may include characteristics of eligible research participants that may make them highly likely to be absent during the data collection sessions or provide inaccurate data (Patino et al, 2018:84). For this study, the exclusion criteria included: All newly qualified registered nurses who are on annual, sick leave or any other kind of leave were not included.

3.6 DATA COLLECTION TOOL

An appropriate research instrument for data collection allows for analysis to lead to the formulation of convincing and credible answers to the research questions. Thus, researchers are guided by their competencies in selecting the appropriate research instrument to use (Adosi, 2020:1). For this study, the data was collected through individual semi-structured interviews, using a semi-structured interview guide (Appendix 4).

A semi-structured interview guide is defined as a shortlist of guiding questions that are complemented by follow-up and probing questions that are dependent on the

Stellenbosch University https://scholar.sun.ac.za

responses of the participants. The semi-structured interview guide consists of questions that are open-ended, neutral and clear (DeJonckheer and Vaughn, 2019:1). The guide was translated by volunteers who are fluent in writing Afrikaans and another one in Oshiwambo and the researcher translated the one in Otjiherero as it is her mother tongue and she is fluent in writing it. The three vernacular languages', namely, Afrikaans, Otjiherero and Oshiwambo interview guides were not used as all participants preferred to be interviewed in English.

The interviews started with open-ended questions which were followed by probing questions as those allowed the researcher to collect rich data. The guide has three categories of questions, namely; demographical questions, questions related to experiences and follow-up questions. In the first section, the participants were asked questions related to their age and department of work. The second section contained open-ended questions directly related to the research question, such as, describe the expectations of life as a professional nurse before working and soon after working; describing the challenges you have experienced so far and how have you resolved them if you have, and what do you think can be done to make it easier for you as a newly qualified registered to have a smooth transition from university into the workplace? The follow-up questions, in the last section, are probing questions, which requires the participant to give more information in greater detail. The data collection tool was developed based on the research objectives and subjected to validation by the research supervisor.

3.7 PILOT INTERVIEW

Pilot studies are useful in the preparation of a study, as potential practical issues in the research procedures can be found and addressed timeously. Moreover, by testing out the questions well in advance, the interview protocols can be strengthened, while identifying any flaws, or limitations within the interview design before the main study is conducted (Majid, Othman, Mohamad, Lim and Yosof, 2021:1074).

A pilot interview was conducted before the main study, with a participant who met the inclusion criteria of the main study. A total of 1 pilot interview was conducted. The data that was obtained from the pilot interview, was included in the main study. The pilot interview was conducted to test the interview questions, to make sure that they were

Stellenbosch University https://scholar.sun.ac.za

clear and to refine the skills of the researcher in conducting the interviews. The supervisor played an important role in the pilot interview by assessing the interview and providing feedback. Furthermore, the researcher had received training in interview skills.

Data protection and organisation

The transcriptions were labelled according to the audiotapes. The recorded sessions on the audiotapes and transcripts were stored on the researcher's password-protected personal computer and a flash drive for backup purposes. The flash drive is stored in a lockable cupboard by the researcher. To protect the identities of the participants, the list of the personal details and pseudo names were stored in a different password-secured file from the collected data.

3.8 TRUSTWORTHINESS

Trustworthiness of a study refers to the degree of confidence in data, interpretation and methods used to ensure the quality of a study (Connelly, 2016:435). The concept is best explained through its elements, namely; credibility, transferability, dependability, and conformability.

3.8.1 Credibility

Credibility is the confidence that can be placed in the truth of the research findings. It establishes whether the research findings represent plausible information drawn from the participants' original data and is a correct interpretation of the participants' original views (Korstjens and Moser, 2018:121). To meet the requirements of credibility, the research process underwent several peer reviews from the supervisors and ethics committee /HREC within the University of Stellenbosch, to ensure that the findings of the study are credible. Secondly, triangulation was applied, thus, the data were analysed by two independent researchers; the principal researcher and the supervisor. This required the researcher to identify their vested interests, personal experience, cultural factors, assumptions, and hunches that have the potential to affect the data collection and analysis process were set aside by having the results returned to participants for validation.

Stellenbosch University https://scholar.sun.ac.za

3.8.2 Transferability

Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts or settings with other respondents (Korstjens et al, 2018:122). The element of transferability was employed by providing a concrete description of the context in which this study was conducted, and the limitations of the study. Furthermore, to ensure that the results are a true reflection of participants' views, the concept of data saturation is applied to the data collection process.

3.8.3 Dependability

Korstjens et al (2018:123) defined dependability as the stability of findings over time. Dependability involves evaluating the findings, the interpretation and recommendations of the study to ensure that all these aspects are supported by the data received from the participants. In addition, the participants received the preliminary findings of the study to confirm if their inputs are represented. Furthermore, the methods were explained in detail and an audit trail of the ethical clearances, transcripts, and data analysis process were created to ensure that the findings of the study are traceable.

3.8.4 Confirmability

Lastly, according to Korstjens et al (2018:122), confirmability is the degree to which the findings of the study could be confirmed by other researchers through establishing whether data and interpretations of the findings are not mere creations of the researcher's imagination but truly derived from the data. Confirmability ensured that the participants were allowed to verify the results through member checking, which was conducted after all the interviews were done. Similarly, the methods of triangulation and bracketing were applied to the study. The researcher and supervisor separately coded the data, to ensure that the findings of the study are based on the data and not subjected to researcher bias.

3.9 DATA COLLECTION

Kabir (2016:202) defined data collection as a process of gathering and measuring information on variables of interest, in a systematic manner that enables the

Stellenbosch University https://scholar.sun.ac.za

researcher to answer the research questions, and eventually evaluate the outcomes. The study made use of semi-structured interviews as a method of data collection. The act of interviewing involves a researcher asking questions and receiving answers from the participants in a study (Kabir, 2016:211). However, in semi-structured interviews, the researcher and participants engage in a formal interview, that is guided by a semi-structured interview guide (Kabir, 2016:212). Semi-structured interviews were well suited as a data collection method for the study, as they allowed the researcher to prepare the questions well in advance. This allows the researcher to be prepared and competent when conducting the interviews. Moreover, semi-structured interviews give participants the freedom to openly express their views on their terms. Thus, semi-structured interviews can provide reliable, comparable qualitative data (Kabir, 2016:213).

The interviews were conducted in a private room, in the wards where the participants work to maintain privacy of the participants and keep disruptions in their daily routine to a minimum. This was done with the consent of hospital management and did not interrupt patient care. The interviews were held during the participants' lunch break; thus they were offered light snacks and were at ease. At the start of the interview, the researcher introduced herself and explained the purpose of the research to the participants before gaining their written informed consent. Similarly, the participants had to give written consent to be audio-taped. At the start of the interviews, the researcher asked a series of ice-breaker questions to keep the participants at ease. The interviews were conducted on a one-on-one basis, with questions derived from the semi-structured interview guides. English was the medium of instruction during the interviews, however, interviews were also conducted by the researcher in Otjiherero, Oshiwambo or Afrikaans, for participants not comfortable with English. The responses of the participants were audio-taped, with each interview lasting between 45 to 60 minutes. The entire data collection process took place over six weeks from 26 May 2021 to 06 July 2021.

3.10 DATA ANALYSIS

According to Ravindran (2019:42), the analysis of qualitative data is done in three steps, namely; data preparation, reading and reflecting and thematic analysis. Data analysis in qualitative research as the process of systematically arranging interview

Stellenbosch University https://scholar.sun.ac.za

transcripts, to increase the understanding of the phenomenon, and involves coding or categorising of data.

The first step involved the researcher transcribing the audio tapes verbatim into Microsoft Word. Transcription is the process of providing a written account of spoken words (International Rescue Committee, 2011:1). The transcriptions were labelled according to the audiotapes. The recorded sessions on the audiotapes and transcripts were stored on the researcher's password-protected personal computer and a flash drive for backup purposes. The flash drive is stored in a lockable cupboard by the researcher. To protect the identities of the participants, the list of the personal details and pseudo names were stored in a different password-secured file from the collected data.

The second step involves reading and reflecting on the data, to gain an initial understanding of the narrative. This process is key in assisting the researcher in understanding the perspectives of participants and deciding on the appropriate analytical framework for further data analysis (Ravindran, 2019:42). The third step involved using thematic analysis to analyse the data. Thematic analysis is a six-step process, of data analysis that identifies, analyses, organizes, describes, and reports themes found within a data set (Nowell, Norris, White and Moules, 2017:2). The method was found to apply to the study as it is highly flexible and can be applied to any study while providing rich and detailed information. Furthermore, the analysis procedure does not require any theoretical knowledge beforehand. In addition, thematic analysis is a useful method for examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights (Nowell et al, 2017:2). The steps of analysis are described in Table 4 below.

3.10.1 Steps of analysis

Table 3 Steps in analyzing qualitative data (Adopted: Braun and Clarke, 2006:77-101).

No	Step
1	Familiarization

Stellenbosch University https://scholar.sun.ac.za

2	Coding
3	Generating themes
4	Reviewing themes
5	Defining and naming themes
6	Writing up

Step 1: Familiarization- In this step, the researcher gets to know the data, through reading and reflecting. It is important to get a thorough overview of all the data collected before analysing individual items. This involved transcribing audios, reading through the text and taking initial notes and generally going through the data to get familiar with it.

Step 2: Coding- Coding means highlighting sections of the text, usually phrases or sentences and coming up with shorthand labels or "codes" to describe their context. Each code describes the idea or feeling expressed in that part of the text. These codes allowed the researcher to gain a condensed overview of the main points and common meanings that recur throughout the data.

