

# **Newly graduated and experienced professional nurses' perceptions of competency and clinical mentoring in selected hospitals in Lesotho**

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*With God, all things are possible." Mark 10:27*

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## ABSTRACT

**Background:** Clinical mentoring has been in the mouths and speculations of the old as well as current literature in the health sectors. There is evidence that it has always been the norm of the senior nursing professionals to look after and coach the new ones in order to achieve professional competency. There has been progress in the ways mentoring is done from traditional to more structured ways, mostly influenced by the increased demands in the healthcare sector. Designed and/or structured mentoring programmes have been effective in the improvement of quality nursing care and cost-effectiveness as well as staff efficiency and retention. It is important to hear both newly graduated and experienced professional nurses' perceptions on clinical mentoring and competency.

**Aim:** The aim of this research study was to explore and describe the perceptions of newly graduated professional nurses and experienced professional nurses (PNs) regarding clinical mentorship and competency. The aim formed part of helping to establish an unidentified lacuna, the addressing of which can be easily used to improve the health care systems in the country.

**Methodology:** For the purpose of this research study, a qualitative descriptive research design was used to be able to understand and describe the perceptions of experienced and newly graduated PNs according to their own explanation and understanding. The research population included newly graduated PNs (less than 2 years after employment) and experienced PNs (more than 2 years after employment) working together with the newly graduated PNs. Purposive sampling and semi-structured interviews were used for both groups. Individual semi-structured interviews were held with newly graduated PNs with a total of nine (n=9) (one hospital had n=4 and the other n=5) with a total population of twenty five (N=25) for both hospitals. While semi-structured focus group interviews were held with experienced PNs with total of eight (n=8) for both groups (each hospital had n=4) with a total population of fifty five (N=55) for both hospitals. Data was analysed through basic content analysis of categorising data and formulation of themes that led to easily describe participants experiences through their own voices. Ethical principles such as of respect for persons, beneficence and justice were also considered through getting an approval by all the appropriate bodies, all the participants signed an informed consent and protection of their identity was protected throughout the project.

**Findings:** The findings firstly show a track or progression (trends that were found unique) in the perceptions of newly graduated professional nurses specifically, including their journey of being a newly graduated PN, referring to the employment system, their experience as new nurses, their experience around time, and their competence level. Secondly, findings from both newly graduated and experienced PN participants could be divided into three themes and their sub-

themes, namely: *Standardisation of nursing competency; safe and cost-effective nursing care; and emphasis on persona and self-efficacy.*

These indicated that indeed there was a considerable lacuna in supporting newly graduated nurses so that they could smoothly gain confidence by being given the chance to apply their theory in actual practice. It is therefore recommended to the leaders of nursing in the country to engage urgent planning, restructuring and implementation of structured clinical mentorship. These will serve to lessen the burden on already strained nursing personnel who experience shortages and increased demands. It will also improve the image of the nursing profession in the country as well as nursing morale amongst nurses.

**Keywords:** Newly graduated professional nurses, experienced professional nurses, competency, clinical mentoring

## LIST OF ABBREVIATIONS

|       |                                                  |
|-------|--------------------------------------------------|
| AMSN  | Academy of Medical-Surgical Nurses               |
| CEO   | Chief Executive Officer                          |
| CHAL  | Christian Health Association of Lesotho          |
| DoH   | Department of Health                             |
| HREC  | Health Research Ethics Committee                 |
| LNC   | Lesotho Nursing Council                          |
| NuMIQ | Quality in Nursing and Midwifery (former INSINQ) |
| NEIs  | Nursing Education Institutions                   |
| NGO   | Non-Governmental Organisation                    |
| NWU   | North-West University                            |
| PHC   | Primary health care                              |
| PN    | Professional nurse                               |
| RCN   | Royal College of Nursing                         |
| SANC  | South African Nursing Council                    |
| WHO   | World Health Organisation                        |

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# CHAPTER 1: RESEARCH OVERVIEW

## 1.1 Introduction and background

Nurses are the backbone within healthcare systems, and a lack of competency amongst them leads to substantial negative effects on patient care (Nilsson *et al.*, 2014:2). According to literature, nursing care has been linked to many positive clinical outcomes, such as patient satisfaction, wellbeing and healing; and these are mainly linked to nursing capabilities and their competency (Keeley *et al.*, 2015:352; Chenard, 2014:61). Hence it is said that nursing care is one of the fundamental determining factors in a patient's health outcomes and overall experience of satisfaction (Chenard, 2014:61). When these expectations are not met, serious consequences can result that will impact on nurses as well as the healthcare institution.

Nilsson *et al.* (2014:2) establish that higher competency levels among nurses in hospital wards result in a reduced incidence of morbidity, mortality and other adverse events. Healthcare institutions are expected to employ qualified, knowledgeable and competent nurses who are able to function independently (Hansen-Salie & Martin, 2014:538). However, a research study done in Lesotho on the transition from student nurses to professional nurses (PNs) indicated that newly graduated PNs experienced the transition period as disturbing and stressful (Makhakhe, 2010:1). This relates to an ongoing concern about some newly graduated PNs who are not competent enough to meet the increasing nursing care demands (Hansen-Salie & Martin, 2014:538).

A competent PN is expected to provide excellent nursing care, as defined by the World Health Organisation (WHO) (2009b:14): "autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings" and "the protection, promotion, and optimisation of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis of and treatment of humans, advocacy in the care of individuals, families, groups, communities and the population". Brown and Crookes (2016:2) argue that, in nursing, there is a complex interchange of skills acquisition, competency development and increasing capability that the nurse has to develop in order to be prepared to execute the responsibilities and duties bestowed to them. This is more important now that all nations are under pressure to ensure utmost prevention and care and that can only be through well trained and competent nurses.

The Lesotho healthcare sector, like other nations is not free of criticism around its standards of performance. Lesotho healthcare services have been managed for a long period by PNs due to a shortage of all categories of doctors within the country. PNs manage primary health care clinics (PHCs) and refer patients to district hospitals for further management. These PNs in PHC

and in hospitals need to be profoundly competent and capable of critical thought to optimise patient care.

In Lesotho, the unstructured mentoring model, also known as the informal mentoring model, is still practiced in the majority of if not all the healthcare institutions, except the national referral hospital, which is a public-private entity. The informal mentoring model entails the random matching of mentor and mentee (Zhang *et al.*, 2016:143). Mohtady (2016:306) adds that this informal model has been a traditional approach that entails a natural pairing with no stipulated expectations from the mentor and mentee. In nursing this model has been a traditional way of guiding young PNs to grow professionally. With the staff shortage burden and new emerging illnesses such as the current pandemic of COVID-19, it is becoming even less effective than before.

Studies have been done regarding challenges around clinical competency with the input of experienced PNs and newly graduated PNs within the clinical setting, involving various questionnaires in assessment of nurses' competency (Nilsson *et al.*, 2014:5). Seemingly there is a difference between what is expected of a newly graduated PN as a "work ready" professional nurse and the apparent "end product" arriving from the nursing education institutions (NEIs) (Brown & Crookes, 2016:1). Several factors that contribute to incompetency of newly graduated PNs have been identified by extant research, including 1) the unrealistically high expectations of experienced PNs, managers and clinicians towards the newly graduated PNs (Brown & Crookes, 2016:2; Hansen-Salie & Martin, 2014:540); 2) newly graduated nurses setting unrealistic expectations on themselves, with a lack of confidence and support from senior PNs; 3) lack of time; 4) work pressure (Odelius *et al.*, 2017:35); and 5) lack of organisational commitment (Odelius *et al.*, 2017:37). Another factor could be the nature of the clinical practice newly graduated PNs are exposed to during their training (Brown & Crookes, 2016:2).

This same issue about newly graduated nurses is also emphasised by Shin *et al.* (2015:592), who established that only a few newly graduated PNs were able to demonstrate the basic standards of nursing competencies. Other researchers concluded that the expectations placed on newly graduated PNs by ward managers, doctors and patients were unreasonable (Hansen-Salie & Martin, 2014:540; Brown & Crookes 2016:2). Brown and Crookes (2016:2) found that experienced PNs, unit managers and hospitals nursing service managers believed that newly graduates should be "competent" in practical nursing skills when appointed. The newly graduated PNs on the other hand faced the challenge of effective transitioning from student to PN in clinical practice (Price, 2013:51).

In an attempt to address this concern, many healthcare institutions considered clinical support and mentorship for newly graduated PNs (Rush *et al.*, 2013:346) as supportive measures to

help ease the transition into clinical practice. In such programmes, mentors are expected to accompany newly graduated PNs in order to orient, educate and empower them regarding nursing skills and knowledge in clinical practice (Huybrecht *et al.*, 2011:274). The emerging discrepancies between different mentorship programmes in an attempt to improve competency levels is however intriguing (Royal College of Nursing (RCN), 2015:9; Block *et al.*, 2005:134).

Nickitas (2014:65-66) identifies two models of mentorship. The first includes peer mentoring, whereby a less experienced professional nurse is supervised by a senior nurse and, most of the time, the relationship happens spontaneously. The second entails structured mentoring from novice to expert, whereby there will be an identified trained person allocated to mentor the inexperienced professional nurses.