Step 3: Generating themes- Identified patterns among the codes created in step two and came up with themes. Themes are generally broader than codes.

Step 4: Reviewing themes- Ensured that themes were a useful and accurate presentation of the data. If something was missing; what could be changed to make themes work better? If problems were encountered, themes were split up, combined, discarded or new ones created.

Step 5: Defining and naming themes- Defining themes involved formulating what we meant by each theme and figuring out how it helped us understand the data. Naming themes involved coming up with succinct and easily understandable names for each theme.

Step 6: Writing up- In this step the themes were written out in a report answering the research questions of this study.

Stellenbosch University https://scholar.sun.ac.za

ETHICAL PRINCIPLES

In research, three important principles of ethics should be used to protect human beings from unethical research practices. To ensure that the principles are applied, ethical bodies approve studies provided they meet the ethical requirements (Wu, Howarth, Zhou, Hu and Cong, 2019:9). The researcher got approval from The Health Research Ethics Committee (HREC) at Stellenbosch University (Appendix 1) and the Ethics Committee of the Ministry of Health and Social Services (MoHSS) of Namibia (Appendix 2). In addition, permission, was also granted by the Windhoek Central Hospital management (Appendix 2) to conduct this study. The following ethical principles were observed in this study; the principle of self-determination, beneficence and justice.

1.9.1 Right to self-determination

The right to self-determination supports the ethical principle of respect for people. The principal focus of the autonomy and respect for the right of the participants to make their own decisions provided accurate and adequate information is provided to them (Lindberg, Johansson, and Broström, 2019:161). In this study, participants were given an information leaflet (Appendix 3) to read and were allowed to ask questions so that they understood why the research was being carried out, what their part in the study was and what they were benefiting from, as well as the risks involved. Participants were then allowed to choose either to participate in the study or not. The participants were made aware that non-participation would not result in any loss and even if they agreed to participate, they could withdraw from the study without any justification or consequences. Those who agreed to participate signed a consent form (Appendix 3) that served as evidence to protect them against any unethical practice.

1.9.2 Right to confidentiality and anonymity

The researcher ensured confidentiality by not sharing the recordings with anyone except the co-researcher (research supervisor) and ensuring that no names were mentioned in the recording or on the transcripts and the transcribed data are kept in password-protected file on the researcher's computer and hard-drive. They will be discarded after 5 years. The recordings and transcripts are kept on a password-

Stellenbosch University https://scholar.sun.ac.za

protected computer of the researcher, for at least 5 years before they are discarded (Heale and Shorten, 2017:7).

1.9.3 Right to protection from discomfort and harm

We can find instances of harm that can consist of unfounded physical or mental harm, unfair destruction or disclosure of information, and damage to property, reputation, and the environment. The nature of the sample meant that most of the participants might have traumatic experiences at some point in their career, therefore, avoiding distress and re-traumatizing them were prioritized. This was ensured through being sensitive when asking questions and redirecting them according to their responses.

3.11 SUMMARY

This chapter highlighted the process of data collection and analysis. The researcher described the study setting, including the research design and paradigm that informs the study. The population and the sample of participants that were included in the study were described in detail. How the data was collected and the instruments used, were also included in this chapter, and the application of ethical principles were interwoven during the process. Furthermore, the researcher explained in detail the analysis that the collected data was subjected to. In the next chapter, the findings of the study will be presented.

Stellenbosch University https://scholar.sun.ac.za

CHAPTER 4
FINDINGS

4.1 INTRODUCTION

In chapter three, the data collection process, including how the data was collected and analyzed was addressed. Chapter four presents the findings of the study that were derived from the interview transcripts. The transcription process was adequately described in chapter three. The findings are divided into two sections, namely Section A and Section B, respectively. Section A relates to the demographic data and Section B centers on the themes and subthemes that emerged from the collected data.

4.2 SECTION A: BIOGRAPHICAL DATA

The study interviewed a total of eight (8) participants, all of whom are registered nurses working at various departments at the Windhoek Central Hospital.

4.2.1 Age

The average age of the participants was 26.5 years, with (n=7; 87.5%) between the ages of 23-29 and only one participant was above 30 years of age.

4.2.2 Gender

Out of eight (8) participants, seven (7) or 87.5% were female and only one participant was male.

4.2.3 Years of experience

The study only included participants that had less than 18 months of work experience, the majority of the participants 87.5% (n=7) had more than 12 months' experience, with only 1 having less than 12 months working experience.

4.2.4 Educational institution

Participants received their Bachelor of Nursing degrees from various universities, namely, International University of Management (IUM), University of Namibia (UNAM) and Welwitschia Health Training Centre (WHTC), respectively. Five (5) of the

Stellenbosch University https://scholar.sun.ac.za

participants graduated from UNAM, with IUM having produced two (2) of the participants. Only one 1 participant obtained their qualification from WHTC.

4.3 SECTION B: THEMES EMERGING FROM THE INTERVIEWS

Four (4) main themes and 49 subthemes that emerged from the data are discussed below in Table 5. Participants' verbatim statements are in italics in the narrative description of themes further on.

Table 4 Themes and sub-themes

Themes	Sub-themes
Experiences	Introductions
	Facility orientation
	Feeling lost
	Uncertainty
	Feeling out of place
	Excitement
	Empowered
	In control
	Familiar with staff and environment
	Responsible
	Difficulty making decisions
	Difficulty fitting in new environment
	Long hours
	Being undermined due to being young
	Demotivated
	Lack of confidence
	Exhausting
	Inability to adapt
	Applying critical thinking
	Work conflicts with colleagues

Stellenbosch University https://scholar.sun.ac.za

	Fulfilling Rewarding
Expectations	Excitement Accountability Friendly colleagues Challenging Professional Independent Study further Team work Delegating duties equally Rotation to other departments Open communication channels
Challenges of NQRNs	Staff and resource shortages Delegating tasks to older colleagues Lack of psychological and psychosocial support Being corrected in an improper manner Autocratic supervisors Lack of competency in diagnosing and dealing with complications Student practical timeframe is too short Violent patients Fear of making mistakes
Support systems	Induction program Psychological support In-service training

Stellenbosch University https://scholar.sun.ac.za

	Team-building exercises Conduct meetings Mentorship programs Fairness of practice

Stellenbosch University https://scholar.sun.ac.za

4.3.1 Theme 1: Experiences of NQRNs

The first theme was related to the experiences of the NQRNs when they first started working and which they are currently enduring. The researcher sought to have the NQRNs relive their first day when they were appointed as registered nurses, while seemingly comparing how NQRNs perceive their new status as professional nurses in comparison to the expectations that they had whilst they were students.

The institution should train officials or make consultations with other accredited institutions on how to plan, design, and implement effective induction and orientation programs that caters for the needs of employees (Plata, 2021). The first day at work for the NQRNs was basically described in a similar fashion by all participants. The participants stated that at appointment, a round of introductions were done between them and the matron, followed by an overall orientation of the hospital grounds. Some of the participants had the advantage of choosing which department they preferred to work, whilst others stated that they were not accorded that opportunity; rather they were taken to understaffed departments. To which the senior nurse takes over and introduces the NQRN to the ward, giving an overall tour of the bathrooms and medicine trolley. Thereafter, they start working immediately.

A wide range of emotions were expressed by the participants, with some participants feeling lost, uncertain and out of place.

> *You feel lost and at the same time you don't want to be the one standing around doing nothing, you want to help but you don't know what to do or where to start. That's the sort of dilemma or conflict you have within you, feeling uncertainly and out of place…* (Participant 1).

Other participants found themselves having a sense of excitement and feeling empowered and in control.

> *…I was very excited… I felt very empowered and in control* (Participant 3).

One participant however, simply felt familiar with staff and environment as they have conducted their student practicals at the same hospital.

Stellenbosch University https://scholar.sun.ac.za

For me comfortability was quite natural because I was familiar with the staff and the environment as I have worked in the department most of my student years (Participant 2).

Participants indicated that as professional nurses, they need to act in a manner that emanates accountability and responsibility. They were of the opinion that these are the attributes that the supervisors and patients are expecting from them.

…responsibility wise, as a registered nurse you have to be responsible, very accountable, not necessarily having someone to come check up on you or to be independent (Participant 7).

Participants further indicated that in conducting their duties, they experienced pressure from colleagues and being called inexperienced.

...you make a mistake they don't correct you in a proper way, they kind of judge you for doing it wrong or blame you (Participant 5).

Difficulty making decisions was indicated to be an area in which NQRNs suffered.

…sister can you please help me with this certain medication, how do I give it, tomorrow again I will ask the same thing or within the same day because I was not so sure and I don't want to do things when I'm not so sure (Participant 8).

Despite undergoing practical training during their undergraduate nursing studies, some of the participants still expressed that they found it difficult to fit in a new environment and their inability to adapt. This subsequently led to participants feeling discouraged and demotivated. Other participants indicated that they struggled to cope with some aspects of nursing, especially at ICU.

...I had a very bad experience and had to be removed from there…ICU is where real nursing is cause is either you are resuscitating and people are dying every day that was very hard for me …You are resuscitating every day, people are dying every day, no I was not used to that (Participant 6)

Stellenbosch University https://scholar.sun.ac.za

Older colleagues have the tendency to be undermining towards NQRNs due to them being young, thus the NQRNs reported lacking confidence in their work. Coupled with long hours, the NQRNs find nursing messy and exhausting.

Participants stated that there are many aspects of patient care they are not taught as part of their studies including diagnosing skills. Thus, they have to rely on their critical thinking skills.