The latter model has a structured programme that needs to be followed, and the mentor and mentee are formally paired. Both approaches are based on the principles of adult learning. In the history of the nursing profession the commonly-practiced approach has been the former model, until the 1970s, when structured mentoring emerged (Nickitas, 2014:65-66; Academy of Medical-Surgical Nurses (AMSN), 2012:3). It is also the responsibility and mandate of every experienced PN in the nursing profession to mentor newly graduated PNs. This is also emphasised by the Royal College of Nursing (RCN) (2015:8) so as to assure competency of the workforce in an attempt to protect public safety, where mentoring plays a central role of gatekeeping.

Irrespective of the model that is followed, there are positive outcomes when mentoring newly graduated PNs (Peno *et al.*, 2016:265). Mentoring plays a substantial role in learning at all levels of nursing (Peno *et al.*, 2016:265). Nevertheless, there is still an existing lacuna regarding newly qualified PNs' competency, including a lack of understanding and implementation of basic nursing care, as outlined by their scope of practice (Gagliardi *et al.*, 2014:2; Nickitas, 2014:65; Nursing Act 33 of 2005). The reason might be that these newly graduated PNs are still in their advanced beginner stage of their nursing career: therefore, their experience of real practical situations and their lack of being clinically organised may be challenging (Zhang, 2016:136), which result in being overwhelmed, and the experience of reality shock. Academy of Medical-Surgical Nurses (AMSN) (2012:4) shows that in life one goes through the stages of novice to an expert continuum many times depending on the new role one encounters. Meaning no matter they graduated and regarded competent to go into the real nursing world, they get shocked of the actual role.

## 1.2 Problem statement

Through personal experience, being a PN, it is clear to this researcher that newly graduated PNs face difficulties in independently providing nursing care due to limited competency levels. The researcher has observed that the majority of newly graduated PNs are placed in wards with an immediate expectation that they must take full responsibility and be accountable. This scenario is stressful if not managed appropriately (Whitehead *et al.*, 2015:58).

Newly graduated PNs find themselves burdened, struggling to complete tasks and provide nursing care to the expected standard. Pasila *et al.* (2017:18) mention that these newly graduated PNs mostly find themselves dissatisfied and fatigued, because of the burden they experience during their first years of nursing career. In a recent study, Aydogan and Ulupinar (2020:1) have established that these nurses do graduate with basic nursing knowledge and skills, yet they find it hard to practice at their work setting as expected which, in turn, causes serious adaptation problems.

Looking at the situation in Lesotho, a developing country struggling with poverty and low socio-economic circumstances, it is clear that this country is burdened with a high prevalence of communicable diseases such as HIV/AIDS and tuberculosis and chronic illnesses such as diabetes and hypertension (Mokete, 2015:14). These diseases and illnesses account for high morbidity and mortality rates as well as high pressure on health systems (Mokete, 2015:11). This has caused most nurses to migrate to South Africa and abroad for better opportunities, causing severe shortage and pressure on those left behind. The researcher believes this scenario is also what contributes to the newly graduated nurses to be given high responsibilities once they step into field work, especially since, as Stender *et al.* (2014:1) have shown, the nurses in Lesotho are the frontline healthcare workers providing the majority of care to the population. So, it is the goal of the Ministry of Health (MOH), through its partnerships in healthcare with non-governmental organisations (NGOs) to ensure that PNs are mentored, well trained, competent and confident to perform their daily work to ensure that high-quality healthcare is given to communities and patients.

It was, however, not known what the perceptions of newly graduated PNs were regarding clinical mentorship and their own competency; and what the perceptions of experienced PNs are of the competency of newly graduated PNs and of their role as clinical mentors in selected hospitals in Lesotho. Such information may provide a deeper understanding and guide the development and/ or enhancement of clinical mentorship initiatives in hospitals in Lesotho.

Against the background, the present research sought answers to the following questions:

- What are newly graduated PNs' perceptions regarding their own competency when appointed in selected hospitals in Lesotho?
- What are newly graduated PNs' perceptions regarding clinical mentorship during their entry into the clinical environment in selected hospitals in Lesotho?
- What are the perceptions of experienced PNs' regarding newly graduated PNs' competency levels in selected hospitals in Lesotho?
- What are the perceptions of experienced PNs' regarding their role as clinical mentors in selected hospitals in Lesotho?

### 1.3 Research aim and objectives

The research aim and objectives of the study are outlined in Table 1.1.