> *…there is a problem to try to come with the solution and just solve it yourself as long as it doesn't harm the patient or the environment where the patient is admitted so I really used my critical thinking skills a lot* (Participant 4)

In terms of communication, the participants have stated that conflicts with colleagues are a regular occurrence as well as dealing with difficult patients, who at times refuse their help on the basis of them being young and inexperienced.

> *…young and having patient older than you, they turn to undermine you, saying things like this kid is going to treat me. Sometimes patients doubt that you are able to provide the care that they need* (Participant 1)

However, the participants agreed that the career that they have chosen is fulfilling and rewarding, especially when they receive positive feedback from their patients.

4.3.2 Theme 2: Expectations of NQRNs

The second theme was related to the expectations of NQRNs, which ranged between an exciting fulfilling professional career with friendly teams in a good work environment to future fulfilment of career and academic aspirations with some expecting it to be difficult and challenging along the way... It is divided into subthemes, that describe their initial expectations and how the NQRNs perceived their nursing career and discover if they see themselves being in the same career in the future.

Stellenbosch University https://scholar.sun.ac.za

The participants indicated mixed emotions and expectations on what they envisaged the nursing career to be. Participants expressed excitement, moreover that is would be challenging and difficult were some of the terms used by the participants to describe their emotions linked to their expectations of being a professional nurse.

> *…it was sort of exciting, you know, the thought of something that's going to challenge me, that is what excited me about.* (Participant 1).

All the participants concurred that the nursing career required individuals to be accountable and responsibility in their role as care givers. Moreover, some of the participants were of the opinion that being a nurse is a challenging and difficult career that requires one to act in an independent and professional manner. However, not all views were similar, according to one participant who expected an easier job.

> *I expected less work, not long hours and friendly colleagues and team work with colleagues* (Participant 5).

All the NQRNs were of the opinion that they expected a career that exudes professionalism and independence.

> *...looking all professional, you will just be there with your patients.* (Participant 2)

Generally, the participants do see themselves in the nursing field albeit in different capacities*…I do feel it's a great profession, I don't regret ever being part of it…I see we are on the right track as a country and as a health profession, we are really trying our best and the environment where I'm working give me hope to be among the profession* (Participant 3).

Most of the participants do have hopes of studying further or receiving training.

… I want to build myself, to grow myself in the profession, I don't want to end where I am, I want to go study further because I don't want to work in the ward, I prefer the management side of nursing. If I get an opportunity to, I will go and study further and do something in nursing that have to do with management… (Participant 8).

Stellenbosch University https://scholar.sun.ac.za

…I would really appreciate it if we get more training at the hospital by the people we work with especially when it comes to things like CPR not just theoretically but also practically and that we do evaluations with each other, supervisors do evaluations with junior nurses on procedures that are done in that specific department every now and then just to recap on it, cause some people know the theoretical part but they don't practice it (Participant 4).

Teamwork and delegating duties equally was also encouraged as a way of moving forward will create a better working environment for everybody involved.

…by delegating duties among ourselves…if one is done for them to be able to help others and fair distribution of duties… (Participant 5)

I expect a better working environment, also with the experience I'm getting now, I want to deal with situations different than I did before and knowing how it feels, I would like to help the new ones who coming better than my experience (Participant 7).

4.3.3 Theme 3: Challenges of NQRNs

The third theme was related to the challenges that NQRNs experienced in their first months as registered nurses.

The participants have all cited staff and resource shortages as a major challenge, a situation that was exacerbated by the prevailing economic crisis plundering the country. Moreover, the NQRNs have cited that working alone in highly specialized wards such Intensive Care Unit (ICU) or neo-natal is particularly challenging as they are unable to provide specialized care. Coupled with acting as a nurse, care giver and cleaner at the same time has proven to be difficult.

Working with older colleagues has been narrated as a challenge, especially when delegating tasks to older colleagues, who are normally not receptive to receiving instructions from NQRNs.

> *There are colleagues who have lower ranks than you but older, meaning that you are in charge of her if there are no other senior registered nurse delegating tasks and all that, now imaging me telling this lady who is almost twenty years*

Stellenbosch University https://scholar.sun.ac.za

older than me. Even though it's justified why I'm delegating she will tell me no I usually work this side… (Participant 1).

The participants complained that due to the nature of their work, there is a clear lack of psychological and psychosocial support, their mental health is ignored. Moreover, exhaustion and a huge workload puts a lot of strain on the NQRNs, who were of the opinion that nursing is hectic and draining. The COVID-19 pandemic made the NQRNs more exhausted as their leave days were cancelled, thus they could not get enough rest.

… let us go on leave sometimes because you know they cancel our leave when the cases go high. We need that, we need that vacation, just a breather, we need to get our mind off stuff (Participant 3).

Autocratic supervisors, have emerged as a subtheme during the interviews. According to the participants, their supervisors correct the NQRNs in an improper manner, in from of patients. This results in the NQRNs receiving judgements from colleagues and having conflicts.

… there is one that's very strict and does not listen to people's problems …… sometimes even if you have a very serious problem, you are even scared to go to her. If you know that she is the one in the office there is no use to go because she won't listen, you know it's a no already (Participant 6).

The difference between what is covered in undergraduate studies in comparison to the work environment emerged as a challenge for the NQRNs. The participants stated that they lacked competency in diagnosing and dealing with complications, most especially in the maternity department. They started that it can be attributed to the fact that student practical timeframe is too short. This leads to them having a fear of making mistakes.

Diagnosing is not easy especially with our labour cases, whether it is a prolonged stage or so, it all requires expertise… when we were students, we

Stellenbosch University https://scholar.sun.ac.za

> *never came across such because our time frame was very short…. now we facing a lot diagnosis and a lot of complications that we have never experienced as students* (Participant 2)

The NRNS have come across violent outburst hurled towards them from patients and their families.

4.3.4 Theme 4: Support systems

Theme 4 was related to the support systems that the NQRNs would have liked to be implemented to ease their transition.

The participants mentioned a number of interventions that can be introduced to ease the transition process, starting with induction programs.

> *…Induction programme will really help, coming out of school straight to work, this programme will sort of prepare you for your duty or anything that you are going to experience…should have some psychological support…to prepare people mentally that when you are cornered with a situation, you should make a decision quick and fast* (Participant 1).

Psychological support was also mentioned as an intervention measure due to the overwhelming nature of nursing.

> *…nursing really take a lot out of a nurse because you have to give support, patients have emotions, you can go and give paracetamol but the complaints, you have to reassure and what not. That can drain you so maybe I think nurses should also have a psychologist or social worker to go to when they feel overwhelmed to just also get that same support because we are all human beings* (Participant 7).

In-service training, team-building exercises and conducting meetings were stated as mechanisms in easing the transition process.

> *…in service training…on spot training…monthly meetings with the staff …I would suggest Activity. That impose nurses, either quizzes or games, you*

Stellenbosch University https://scholar.sun.ac.za

> *know, but it's something that can be done free time, not necessarily it works* (Participant 3).

Mentorship programs were also mentioned.

> *…if people could be assigned mentors… people that will constantly be in the ward, the seniors to be given the responsibility to be mentors to the ones that are coming in, to guide them and be their ears* (Participant 2)

Increasing the number of progress reports that must be completed before the confirmation of the probations was indicated as a measure that can ease the transition process.

> *I wish that their progress report that always being done every 6 months, 12 months should not only include the person's uhm behavior… they should include what the person can practically do in the department they working, if an ICU graduates that person must be allowed to suction a patient in the presents of the supervisors that person must be allowed to clean a tracheostomy in the presents of the supervisor so they can see how the person doing and whether the person is it in a better way for them to see if the person is off probation or not, not just check whether the person is punctual, hardworking, team player no they should also make us do or make them do practical evaluation..* (Participant 4)

4.4 SUMMARY

In this chapter, the findings of the study were presented and discussed. Experiences of NQRNs; Expectations of NQRNs; Challenges of NQRNs and Support systems were identified as the themes that emerged from the study. Overall, the themes demonstrated the experiences of NQRNs in their transition from graduate nurse to professional nurse, their expectations of the profession, what they found challenging and what they think would have eased the transition for them. The next chapter provides a discussion of the findings in relation to the literature, the recommendations that emerged from the study as well as the summary.

Stellenbosch University https://scholar.sun.ac.za

CHAPTER 5
DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter four presented the findings of the study that were derived from the interview transcripts. The demographic data of the participants, the themes that emerged from the collected data were discussed. This chapter will present the findings of the study to the literature review in chapter two. Moreover, this chapter will address the conclusion of the study and recommendations moving forward.

5.2 DISCUSSION

The aim of the study was to explore the experiences of newly qualified registered nurses at a national hospital in Namibia. The findings, and their relation to each objective and the literature review, are discussed below.

5.2.1 Objective 1: Describe the experiences of newly qualified registered nurses in a national hospital

The transition process from student nurse to professional nurse was found to be exhausting, exciting and a wake-up call to acting as an independent and accountable nurse. However, the process was similarly met with fear (see Chapter 4, 4.3.1.).

A paper by Wong et al (2018:311), described eight categories of challenges that NQRNs face in their first year as professional nurses, namely: clinical knowledge and skills competency, communication, confidence, expectations, relationship with colleagues, support, workload and working environment. This study found that the challenges experienced were similar as described by the authors.

Stellenbosch University https://scholar.sun.ac.za

Despite student nurses spending 2000 hours doing clinical practice, it was discovered in this study that nurses still found it difficult to adjust to the already familiar settings (see Chapter 4, 4.3.3.). In addition, the nurses still had difficulty performing certain tasks, most especially in the ICU, neonatal and maternity wards and lacked clinical diagnostic skills (see Chapter 4, 4.3.2.). A gap exists between the theoretical knowledge and practice and was addressed in a study by Woo and Newman (2020:83), who found that NQRNs went through periods of reflecting and questioning the quality and adequacy of nursing education they received. Moreover, these participants felt that their nursing education did not reflect the reality of practice, due to the different values and expectations held by the healthcare sectors.

Communication was found to be a challenge, most commonly when dealing with older colleagues and supervisors. The NQRNs expressed difficulty in delegating tasks to older colleagues, who tended to undermine them due to their age (see Chapter 4, 4.3.1.). Moreover, NQRNs were subjected to autocratic supervisors who did not make any effort to solve any issues the NQRNs might have (see Chapter 4, 4.3.1.). Communication issues were also experienced with patients, who would be dubious about the quality of care the NQRNs would provide (see Chapter 4, 4.3.1.). The sentiments were shared in a study by Wong et al (2018: 32), who stated that new nurses expressed challenges in communicating and dealing with patients. This can be attributed to their high expectations of them compared to what can be provided for.

Due to a lack of confidence in their skills, the NQRNs have to repeatedly ask for guidance from senior nurses (Chapter 4, 4.3.1.). This was caused by an irrational fear of making mistakes. According to Serafin, Strząska-Kliś, Kolbe, Brzozowska et al (2022:484) engaging in professional practice from being a student is a complex process, often called the struggle to develop self-esteem. Therefore, taking care of novice nurses and increasing their self-esteem is an important aspect, as it helps in reducing numerous problems defined by self-esteem including low job involvement, risk of stress and low job satisfaction.

The NQRNs expressed a wide range of expectations on the role of a professional nurse. Some NQRNS felt excited about the prospect of being a nurse despite how challenging it might be. Moreover, some expected friendly colleagues and a lively working environment (Chapter 4, 4.3.2.). A study by Wong et al (2018: 35) found two

Stellenbosch University https://scholar.sun.ac.za

kinds of expectations, namely, self-expectation and expectations from others. This study found that NQRNs were more concerned about the expectations of themselves than those from others.

This study has found that despite the overall facility orientation that is conducted upon acceptance of the job offer, there are no other support mechanisms in place to support them as they transition into professional nurses. Thus, NQRNs stated that having measures in places such as induction programmes, in-service training, mentorship programmes and team-building exercises would help ease the transition process (Chapter 4, 4.3.4.). Moreover, incidences were reported of senior colleagues guiding in a manner that placed judgment on the NQRNs (Chapter 4, 4.3.3.). A paper by Islam et al (2021) emphasized on better working environment as such environment not only improves employees' well-being but also improves the overall performance of the institution.

A huge, hectic, draining workload, staff and resource shortages are just some of the experiences of NQRNs in their first year as professional nurses. Unfortunately, the situation was exacerbated by the COVID-19 pandemic, which left nurses exhausted and overwhelmed (Chapter 4, 4.3.3.). By applying Kramer's Phases of Shock reality, nurses who started working during the pandemic, did not experience the honeymoon phase. Rather, they were immediately in phase two, which is the shock phase, in which they experienced fatigue. This exact theme was studied in a paper by Casey, Oja and Makic (2021: 6), in which they found that graduate nurses experienced concerns associated with fear, anxiety, and rapidly changing practice policies which increased a sense of feeling overwhelmed. Nurses who started during the pandemic were thrown in the deep end, whilst those with six to fifteen months' experience were expected to lead others. Moreover, the study found that NQRNs experienced further pressure stemming from staff and PPE shortages. Similarly, the study found that the NQRNs found a disconnect from the theory taught in school to the infection control practices that do not align with standard practices before the pandemic.

Stellenbosch University https://scholar.sun.ac.za

5.2.2 Objective 2: Assess the various support systems available for the newly qualified registered nurses

According to the responses of the participants, except for an overall facility orientation, there are no formal systems or programs in place (both internal and external) that act as support bases to ease the transition process for the NQRNs. This can in part be attributed to the fact that student nurses are obliged to undergo 2000 hours of clinical training at training hospitals, which is viewed as sufficient to become a professional nurse.

However, the NQRNs have recommended induction programs, in-service training, mentorship programs, psychological support programs and the increasing number of probation reports while making them more comprehensive and inclusive. Moreover, the NQRNs have similarly suggested team-building exercises, conducting meetings and fairness of practice (Chapter 4, section 4.3.4.). A study by Priya, Venkatesan and Sonia (2018:8) on the effectiveness of nursing induction programmes, found that induction platforms assist nurses in updating their knowledge, demonstrating high-quality patient care, being oriented and coping better with the hospital environment, thus in a position to handle emergencies more efficiently. Moreover, an induction training programme can be used to introduce the values and objectives of the organization to make NQRNs feel part of the team while imparting essential safety and risk management information.

Providing psychological support programs is essential in preserving the health of nurses in the short and long term. According to Maben and Bridges (2020: 2744), psychological well-being programs require a layered response, with various components at different times that comprise strategies including peer support, team support; and the roles of managers and leaders. According to the authors, a psychological intervention package may include an online course that deals with psychological problems; a psychological assistance hotline; and/or group interventions. Cost-effective measures may also be introduced including advocating for NQRNs to practice meditation to relax or simply designate one room in the ward to

Stellenbosch University https://scholar.sun.ac.za

act as a recuperation room for rest in between long shifts. These interventions are depicted below in figure 2.

Peer to peer intervention programs
• Meditation strategies • Peer support conversations
Team support programs
• Weekly review meetings • Create room for recuperation
Managers/leaders
• Regular communication with staff • Adopt long-term support programmes for staff

Figure 2 Psychological intervention programs for nurses (Adopted from: Maben and Bridges (2020: 2746-2747).

Despite the NQRNs being familiar with hospital settings, they do seem to have struggled with being accountable for the decisions they make with regards to the care of their patients, thus making them susceptible to high-stress levels and feeling overwhelmed. To which, they suggested the implementation of psychological support systems to protect the mental health of nurses (see Chapter 4, 4.3.4.). Moreover, team-building exercises and meetings will provide opportunities for NQRNs to express their views and feel more comfortable with their colleagues, especially the management. Another way of easing the transition is through the assigning of senior nurses to act as mentors to NQRNs, to provide guidance. Newly qualified registered has described that they benefitting from informal and formal support provided within the workplace. Some participants described how they found being part of formal preceptorship and similar programmes supportive, particularly the allocation of a mentor or preceptor (Ho, Stenhouse and Snowden, 2021:2373). In regards to the progress reports which are completed quarterly, these should look beyond the aspects

Stellenbosch University https://scholar.sun.ac.za

of communication and punctuality, and focus on the practical aspects of nursing. This is to ensure that NQRNs that are struggling with performing certain procedures receive training to make sure that they become proficient.

The participants acknowledged that the initial holding hand of a willing mentor was helpful and provided a safety net for them to build their confidence levels (Ngcobo, Baloyi and Jarvis, 2021:1670). According to the responses from the participants, the NQRNs experienced problems in the areas of communication, critical thinking and clinical reasoning and lastly, stress management. Thus, the appropriate interventions would include debriefing, orientation and mentorship, respectively. Recommended support needs are tabulated below. In terms of the sense of duty support for peers important, as well as having conversations with supervisors. Mediation involves creating open channels of communication.

In this study, the participants revealed that their professional confidence would be improved by more support from their teams, having more regular reviews of their performance and experience, as well as a recuperation room which is described as a quiet room where nurses can rest and recuperate from the everyday challenges that NQRNs face. NQRNs have indicated they have expectations in their careers and futures in furthering their career in nursing. Thus, NQRNs require support from their immediate supervisors as well as continuous communication between the NQRNs and the nursing leadership. Moreover, introducing induction training for NQRNs would further keep them NQRNs motivated.

Stellenbosch University https://scholar.sun.ac.za

Table 5 Support needs based on nurses' experiences.

Experience of NQRNS	Support needs
NQRNs sense of duty	• Peer support • Conversation with supervisors • Mediation
Professional confidence	• Team support • Recuperation room • Weekly/Monthly reviews
Career and future expectations	• Leadership support • Communication and support continuum • Induction and Training

5.3 LIMITATIONS OF THE STUDY

The study only included registered nurses who had work experience of between six (6) to eighteen (18) months. Moreover, the study was conducted at one public health facility in Windhoek.

5.4 CONCLUSIONS

The study revealed that despite NQRNs having experience working in a hospital setting, they struggled to adjust to their new role as professionals. The study found that they experienced numerous challenges in their first year. These challenges included pressure from colleagues, work conflict and feeling exhausted. Moreover, the study found that Namibia does not have programs in place to ease the transition process of NQRNs, however, the neighbouring country, South Africa has implemented the CSP program to bridge the gap between student nurses and professional nurses.

Stellenbosch University https://scholar.sun.ac.za

5.5 RECOMMENDATIONS

The following recommendations are made based on the objectives, information and evidence derived from this study. These recommendations can be considered for implementation to improve the transition process of NQRNs.

5.5.1 Support strategies

The results of the study have indicated that the NQRNs require support in response to the challenges they experience. Thus, it is key to implement support strategies that will support the transition of graduate nurses on their path to being professional competent nurses. This includes mentorship programmes, in-service training and psychological support programs. A study by Edwards, Hawker, Carrier and Rees (2011: 2322) on the effectiveness of strategies and interventions that ease the transition from graduate nurse to professional nurse, found that an increase in the level of confidence was noted, as well as a reduction in stress and anxiety. Moreover, other associated benefits include increases in knowledge, critical thinking and levels of job satisfaction. Orientation programs can be implemented for NQRNs to acclimatize quickly to hospital settings. Orientation programs involve taking actions to ensure that new employees are familiarized with the working environment and its demands and expectations. Moreover, orientation programs further prepare newly qualified nurses to provide safe and quality patient care. The main goal of orientation programs is to ensure as competent nurses as possible (Lindfors and Junttila, 2014: 3).