**Table 1-1: Research aim and objectives**

|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AIM:</b><br>The aim of this research study was to explore and describe the perceptions of newly graduated and experienced PNs regarding competency and clinical mentoring in selected hospitals in Lesotho.         |                                                                                                                                                                                                                                                         |
| <b>Objective 1:</b> <ul style="list-style-type: none"> <li>• To explore and describe the perceptions of newly graduated PNs regarding their own competency when appointed in selected hospitals in Lesotho.</li> </ul> | <b>Objective 2:</b> <ul style="list-style-type: none"> <li>• To explore and describe the perceptions of newly graduated PNs regarding clinical mentorship during their entry into the clinical environment in selected hospitals in Lesotho.</li> </ul> |
| <b>Objective 3:</b> <ul style="list-style-type: none"> <li>• To explore and describe the perceptions of experienced PNs regarding newly graduated PNs' competency levels in selected hospitals in Lesotho.</li> </ul>  | <b>Objective 4:</b> <ul style="list-style-type: none"> <li>• To explore and describe the perceptions of experienced PNs regarding their own role as clinical mentors in selected hospitals in Lesotho.</li> </ul>                                       |

## **1.4 Paradigmatic perspective**

In order for the research study to progress effectively, it must include a map or framework of views and beliefs providing guidance and direction. A researcher's particular world-view around aspects of life is called a paradigm (Creswell, 2014: 34-40) and these are the fundamental beliefs that guide individual's behaviour (Allana & Clark, 2018:1). These values further offer the researcher to profess the nature of reality (ontology), an idea of scientific knowledge (epistemology), and generate specific procedures for research (methodology) as referred by Musa (2013:42). In this study the researcher followed her worldview of constructivist assumptions whereby believing that individuals learn through their experiences and the researcher will be able describe such according to participants' own undergoings (Adom *et al.*, 2016:2).

In the following few paragraphs the researcher will elaborate on her paradigmatic perspective by examining meta-theoretical assumptions that will include her view of man, society, health and nursing. In addition, theoretical assumptions, including a central theoretical statement and the clarification of concepts, as well as methodological assumptions as applied to the study will be discussed.

### **1.4.1 Meta-theoretical assumptions**

Meta-theoretical assumptions are presuppositions that provide general perspectives or ways of looking at the world (Musa, 2013:43), and give direction to understanding the process of inquiry. In the profession of nursing, the following meta-theoretical assumptions are of importance: person (human), environment, nursing, health and illness. The researcher's views on these constructs are as follows, followed by an indication of how these descriptions are relevant to this research study:

#### **1.4.1.1 Person**

The human being is a man, woman or child of the species *Homo sapiens*, distinguished from other animals by superior mental development; it is a person (Oxford Lexico Dictionary, 2020:1). A person/ human is a unique, holistic individual who has the right to safe quality care and respect of his or her dignity in life and in death. Dynamic, scientifically based patient care and an environment conducive to healing must therefore be created by the nursing personnel as well as healthcare institutions management. The person in this study is the professional nurse who has responsibilities and rights as a human being and also as a nurse professional. He or she is a person who is entitled to personal as well as professional development, and is bound to practice according to the ethics and standards of the nursing profession. This study addresses

newly graduated PNs and experienced PNs as persons, that is, professional nurses, in the environment of healthcare within the discipline of nursing profession.

#### **1.4.1.2 Environment**

The hospital/ward environment should allow work to be done with the greatest ease and the least waste of personnel time. The environment should offer learning opportunities, the right to be creative and test new ideas that may improve the practice of nursing. This is further explained by Stone *et al.* (2008:57-58) that if organisations can improve the environmental climate, it can enhance the engagement of new and old professionals in developing innovative models of care delivery as well as improving the quality and safety of patient care. The researcher's aim is to examine and where possible promote the lessening of the high pressure of expectations on newly graduated PNs, and facilitate efficient consistent transition into the new healthcare environment to enhance the primary goal of alleviating illness and saving lives. In this study, the environment refers to the natural practice environment of newly graduated and experienced PNs, that is, a clinical setting - in the case of this study, hospitals.

#### **1.4.1.3 Health and illness**

According to WHO (1948:1), health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. In light of criticism of this definition (Huber *et al.*, 2011:1) it was further developed. Svalastog *et al.* (2017:432) state that health includes social welfare, as it is an integral part of health, closely linked to the state of social environments and living and working conditions. It is a mandate and fundamental responsibility of professional nurses to promote and restore health, prevent illness and alleviate suffering (SANC, 2013:3). Health can be achieved with a view to the patient as well as the family and community at large, by being looked after by a responsible, enthusiastic, knowledgeable and skilled qualified person, the professional nurse, who intends to provide competent, empathetic and compassionate holistic quality nursing care. In addition, in this study health refers to the wellbeing of the professional nurse through being competent and mentored in his or her role.

#### **1.4.1.4 Nursing**

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well, and in all settings (International Council of Nurses (ICN), 2020). The patient has the right to expect that we, the nursing staff, are qualified and competent to carry out the tasks for which we are responsible. The needs of our patients, including physical, psychological, social and spiritual needs, must be met through co-ordinated efforts between NEIs who produce competent newly graduated PNs, who are then guided by the clinical mentorship of experienced PNs. It is also a mandate of healthcare facilities by means of

their management to be supportive to these initiatives by ensuring that mentorship programmes are implemented and supported (Henderson *et al.*, 2015:225) including creation of a conducive environment to practice nursing appropriately.