5.5.2 Policies

According to the participants, they are spending very little time mastering key medical procedures despite spending 2000 hours in practice. It would be conducive to amend the nursing act and change the nursing curriculum to increase the number of medical procedures that student nurses must complete. Moreover, it would be conducive to creating a Community Service Program, similar to that of South Africa. The program will be in a position to ease the transition process while directing more human resources towards the rural communities. A study by Matlhaba, Pienaar and Sehularo (2019: 5) found that the CSP has several benefits including providing NQRNs with the opportunity to gain knowledge and develop the requisite skills. Moreover, the

Stellenbosch University https://scholar.sun.ac.za

programme results in effective teamwork among staff members, which has a positive impact on their daily practice.

5.5.3 Conducive work environment

A conducive work environment plays a vital role in stimulating job satisfaction, which can be achieved through motivation and leadership. NQRNs require external motivation strategies to empower them whilst involving them in decision-making. This can be achieved through the implementation of nursing excellence awards or conducting annual surveys regarding NQRNs satisfaction rates to identify major causes of job dissatisfaction and subsequently address such shortcomings (Ndikwetepo, 2018: 90).

Moreover, Ndikwetepo (2018: 90) states that the application of transformational leadership in the wards can ease the transition of graduate nurses by having leaders who can empower, motivate, respect, recognize and stimulate subordinates to excel. Thus increasing the autonomy, communication, and commitment of nurses to the organization and creating a therapeutic environment.

5.5.5 Future research

- A qualitative study to determine job satisfaction and career retention rates for NQRNs, which may provide more information regarding job satisfaction and staff turnover leading to retention strategies and work-life intervention planning.
- A qualitative research study is in a better position to provide more information regarding the evaluation of the quality of care provided by NQRNs and identify specific gaps to address in clinical competency training during induction and orientation.

5.5 DISSEMINATION

The study will be printed and a copy will be submitted to the Ministry of Health and Social Services, specifically the Office of the Executive Director and the Director of the Directorate of Policy Planning and Human Resources Development. In addition, the study will be made available on the Stellenbosch University website, while planning to present the findings at relevant academic forums and seminars as far as possible, as

Stellenbosch University https://scholar.sun.ac.za

well as other means of dissemination to the correct audience in healthcare management.

5.6 CONCLUSION

The study was conducted using semi-structured interviews, upon which the themes derived from the interviews were analysed using thematic analysis. Four main themes were derived from the interviews. The results of the study found that nurses found their transition phase to be exciting but also stressful before reaching the stage of resolution, in line with the Kramer's reality shock theory. However, the transition phase did have challenges in the form of being undermined by senior colleagues with lack of confidence in them from patients and being overwhelmed with a huge workload. The situation was made worse by a lack of support interventions and the COVID-19 pandemic. NQRNs can be supported in their quest to be competent nurses by employing support strategies that can be implemented at peer, ward and management level. In addition, an orientation programme and increase in the number of practicals done at student level or close, regular clinical review of NQRNs with corrective counselling would go a long way in bridging the gap from novice to optimal professional nursing in Namibia.

Stellenbosch University https://scholar.sun.ac.za

REFERENCES

Abiodun, R. O., Daniels, H., Pimmer, C. & Chipps, J., 2019. Nurse graduates' experiences and support needs: A qualitative systematic review of South Africa's community service programme. *Curations,* 42(1):1-10.

Akinwale, O. E. & George, O. J., 2020. Work environment and job satisfaction among nurses in goverment tertiary hospitals in Nigeria. *Rajagiri Management Journal,* 14(1): 71-92.

Andrade, C., 2021. The inconvenient truth about convenience and purposive samples. *Indian Journal of Psychological Medicine*, *43*(1), pp.86-88.

Aspers, P. & Corte, U., (2019). *What is Qualitative in Qualitative Research*. Qualitative Sociology. 42. 10.1007/s11133

Benner, P., 1984. From Novice to Expert: Excellence and Power in Clinical Nursing Practice. *The American Journal of Nursing ,* 84(12):188-202.

Bhardwaj, P., 2019. Types of sampling in research. *Journal of the Practice of Cardiovascular Sciences*, *5*(3), p.157.

Bradshaw, C., Atkinson, S. & Doody, O., 2017. Employing a Qualitative Description Approach in Health Care Research. *Global Qualitative Nursing Research,* 4: 1-8.

Carter, S, M., Shih, P., Williams, J., Degeling, C, and Mooney-Somers, J. 2021. Conducting Qualitative Research Online: Challenges and Solutions. *The Patient*, 14(6), 711–718.

Casey, K., Oja, K. J. & Makic, M. B. F., 2021. The lived experinces of graduate nurses transitioning to professional practice during a pandemic. *Nurses Outlook,* 00(0): 1-9.

Chen, D., Song, F., Cui, N., Tang, L., Zhang, H., Shao, J., Qiu, R., Wang, D., Wang, X. and Ye, Z., 2021. The perceptions and views of rural residents towards COVID-19 recovered patients in China: a descriptive qualitative study. *International journal of general medicine*, *14*, p.709.

Stellenbosch University https://scholar.sun.ac.za

Cline, D. et al., 2018. Longitudinal Outcomes of an Institutionally Developed Nurse Residencey Program. *Journal of Nursing Administration,* 47(7-8): 384-390.

Coyne, E., Calleja, P., Forster, E. and Lin, F., 2021. A review of virtual-simulation for assessing healthcare students' clinical competency. *Nurse education today*, *96*, p.104623.

DeJonckheer, M. & Vaughn, L. M., 2019. Semi-structured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health,* 7(2): 1-8.

Department of Health. 2010. Preceptorship framework for newly qualified nurses, midwives and allied health professionals. London. Department of Health. Online.

Doyle, L., McCabe, C., Keogh, B., Brady, A. & McCann, M., 2020. An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing*, *25*(5), pp.443-455.

Ebrahimi, H. et al., 2016. Emotional support for the New Graduated Nurses in Clinical Setting. *Journal of Caring Sciences,* 002(5):11-21.

Elias, C. E. & Day, T., 2020. Experinces of newly Qualified Nurses in Critical Care: A qualitative systematic review. *Journal of Intensive Care Society,* 21(4): 334-343.

Foolchand, D. & Maritz, J, E. 2020. Experience of nurses regarding the clinical monitoring of student nurses in resource-limited settings. *Journal of Interdisciplinary Health Sciences*, 25: 1-12

Gardiner, I. & Sheen, J., 2016. Graduate nurse experience of support. *Nurse Education Today,* 40: 7-12.

Ho, S.S., Stenhouse, R. and Snowden, A., 2021. ‘It was quite a shock’: A qualitative study of the impact of organisational and personal factors on newly qualified nurses' experiences. *Journal of Clinical Nursing*, *30*(15-16), pp.2373-2385.

International Rescue Committee, n.d. *Qualitative data Transcription and Transalation.* s.l.:s.n.

Stellenbosch University https://scholar.sun.ac.za

Islam, T., Ali, M., Jamil, S. and Ali, H.F., 2021. How workplace bullying affects nurses' well-being? The roles of burnout and passive avoidant leadership. *International Journal of Human Rights in Healthcare*.

Jacob, N. 2014. Career Focus: Nursing. *The Namibian,* 28 October: 5.

Kabir, S. M. S., 2016. *Basic Guidelines for Research: An Introductory Approach for All Disciplines.* 1st ed. Chittagong: Book Zone Publication.

Khatri, K. K., 2020. Research Paradigm: a Philosophy of Educational Research. *International Journal of English Literature and Social Sciences,* 5(5): 1435-1440.

Kim, H., Sefcik, J. S. & Bradway, C., 2017. Characteristics of Qualitative Descriptive Studies: A Systematic Review. *Research in Nursing and Health,* 40(1): 23-42.

Kivunja, C. & Kuyini, A. B., 2017. Understanding and Applying Research Paradigms in Educational Contexts. *International Journal of Higher Education,* 6(5): 26-41.

Kramer, M., 1974. Reality shock: Why nurses leaving nursing. *American Journal of Nursing*, 75.

Maben, J. & Bridges, J., 2020. Covid-19 Supporting nurses psychological and mental health. *Journal of Clinical Nursing,* 29(1): 2742-2751.

Majid, M. A. A. et al., 2017. Piloting for interviews in Qualitative Research: Operationalization and Lessons Learnt. *International Journal of Academic Research in Business and Social Sciences,* 7(4): 1073-1080.

Majid, U., 2018. Research Fundamentals: Study Design, Populaion and Sample SIze. *Undergraduate Research in Natural and Clinical Science and Technology Journal,* 2(1): 1-7.

Matlhaba, K. L., Pienaar, A. J. & Sehularo, L. A., 2019. Community Service nurses'experiences regarding their clinical competence. *Health SA Gesonheid,* 24(0): 1-8.

Mohajan, H. K., 2020. Journal of Economic Development, *Environment and People*, Volume 9, Issue 4, pp. 52-79.

Stellenbosch University https://scholar.sun.ac.za

Ndikwetepo, M.N. 2018. The experiences of critical care nurses regarding staff shortage at a regional hospital in Namibia. Unpublished master's thesis. Stellenbosch: Stellenbosch University.

Ngcobo, A., Baloyi, O.B. and Jarvis, M.A., 2021. Newly qualified midwives' perceptions of their level of midwifery clinical competence during community service in KwaZulu-Natal, South Africa. *Health SA Gesondheid*, *26*.

Nowell, L. S., Norris, J. M., White, D. E. & Moules, N. J., 2017. Thematic Analysis: Striving to meet the Trustworthiness Criteria. *International Journal of Qualitative Methods,* 16(1): 1-13.

Patino, C. M. & Ferreira, J. C., 2018. Inclusion and Exclusion criteria in research studies: Definitions and why they matter. *Journal Brasileiro de Pneumologia,* 44(2): 84.

Plata, N.G., 2021. *An assessment of induction and orientation programs in the North West Department of Health* (Doctoral dissertation, North-West University (South Africa)).

Portsmouth, S., Echols, R., Toyoizumi, K., Tillotson, G. and Nagata, T.D., 2021. Structured patient interview to assess clinical outcomes in complicated urinary tract infections in the APEKS-cUTI study: pilot investigation. *Therapeutic advances in infectious disease*, *8*, p.20499361211058257.

Priya, S., Venkatesan, L. & Sonia, L., 2018. Effectiveness of nursing induction training programme upon knowlege on selected nursing interventions among newly joined nursing. *The Journal of Nursing Trendz,* 9(1):1-8.

Ravindran, V., 2019. Data Analysis in qualitative research. *Indian Journal of Continuing Nursing Education,* 20(1): 40-45.

Ruth-Sahd, L.A., 2016. Impact of a summer extern programme on nursing student's awareness of interprofessional collaboration and health, healing environments: A level II quasi-experimental design. *Journal of Nursing Education and Practice,* 6(12): 63-70.

Sampson, S., 2021. Exploring the Pros and Cons of Nurse Residency Programs. *Health Stream Resources.*

Stellenbosch University https://scholar.sun.ac.za

Saunders, B. et al., 2018. Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality and Quantity,* 52(4):1893-1907.

Serafin, L., Strząska-Kliś, Z., Kolbe, G., Brzozowska, P., Szwed, I., Ostrowska, A. and Czarkowska-Pączek, B., 2022. The relationship between perceived competence and self-esteem among novice nurses–a cross-sectional study. *Annals of Medicine*, *54*(1), pp.484-494.

Tembo, E. N., Kabuluzi, E., Gondwe, W. & Mbakaya, B. C., 2019. newly Qualified Registered Nurses' perceptions of the transition from student to qualified Registered nurse: A qualitative study. *American Journal of Nursing & Practice,* 2(2): 01-09.

Tucker, G. et al., 2019. Evaluation of Structured preceptership programme. *British Journal of Community Nursing,* 24(11): 1-8.

Uche, O. H., Obiageli, M. & Paulina, C., 2017. Nursing Internship Programme in Nigeria. *International Journal of Health Sciences and Research,* 7(9): 272-281.

Wakefield, E., 2018. is your graduate nurse suffering from transition shock?. *Journal of Perioperative Nursing,* 31(1): 47-50.

Weatherford, J. & Maitra, D. (2019). How Online Students Approach Bracketing: A Survey Research Study. *Educational Research: Theory and Practice*, 30(2), 91-102.

Winchester, C. L. & Salji, M., 2016. Writing a literature review. *Journal of Clinical Urology,* 9(5): 308-3012.

Wong, C. et al., 2016. An Intergrative Review of Peer Mentorship Programs for undergraduate nursing students. *Journal of Nursing Education,* 55(3): 141-149.

Wong, S. W. J. et al., 2018. Challenges of fresh nursing graduates during their transition period. *Journal of Nursing Education and Practice,* 8(6): 30-37.

Woo, M. W. J. & Newman, S., 2020. The experience of transition from nursing to newly graduated registered nurses in Singapore. *International Journal of Nursing Science,* 7(1): 81-90.

World Health Organization-European Union, 2009. *European Union Standards for Nursing and Midwifery: Information for Accession Countries.* 2 ed. s.l.:s.n.

Stellenbosch University https://scholar.sun.ac.za

Appendices

APPENDIX 1: ETHICAL APPROVAL FROM STELLENBOSCH UNIVERSITY

UNIVERSITEIT
STELLENBOSCH
UNIVERSITY

Approved with Stipulations

New Application

23/03/2021

Project ID: 18996

HREC Reference No: S20/11/305

Project Title: The experiences of newly qualified registered nurses at a national hospital in Namibia

Dear Miss Mercia Uazeua

The **New Application** received on 15/02/2021 was reviewed by members of the **Health Research Ethics Committee** via Minimal Risk Review procedures on 23/03/2021 and was **approved with a stipulation**.

Please note the following information about your approved research protocol:

Approval date: 23 March 2021

Expiry date: 22 March 2022

The stipulation of your ethics approval is as follows:

Budget:

Recalculate the costs as stated in the budget as the calculation is incorrect e.g. cost for transcriptions. Quotes vary and could be something such as 800 rand or N$ for a 60-minute recording. Also, to provide the unit cost of language editing and printing and binding of the thesis. It is incorrect to provide a mere total for technical editing and then write that it would 11000 N$. To indicate the unit cost and that is not N$ 11000; should be something such as N$ 25/30 per page; then to multiple it with how many pages you estimate the thesis will comprise. Normally cost for technical editing is to the most R1800. Language editing also to unpacked e.g. cost per word or page? The same applies to the binding of the thesis. What is the cost per page, cost for a cover?

Please remember to use your project ID 18996 and ethics reference number S20/11/305 on any documents or correspondence with the HREC/UREC concerning your research protocol.

Translation of the consent document(s) to the language(s) applicable to your study participants should now be submitted to the HREC.

Please note that this decision will be ratified at the next HREC full committee meeting. HREC reserves the right to suspend approval and to request changes or clarifications from applicants. The coordinator will notify the applicant (and if applicable, the supervisor) of the changes or suspension within 1 day of receiving the notice of suspension from HREC. HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note you can submit your progress report through the online ethics application process, available at: https://apply.ethics.sun.ac.za and the application should be submitted to the Committee before the year has expired. Please see Forms and Instructions on our HREC website for guidance on how to submit a progress report.

The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Please consult the Western Cape Government website for access to the online Health Research Approval Process, see: https://www.westerncape.gov.za/general-publication/health-research-approval-process. Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and instructions, please visit: Forms and Instructions on our HREC website (www.sun.ac.za/healthresearchethics)

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Yours sincerely,

Mrs. Melody Shana

Page 1 of 2

Stellenbosch University https://scholar.sun.ac.za

Coordinator

HREC1

National Health Research Ethics Council (NHREC) Registration Number:

REC-130408-012 (HREC1)•REC-230208-010 (HREC2)

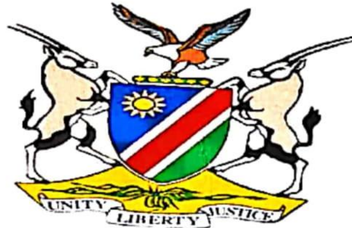
Federal Wide Assurance Number: 00001372
Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number:
IRB0005240 (HREC1)•IRB0005239 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the World Medical Association (2013). Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects; the South African Department of Health (2006). Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa (2nd edition); as well as the Department of Health (2015). Ethics in Health Research: Principles, Processes and Structures (2nd edition).

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

Stellenbosch University https://scholar.sun.ac.za

APPENDIX 2: PERMISSION OBTAINED FROM MINISTRY OF HEALTH AND SOCIAL SERVICES



Private Bag 13215 Windhoek Namibia	Harvey Street Windhoek Central Hospital	Tel. No: (061) 203 3024 Fax No: (061) 222886
Enquiries: Mrs. A.U.MOOTU	Ref.	Date: 16 April 2021

OFFICE OF THE CHIEF MEDICAL SUPERINTENDENT

Ms. Mercia Uazeua
P.O.BOX 50078
0812981413

Dear Ms. Uazeua

SUBJECT: PERMISSION TO CONDUCT A RESEARCH STUDY ON THE EXPERIENCE OF THE NEWLY QUALIFIED REGISTERED NURSES IN WINDHOEK CENTRAL HOSPITAL.

1. Reference is made to your application to conduct the above-mentioned study.

2. This letter serves to inform you that permission has been granted for you to conduct a study at Windhoek Central Hospital, on the above mentioned subject as you have requested and does not include any remuneration.

3. Patient/Client's information should be kept confidential at all times.

4. Preliminary findings to be submitted to Customer care office, Windhoek Central Hospital upon completion of the study.

Thank you.

Yours sincerely.

DR. D. UIRAB
CHIEF MEDICAL SUPERINTENDENT

Scanned with CamScanner

Stellenbosch University https://scholar.sun.ac.za

REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

Ministerial Building
Harvey Street
Private Bag 13198, Windhoek

OFFICE OF THE EXECUTIVE DIRECTOR

Tel: No: 061 -203 2507
Fax No: 061-222 558
Andreas.Shipanga@mhss.gov.na

Ref: 17/3/3/MU
Enquiries: Mr. A. Shipanga

Date: 14 April 2021

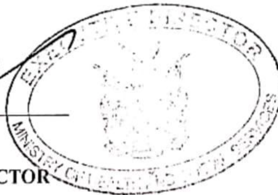
Ms. Mercia Uazeua
PO Box 50078
Bachbrecht
Windhoek

Dear Ms. Uazeua

Re: Experience of newly qualified registered nurses in Windhoek Central Hospital.

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
   3.1 The data to be collected must only be used for academic purpose;
   3.2 No other data should be collected other than the data stated in the proposal;
   3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;
   3.4 A quarterly report to be submitted to the Ministry's Research Unit;
   3.5 Preliminary findings to be submitted upon completion of the study;
   3.6 Final report to be submitted upon completion of the study;
   3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and not of the MoHSS.