#### **1.4.2 Theoretical assumptions**

Theoretical assumptions form a framework for the research. These include the central theoretical statement and definitions of key concepts that will illustrate understanding of their relevance to the research study (University of Southern California Libguides, 2020:1-2).

##### **1.4.2.1 Central theoretical statement**

The perceptions of newly graduated PNs and their clinical mentors regarding clinical mentorship and competency levels were explored and described by the researcher in order to be able to:

- Formulate recommendations for the nursing practice, nursing education and future research regarding the mentoring of the newly graduated PNs from which nurses and patients will benefit.
- Gain knowledge and an in-depth understanding that will give direction to the authorities to formulate and/ or update regulations and strategies to support nursing, thus having an effect on positive patient outcomes.

These recommendations and knowledge will therefore participate in the growth of nursing in general as well as improving quality patient care as the bottom line goal of healthcare systems.

##### **1.4.2.2 Definition of key concepts**

###### **1.4.2.2.1 Professional nurse (PN)**

According to the Nursing Act no 33 of 2005, a PN is someone who is qualified and competent to independently practice comprehensive nursing. The focus of this study is on both newly graduated and experienced PNs.

###### **1.4.2.2.2 Newly graduated PN**

SANC (2013:4) in their publication "Nursing education and training standards," defines a graduate as someone who has received an academic and professional qualification in an institution of higher learning. On completion of their studies they are expected to be and regarded as competent and confident to embark on continuous, direct, basic quality nursing care. For the purpose of this study, graduates are held to be the newly graduated professional nurses who have just transited from being students into clinical working professionals and less

than two (2) in practice. They are regarded to be professionally ready and knowledgeable to practice safe nursing care.

#### 1.4.2.2.3 Experienced PN

Learning is a process, and in adult learning principles guide learning, whereby the learner becomes involved and takes responsibility for their own learning (AMSN, 2012:3). To be experienced one goes through five stages of clinical competency. The novice to expert model (AMSN, 2012:4-6) describes these: 1) novice, 2) advanced beginner, 3) competent, 4) proficient, 5) expert. An experienced nurse is one who has been in nursing practice for over two years, and they are in the category of being regarded as competent. In this study the participating experienced PNs will be those who have been in continuous practice for longer than two years.

#### 1.4.2.2.4 Competency

Competency means doing something successfully; it is the ability of a person to fulfil the nursing role effectively and/ or expertly (Ramritu & Barnard, 2001:48). Hansen-Salie and Martin (2014:540) define competency as the ability to deliver specific professional services, while being competent is the behaviour underpinning such performance. In the nursing profession, competency is an essential element for assuring quality, safe and cost-effective nursing care. Nilsson *et al.* (2014:2) show that nurses' professional competence is a framework of skills reflecting knowledge, attitudes and psycho-social and psycho-motor elements that involve problem solving and critical thinking. In this research, competence refers to the nursing abilities/tasks that the newly graduated PN is able to portray or perform effectively and efficiently with desirable outcomes, hence to practice safe quality nursing care, as is expected after the completion of her nursing education.

#### 1.4.2.2.5 Clinical competency

According to SANC (2013:3), clinical competency is the combination of knowledge, psychomotor, communication and decision-making skills that enable an individual professional nurse to perform a specific task to a defined level of proficiency in the clinical environment, that is, where patients are looked after and cared for. In this research, clinical competency refers to clinical nursing knowledge, skills and abilities to practice nursing care safely and efficiently in the clinical area of hospitals in Lesotho, as performed by the newly graduated PNs.

#### 1.4.2.2.6 Mentorship

Mentorship is defined as an interactive, facilitative process meant to promote learning and development based on educational and social learning theories (Gagliardi *et al.*, 2014:2-3). It is an interactive process, as it involves the mentor and the mentee. In this study, the fact is examined that experienced and skilled PNs are expected to be the ones providing mentorship to the newly graduated PNs in order to achieve professional and personal development.

#### 1.4.2.2.7 Mentor

The mentor is the person who “facilitates learning, supervises and at times assesses the mentee in a practice setting” (RCN, 2015:3). In this study, a mentor is regarded as any experienced PN as defined above, who is entrusted with guiding newly graduated PNs to achieve new skills, attitudes, competency and confidence in practising quality nursing care in hospitals in Lesotho.

#### 1.4.2.2.8 Clinical mentorship

The term “clinical” relates to a place of practical setting in the hospital; therefore, clinical mentorship is defined as a relationship between two nurses “formed on the basis of mutual respect and compatible personalities with the common goal of guiding the nurse towards personal and professional growth” (Block *et al.*, 2005:134). The intention of clinical mentorship in nursing is to facilitate the development of competencies and self-confidence (Huybrecht *et al.*, 2011:274). In this study, mentorship and clinical mentorship is used interchangeably.

### 1.5 Study design

Maxwell (2013:2) defines a study design as a plan on how to accomplish one’s intentions, and the way in which the components of the plan must link together. This plan is considered to be procedures of inquiry as to the particular study to be undertaken. The researcher identified purposefully the sites and participants examined here to help reach to an understanding of the research questions by means of inquiry (Creswell, 2014:189).

### 1.6 Research methodology

The intention of the researcher was to seek an understanding of the perceptions of newly graduated PNs as well as the perceptions of experienced PNs regarding competency and clinical mentorship. Therefore, a qualitative descriptive research design was used for the researcher to be able to explore and describe the perceptions of newly graduated and experienced PNs according to their own explanation and understanding. An overview of the

research methodology is provided in this chapter, while the detailed description will follow in chapter 2.

### **1.6.1 Research context**

The context for this research study was two regional government hospitals in Lesotho; one in the southern region and the other in the northern region. The two regional hospitals were identified by the Ministry of Health (MOH) as essential and that is where most government health projects are piloted. These hospitals are primarily used by the in-country NEIs, both government and private, and the National University of Lesotho, for their clinical experience as they have more “scope” than the rest. The regional hospitals manage outpatients and inpatients for all general illnesses, and refer the patients to the national referral hospital for further management when needed. The national hospital then refers patients to Bloemfontein provincial hospitals in South Africa as per the agreement of both countries.

The health system in Lesotho is managed centrally, that is, from the MOH, with the head office in Maseru, the capital city of Lesotho. The two hospitals were selected by the researcher, because they were larger than the rest of other district hospitals, and the majority of the government health activities were piloted there.

The nurses employed within these hospitals were qualified at the above mentioned NEIs and the majority were Basotho with one language, Sesotho. English was (and still is) the legal medium of communication, but both languages were regarded to be equally legal. English was used in the study as the primary method of communication, unless not possible. When needed, the researcher was able to communicate in Sesotho.

### **1.6.2 Population and sampling**

In a research study, the researcher needs to collect data or information that will answer his or her questions for the specific purpose envisaged by the project. Interaction therefore occurred with those that the researcher wanted to study in accordance with, Parahoo (2006:62-64), namely participants who shared their experiences and knowledge in order to get closer to the topic under study. The following sections explain how this interaction was met and how it was defined.

#### **1.6.2.1 Population**

The research study population is described by Brink *et al.* (2012:123) as the entire group of persons that is of interest to the researcher and those the researcher could access, as it is not

possible to reach the whole population. In this study, the population was newly graduated PNs and experienced PNs in Lesotho which accounted to twenty five (N=25) for both hospitals.

The inclusion and exclusion criteria used by the researcher will be explained in detail in the next chapter.

### **1.6.2.2 Sampling**

Sampling is a process of choosing a part of the study population to represent the whole (Brink *et al.*, 2006:124) as, again, it will not be possible to contact the whole population. The sample is the group of individuals who will actually participate in the research. The researcher decided to use a sample chosen from selected hospitals in Lesotho, as mentioned in section 1.6.1.

#### **1.6.2.2.1 Sampling technique and size**

According to Moser and Korstjens (2018:10), a qualitative study sampling is a process of intentionally choosing participants who provide rich data about the phenomenon of interest. The present research study used purposeful sampling, whereby the researcher, who is knowledgeable about the phenomena, used her own judgement regarding the participants, and selected these deliberately so as to provide information relevant to the study (Brink *et al.*, 2006:133). Purposeful sampling will be explained in further detail in chapter 2.

The researcher intended to interview at least five of the newly graduated PNs and a group composed of at least five of the experienced nurses from each hospital. The researcher only managed to interview a total sample of n=9 with newly graduated PNs and n=8 with two focus groups of experienced PNs.

### **1.6.3 Data collection**

Interviews were used for both groups: individual semi-structured interviews with newly graduated PNs, and semi-structured focus group interviews with experienced PNs. These were done to collect data in line with the research objectives and for the two groups of participants, different sets of questions were used, one for the individual semi-structured interviews the other for the semi-structured focus group interviews. The interview schedules are discussed in chapter 2 and provided in Annexure F.

Interviews were chosen to be the best method of data collection as it allowed the participants to explain their understanding of the phenomena. Mason (1996:39) further emphasises that it is by means of interaction with people that one can get to the social reality and knowledge about their social experiences. Maltby *et al.* (2010:55-57) and Holloway and Wheeler (2002:79-83) state

that interviews involve two-way communication between the researcher and the participant(s), and an interviewer is asking an interviewee to give responses to certain statements.