Yours sincerely,



BEN NANGOMBE
EXECUTIVE DIRECTOR

All official correspondence must be addressed to the Executive Director.

Scanned with CamScanner

Stellenbosch University https://scholar.sun.ac.za

APPENDIX 3: PARTICIPANT INFORMATION LEAFLET AND DECLARATION OF CONSENT BY PARTICIPANT AND INVESTIGATOR

TITLE OF RESEARCH PROJECT:	
Experiences of newly qualified registered nurses at a national hospital in Namibia	
DETAILS OF PRINCIPAL INVESTIGATOR (PI):	
Title, first name, surname: Mercia Uazeua	**Ethics reference number:**
Full postal address: PO.BOX 50078 **Bachbrecht 9000**	**PI Contact number:** **+264812981413**

We would like to invite you to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher or field worker any questions about any part of this project that you do not fully understand. It is very important that you are completely satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. In other words, you may choose to take part, or you may choose not to take part. Nothing bad will come of it if you say no: it will not affect you negatively in any way whatsoever. Refusal to participate will involve no penalty or loss of benefits or reduction in the level of care to which you are otherwise entitled to. You are also free to withdraw from the study at any point, even if you do agree to take part initially.

This study has been approved by the Health Research Ethics Committee at Stellenbosch University. **The study will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, the South African Guidelines for Good Clinical Practice (2006), the Medical Research Council (MRC) Ethical Guidelines for Research (2002), and the Department of Health Ethics in Health Research: Principles, Processes and Studies (2015).**

What is this research study all about?

Exploring the experiences of newly qualified registered nurses at a national hospital in Namibia

Stellenbosch University https://scholar.sun.ac.za

Where will the study be conducted?

The study will take place in a tertiary specialized national hospital in Namibia. This hospital is the only state national referral hospital for specialized health care in the country and tertiary is the highest level of care available in the country.

Why do we invite you to participate?

We invite you to participate because you are a newly qualified registered nurse and the information you will provide will be of great use to this research.

What will your responsibilities be?

Your responsibilities will be to provide information that is required from you, by answering the questions that will be asked to you to the best of your ability. You are welcome to ask questions if there is anything you do not understand. The time needed for you to participate is 45 to 60 minutes.

Will you benefit from taking part in this research?

The study will not have any direct benefits to you as the participant. The study may benefit other newly qualified registered nurses who will come after you.

Are there any risks involved in your taking part in this research?

The possible anticipated risk is you feeling uncomfortable or emotional due to the questions that you have to answer during the interview. If you feel uncomfortable or emotional, please inform the research. You do not have to answer any questions you do not feel comfortable to answer.

The researcher is going to provide some snacks so that in case you become hungry you will have a snack to eat.

Who will have access to your information?

Any information you share with me during this study and that could possibly identify you as a participant will be protected.

During publication of the study results, confidentiality and anonymity will still be maintained, meaning that no names of persons or organisations will be mentioned.

Will you be paid to take part in this study and are there any costs involved?

It will not cost you anything to take part in this study. You will not be paid for participating in this study, however, you will be provided with snacks as your anticipated time of stay at the facility may be longer than usual.

Stellenbosch University https://scholar.sun.ac.za

Declaration by participant

By signing below, I …………………………………..………… agree to take part in a research study entitled (The experiences of newly qualified registered nurses at a national hospital in Namibia).

I declare that:

I have read this information and consent form, or it was read to me, and it is written in a language in which I am fluent and with which I am comfortable.

I have had a chance to ask questions and I am satisfied that all my questions have been answered.

I understand that taking part in this study is **voluntary,** and I have not been pressurised to take part.

I may choose to leave the study at any time and nothing bad will come of it – I will not be penalised or prejudiced in any way.

I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests,

Signed at (*place*) ....…..........… On (*date*) …………....…………… 2021

……………………………….. **…………………………..**

Signature of participant Signature of witness

Stellenbosch University https://scholar.sun.ac.za

Declaration by investigator

I *(name)* Mercia Uazeua…………………………………………………….……… declare that:

I explained the information in this document in a simple and clear manner to …………………………………….

I encouraged him/her to ask questions and took enough time to answer them.

I am satisfied that he/she completely understands all aspects of the research, as discussed above.

Signed at (*place*) ....…........…….. On (*date*) ………….....….. 2021.

………………………………….. **……………………….**

Signature of investigator Signature of witness

Stellenbosch University https://scholar.sun.ac.za

APPENDIX 4: PARTICIPANT INFORMATION LEAFLET AND DECLARATION OF CONSENT BY PARTICIPANT AND INVESTIGATOR

TITEL VAN NAVORWING PROJECT:	
Ervarings van nuut gekwalifiseerde geregistreerde verpleegkundiges in 'n nasionale hospitaal in Namibië.	
DETAILS VAN PRINCIPAL INVESTIGATOR (PI):	
Titel, voornaam, van: Mercia Uazeua	**Etiekverwysingsnommer:**
Volle posadres: PO.BOX 50078 **Bachbrecht 9000**	**PI Kontaknommer:** **+264812981413**

Ons wil u uitnooi om aan 'n navorsingsprojek deel te neem. Neem 'n geruime tyd om die inligting wat hier aangebied word, te lees, wat die besonderhede van hierdie projek sal uiteensit. Vra die navorser of veldwerker enige vrae oor enige deel van hierdie projek wat u nie ten volle verstaan nie. Dit is baie belangrik dat u heeltemal tevrede is dat u duidelik verstaan wat hierdie navorsing behels en hoe u betrokke kan wees. U deelname is ook **heeltemal vrywillig** en u kan weier om deel te neem. Met ander woorde, u kan kies om deel te neem, of u kan kies om nie deel te neem nie. Niks sleg sal daaruit kom as u nee sê nie: dit sal u op geen manier negatief beïnvloed nie. Weiering om deel te neem behels geen boete of verlies aan voordele of vermindering in die versorgingsvlak waarop u andersins geregtig is nie. U kan ook op enige punt aan die studie onttrek, selfs al stem u in om aanvanklik deel te neem.

Hierdie studie is goedgekeur deur die **Komitee vir Gesondheidsnavorsing by die Stellenbosch-universiteit**. Die studie sal uitgevoer word volgens die etiese riglyne en beginsels van die internasionale verklaring van Helsinki, die Suid-Afrikaanse riglyne vir goeie kliniese praktyk (2006) die Mediese Navorsingsraad (MRC) Etiese riglyne vir navorsing (2002) en die departement van gesondheidsetiek in gesondheidsnavorsing: beginsels, Prosesse en studies (2015).

Stellenbosch University https://scholar.sun.ac.za

Waaroor gaan hierdie navorsingstudie?

Ondersoek die ervarings van nuut gekwalifiseerde geregistreerde verpleegkundiges in 'n nasionale hospitaal in Namibië.

Waar sal die studie uitgevoer word?

Die studie sal in 'n tersiêre gespesialiseerde nasionale hospitaal in Namibië plaasvind. Hierdie hospitaal is die enigste nasionale verwysingshospitaal vir gespesialiseerde gesondheidsorg in die land en tersiêr is die hoogste vlak van sorg wat in die land beskikbaar is.

Waarom nooi ons u uit om deel te neem?

Ons nooi u uit om deel te neem omdat u 'n nuut gekwalifiseerde geregistreerde verpleegster is en die inligting wat u sal verskaf, sal van groot nut wees vir hierdie navorsing.

Wat sal u verantwoordelikhede wees?

U verantwoordelikhede is om inligting wat van u benodig word, te verskaf deur die vrae wat aan u gestel word, na die beste van u vermoë te beantwoord. U is welkom om vrae te stel as daar iets is wat u nie verstaan nie. Die tyd wat u benodig om deel te neem is 45 tot 60 minute.

Sal u baat vind by hierdie navorsing?

Die studie sal geen direkte voordele vir u as deelnemer inhou nie. Die studie kan baat vind by ander nuut gekwalifiseerde geregistreerde verpleegkundiges wat agter u aan sal kom.

Is daar risiko's verbonde aan u deelname aan hierdie navorsing?

Die moontlike verwagte risiko is dat u ongemaklik of emosioneel voel as gevolg van die vrae wat u tydens die onderhoud moet beantwoord. Stel die navorsing in kennis as u ongemaklik of emosioneel voel. U hoef geen vrae te beantwoord wat u nie gemaklik voel om te beantwoord nie.

Die navorser gaan 'n paar versnaperinge gee, sodat as jy honger word, jy 'n happie gaan eet.

Stellenbosch University https://scholar.sun.ac.za

Wie het toegang tot u inligting?

Enige inligting wat u tydens hierdie studie met my deel en wat u moontlik as deelnemer kan identifiseer, sal beskerm word.

Tydens die publikasie van die studieresultate sal vertroulikheid en anonimiteit steeds gehandhaaf word, wat beteken dat geen name van persone of organisasies genoem sal word nie.

Sal u betaal word om aan hierdie studie deel te neem en is daar koste daaraan verbonde?

Dit kos u niks om aan hierdie studie deel te neem nie. U sal nie betaal word vir deelname aan hierdie studie nie, maar u sal van versnaperinge voorsien word, aangesien u verwagte tyd van verblyf by die fasiliteit langer is as gewoonlik.

Verklaring deur deelnemer

Deur hieronder te teken, ek ……………………………………..…………. stem in om deel te neem aan 'n navorsingstudie getiteld (Die ervarings van nuut gekwalifiseerde geregistreerde verpleegkundiges in 'n nasionale hospitaal in Namibië).