#### **1.6.4 Data analysis**

According to Marshall and Rossman (2011:207), data analysis is a process where the researcher reads the data for general themes and categories, and then finds relationships between the themes and categories as derived from the collected data, so as to get the meaning of the data. Qualitative descriptive analysis of the collected data was done. The researcher transcribed the recorded data and involved a co-coder to independently analyse the data. Transcription was followed by organising/ categorising the data, that is, finding similarities and differences in data (Holloway & Wheeler, 2002:146). The steps of Giorgi (1985) as explained by Trainor and Graue (2013:182-183) was followed to analyse the data to get to descriptive understanding and meaning.

#### **1.7 Trustworthiness**

In a qualitative study, it is an expected standard to ensure the truth value of the study findings as well as that the correct processes were followed to reach acceptable quality findings, known as the trustworthiness of the study. The researcher implemented the criteria adopted from Lincoln and Guba as described by Cope (2014:89), so as to ensure quality of this study. The results must be derived from the correct participants by using the most appropriate data collection method (Anney, 2015:273; Holloway & Wheeler, 2002:254-256). The guidelines that were followed to ensure trustworthiness in this study will be discussed in detail in chapter 2.

#### **1.8 Ethical considerations**

It is mandatory with every research study to follow a code of ethics, which are the principles and rules that guide the research in order to protect the participants and monitor moral considerations, choices and the accountability of the researcher (Holloway & Wheeler, 2002:47; Mauthner *et al.*, 2002:20). The main goal of this process is legal: to ensure that human dignity, equality and human rights are respected. The researcher was guided by the ethical principle guidelines provided by the North-West University (NWU) and the Republic of South Africa's (RSA) Department of Health Ethics in Health Research guidelines. They integrate the fundamental ethical principles: respect for persons, beneficence and justice (Department of Health, 2015:14-17; Israel, 2015:36-37). Ethical clearance was provided by Health Research Ethics Committee (HREC) with reference number NWU-00014-18-S1 (Annexure A). The following chapter will expand on this.

## **1.9 Chapter layout**

The dissertation is laid out as follows:

Chapter 1: Research overview

Chapter 2: Research methodology

Chapter 3: Research findings

Chapter 4: Conclusions, limitations and recommendations

## **1.10 Summary**

In this chapter, the researcher provided an overview of the present project, giving a course of introduction and overview, problem statement and paradigmatic perspective. A brief description has been provided of the study design, population and sampling, data collection techniques, data analysis, trustworthiness and ethical considerations. The research methodology will be described in detail in the next chapter.

## **CHAPTER 2: RESEARCH METHODOLOGY**

### **2.1 Introduction**

The preceding chapter has given an overview of the study. The present chapter builds on this by expounding the research processes in further detail, that is, unpacking specific procedures and techniques the researcher had to adapt, and reasons for this. The methodology will be described as the general approach in carrying out the research project with specific focus on the research process itself and the kind of tools and procedures used.

### **2.2 Research design**

Maxwell (2013:2) defines a research design as plans and procedures that model out the research study from broad assumptions down to detailed methods. In other words, the research design provides specific directions and procedures to be undertaken. The researcher has chosen to use the qualitative research approach for this study. This approach is meant to examine the phenomena at its natural state with the voice of the participants (Edmonds & Kennedy, 2013:112), that is, in terms of their own words and in the context that they live in (Parahoo, 2006:63). This plan is guided by the researcher's philosophical assumptions by following the interpretive/constructivist paradigm where it is believed that reality is socially constructable and there could be multiple realities to be found and described (Sharan, 2009:8-9). Edmonds and Kennedy (2013:112) further describe study design as a plan on how to accomplish one's intentions and the way in which the components of the plan must link together. The present plan is considered as procedures of inquiry so that a particular study can be taken.

The research design forms the blueprint of the study, and stipulates the different steps or methods taken to answer the researcher's question (Brink *et al.*, 2006:92). It tabulates the logical links as to how one conducts the study at hand (Sharan, 2009:66), that is, steps to be taken by the researcher, and focuses on end results of the research. The researcher needed to understand the perceptions of newly graduated PNs and experienced PNs regarding competency and clinical mentorship; hence, she chose the approach mentioned above. The researcher further decided on a qualitative descriptive way of inquiry, as she needed an understanding and enablement to describe the perceptions according to the participants' own explanations and understanding of their experiences.