Ek verklaar dit:

• Ek het hierdie inligtings- en toestemmingsvorm gelees, of dit is aan my gelees, en dit is geskryf in 'n taal waarin ek vlot is en waarmee ek gemaklik is.

• Ek het die kans gehad om vrae te stel en ek is tevrede dat al my vrae beantwoord is.

• Ek verstaan dat dit **vrywillig** is om aan hierdie studie deel te neem, en ek is nie onder druk geplaas om deel te neem nie.

• Ek kan kies om die studie te eniger tyd te verlaat en daar sal niks sleg daaraan kom nie - ek sal op geen manier gepenaliseer of benadeel word nie.

• Ek kan gevra word om die studie te verlaat voordat dit voltooi is, as die studiedokter of navorser voel dat dit in my beste belang is.

Geteken op (plek) ....…........……………… Op (datum) …………...……….. 2021

Stellenbosch University https://scholar.sun.ac.za

……………………….................. ....

Handtekening van deelnemer **Handtekening van getuie**

Verklaring deur ondersoeker

Ek (naam) Mercia Uazeua…………………………………………..……… verklaar dat:

• Ek het die inligting in hierdie dokument op 'n eenvoudige en duidelike manier verduidelik ....

• Ek het hom / haar aangemoedig om vrae te stel en genoeg tyd geneem om dit te beantwoord.

• Ek is tevrede dat hy / sy alle aspekte van die navorsing, soos hierbo bespreek, heeltemal verstaan.

Geteken op (plek) ....…........…………….Op (datum) …………...……….. 2021

…………………………….................. ....

Handtekening van ondersoeker **Handtekening van getuie**

Stellenbosch University https://scholar.sun.ac.za

APPENDIX 5: INTERVIEW GUIDE

Demographic data

1. Age
2. Gender
3. Marital status
4. Duration of work
5. Institution of training
6. Department of work

Experiences related questions

1. Please may you describe your expectations of life as a professional nurse before working and soon after working?
2. Now that you are a professional nurse describe how your expectations compared with the reality of being a professional nurse.
3. Describe the challenges you have you experienced so far and how have you resolved them if you have.
4. Looking back to the time you have started working describe what you expect going forward in your career as a professional nurse.
5. What do you think can be done to make it easier for you as a newly qualified registered to have a smooth transition from school into the workplace?

Follow up questions

1. Kindly explain in more detail
2. What did these experiences make you feel and think?
3. What makes you think this way?

Stellenbosch University https://scholar.sun.ac.za

APPENDIX 6: EXTRACT OF TRANSCRIBED INTERVIEW

Mercia: ME

Interviewee: BO

Me: How are you doing today?

Bo: I'm doing fine

Me: How old are you

Bo: 28

Me: Your marital status

Bo: single

Me: How long have you been working at Windhoek central hospital

Bo: a year

Me: where were you trained, which institution where trained at

Bo: University of Namibia

Me: okay as I said there is nothing wrong or right with answers, you can say anything, we can start with the first question which is, can you please prescribed for me what your expectations were of a professional nurse before you became one

Bo: I was, I was expecting, uh to have a supervisor that will closely supervise the first 6 months and uhm I was expecting more like in house training programme like in the ward uhm with regards to different procedures that are being done in the ward and then also to go on more workshops for more training, that's what I was expecting and to rotated to different units, yeah that's

Me: uhm can you give me more on what you mean by house hold training,

Bo: in house

Me: can you just go more in that just to explain to me what you mean

Stellenbosch University https://scholar.sun.ac.za

Bo: what I mean is like I'm working in a surgical ward so I was expecting training on the different surgical things that are being done, for instance uhm colostomy training, me receiving training to like train patients that are getting permanent colostomies on how to change the colostomy, like be able to give health education, not the type that we are giving but something more in-depth and then also uhm we have patients on ICDs, training on just how to monitor when to know whether the ICD what or what it means when the ICD is swinging and what it means when the ICD is bubbling and also uhm dressing on different wounds, training from a wound specialist or someone to be able to know when do you apply normal saline, when do you uh, when do a wound with betadine and the different solutions, ah the different ointment

Me: can you, can you walk me through, your first, maybe your first month at work what happened like maybe the first week or when you started, what, how, how did you start, what happens when you are starting

Bo: okay, so when I started uhm they had a lot of shortage of of registered nurses, so I was only supervised like the first 2 weeks, after that I was kind of independent I should say, there was supervision but it was not like the person is on duty with me at the same time or we are working at the same side, I was on the other side and she will just come check up on me, uhm luckily we were trained in our fourth year how to work independently so it wasn't very difficult for me, I adapted very, very fast, uhm what else, yeah just that

Me: and on rotations, are you at the same place since you started or what do you mean by rotation

Bo: I was expecting to be rotated into other departments, so the rotation that is being done is only in surgery, surgery private, surgery state, I was expected, I was expecting to be rotated into specialised unit like the ICU, cardiac ICU or the normal ICU or oncology department or paediatric

Me: okay can you now maybe describe the challenges that you have faced or that you have experienced so far in your profession and how did you resolve them, any challenges that you have experienced

Bo: uhm, I have applied critical thinking a lot cause uh one thing I have noticed is not to be dependent on the supervisor, sometimes when there is a problem try to come

Stellenbosch University https://scholar.sun.ac.za

with the solution and just solve it yourself as long as it doesn't harm the patient or the environment where the patient is admitted so I really used my critical thinking skills a lot and then also uhm, one of the problems that I had was this thing of you have to learn things on your own or figure things out without guidance or yeah or given any direction by someone else that , procedures like the colostomy thing I was explaining, I had to figure it out, I had to come with a way to explain it to patients in words that they understand in nonmedical terms

Me: so how did that experience make you feel, how, how did it make you feel?

Bo: it made me realize that, I have to bring change, that I have to figure out something for the next bunch of graduates that will start in that ward so it uhm helped me to figure out uhm like a plan so that if the graduates come I can explain to them in a more simpler way that they can also explain to the patients

Me: can you now maybe describe to me your expectations or the way forward in your career as a professional nurse

Bo: I'm hoping that uhm, uhm okay, moving forward I would really appreciate it if we get more training at the hospital by the people we work with especially when it comes to things like CPR not just theoretically but also practically and that we do evaluations with each other, supervisors do evaluations with junior nurses on procedures that are done in that specific department every now and then just to recap on it, cause some people know the theoretical part but they don't practice it. That's basically all

Me: so you now as a senior nurse, maybe not a senior per say but having people under you, what do you do to make things easier for the others that are coming after you

Bo: okay like I said like when it comes to wounds and procedures I spoke to the doctors to write up standing orders for certain drugs that can be used and methods that can be done and it comes easier now for them at least they have something guiding them

Me: can you now maybe tell me a little in more general what you think can the management or the hospital do to make things easier for the newly qualified registered

Stellenbosch University https://scholar.sun.ac.za

nurses moving from school and when they are transitioning from school coming to work places

Bo: I wish that their progress report that always being done every 6 months, 12 months should not only include the person's uhm behaviour and uh behaviour, they should include what the person can practically do in the department they working, if its an ICU graduates that person must be allowed to suction a patient in the presents of the supervisors that person must be allowed to clean a tracheostomy in the presents of the supervisor so they can see how the person doing and whether the person is it in a better way for them to see if the person is off probation or not, not just check whether the person is punctual, hardworking, team player no they should also make us do or make them do practical evaluation, like an OSCE I should say before the probation end, that will work

Me: how long is the probation?

Bo: 6 months

Me: 6 months?

Bo: yes

Me: so what happens during that time?

Bo: you are closely monitored; you are supposed to be closely monitored by supervisors

Me: what do you mean you are supposed to?

Bo: yeah cause it is not really happening

Me: it's not happening?

Bo: mmm

Me: so is there anything else that you can tell me on anything that we have not touched

Bo: maybe for the supervisors to be really in the ward to check up on the graduates, uhm not just be in the office but really be hands on with these people and then uhm in the fourth year we told auditing is being done how often it's being done, but then when

Stellenbosch University https://scholar.sun.ac.za

I started working what I was told and what I have seen is two different things, not really being done

Me: auditing is not being done?

Bo: auditing is being done but the way it's being done it's really not the way we were told, the proper way I would say

Me: how are you doing yours or are you not the ones doing?

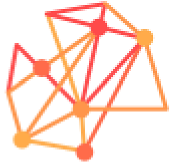
Bo: I don't do auditing cause is senior nurses that are supposed to do it, I just feel like if It's done more often then the admin part like the administrative part will also be proper, a nurse writing half notes not giving medication, if there is somebody always checking our files things would be done in a proper way

Me: I think we have come to the end of our interview, thank you for your time

Bo: you are welcome

Stellenbosch University https://scholar.sun.ac.za

APPENDIX 6: DECLARATION OF TECHNICAL AND LANGUAGE EDITOR



KASHONA THEOPOLINA IITA
0812144558/0811508464

kashona77@gmail.com

Confirmation of technical editing thesis entitled:

Experiences of the Newly Qualified Registered Nurses at a National Hospital in Namibia

I, Kashona Theopolina Iita, confirm that I technically edited and proofread the text of the entire document of the above stated thesis.

KIITA Iita

Kashona T Iita

Fisheries Biologist: Horse mackerel Section

Ministry of Fisheries and Marine Resources

Stellenbosch University https://scholar.sun.ac.za

APPENDIX 7: TURN IT IN REPORT

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

Submission Author	MERCIA Uazeua
Turnitin Paper ID (Ref. ID)	1713119463
Submission Title	Experiences of newly qualified registered nurses at a national hospital in Namibia
Assignment Title	Thesis submission
Submission Date	26/11/21, 15:47