The qualitative descriptive design allowed understanding and description of the essential structure of the participants' perceptions according to their own explanation and understanding. Kim *et al.* (2017:1) describe a qualitative descriptive design as a particular method used to

examine health care and nursing-related phenomena in order to gain insights from participants regarding a phenomenon in question. This approach has been in use for a while as, according to Sandelowski (2000:334-336), it provides a method that has the goal of giving a comprehensive summary of events in the everyday terms of those events. This design further supported the researcher, as she did not have any pre-existing theoretical assumptions, but sought instead to explore the phenomena in their natural state. In more recent literature, Colorafi and Evans (2016:17) describe qualitative research as being amenable to health environments, because it provides factual responses to questions about how people feel around the concerned event, by comprehensive summary of that event.

The researcher implemented a qualitative descriptive design explained by Sandelowski (2000:337), in that qualitative descriptive design is especially utilised to obtain straightforward and largely unadorned answers to questions of special relevance to practitioners and policy makers. It has therefore enhanced an exploration and description of the perceptions of the PNs regarding their views, knowledge, expectations and interpretations by means of interaction with the researcher.

## **2.3 Research methods**

Colorafi and Evans (2016:16) describe a research method as a step-by-step guide to planning a qualitative descriptive study and analysing the data provided. These comprise procedures or ways in which data are collected, analysed and interpreted (Maxwell, 2013:15).

### **2.3.1 Population and sampling**

The researcher collected data that answered the questions posed for the specific purpose of this research study. Participants with relevant information therefore shared their experiences and knowledge. The following sections explain how this necessity was met and defined.

#### **2.3.1.1 Population**

Brink *et al.* (2006:124) describe population as the entire group of persons who have common characteristics that are the interest of a researcher. The population refers to an aggregate or totality of all the subjects or members that conform to a set of specifications (Polit & Hungler, 1999:37). The study population was both newly qualified and experienced PNs in Lesotho hospitals with a total of twenty five (N=25) for both hospitals. Initially, the researcher preferred to include three hospitals, as indicated; two regional government hospitals and one public-private partnership hospital in Lesotho. But only the two government hospitals gave approval of the study. The population included newly graduated PNs, and experienced PNs working together with these newly graduated, as per the criteria explained below.



**Figure 2-1: Map of Lesotho (Maps-Lesotho.com)**

### **2.3.1.2 Sample**

In research, it is extremely difficult to reach the entire population, as described above. Hence the researcher involved a sample of the total population of nine ( $n=9$ ) of newly graduated PNs and eight ( $n=8$ ) of experienced PNs. Maxwell (2013:96-97) defines it as a fraction of the population that will represent the entire population due to the fact that it is not feasible to access the whole population. The sample included professional nurses from the two regional government hospitals: one in the northern region and one in the southern region of Lesotho.

### **2.3.1.3 Sampling**

The paragraphs below centre on the sampling technique, sampling size, inclusion criteria and exclusion criteria for the sampling process.

#### **2.3.1.3.1 Sampling technique and size**

Purposive sampling was used. In this type of sampling the researcher uses their own judgement regarding it, and select participants deliberately to provide information relevant to the research study, as they are regarded to be knowledgeable about the phenomena (Brink *et al.*, 2006:133). The selected newly graduated PNs with a total of  $n=9$  for both settings; and experienced PNs accounting to two (2) focus groups, one (1) from each setting with total of  $n=8$  ( $n=4$  per group), were seen as able to provide rich data regarding the phenomena in question (Holloway & Wheeler, 2002:122-123).

The researcher intended to interview at least the minimum of five of the newly graduated PNs at each hospital, and a focus group interview comprising at least minimum of five of the experienced nurses at each hospital (Flick, 2014:199). However, these numbers were seen as broad guidelines, as the interviewer intended to collect as much information as possible (Colorafi & Evans, 2016:18). The researcher followed the principle of stopping with data collection when no new information is generated. The latter is called data saturation (Parahoo, 2006:66).

#### 2.3.1.3.2 Inclusion and exclusion criteria

The following criteria were used during sampling.

- Inclusion criteria

The researcher invited newly graduated PNs who

- were employed for less than two years;
- were registered with the Lesotho Nursing Council (LNC);
- were able to use and understand one or both official communication languages;
- were working in the above-mentioned government hospitals;
- were either permanently employed or on temporary contracts;
- had graduated from either the colleges or the university in Lesotho.

These were appropriate participants according to the judgement of the researcher for the phenomena under investigation.

The researcher invited experienced PNs who:

- had been continuously employed and working in the clinical area for two and more years;
- were registered with the LNC;
- were able to use and understand one or both official communication languages;
- were working in the above-mentioned government hospitals together with newly graduated PNs;
- were either permanently employed or were on temporary contracts.

The number of years for both newly qualified and experienced nurses was decided in view of the nursing theory that explains criteria of those regarded as competent (Benner, 2012:404), namely two years and above, as indicated. The flexibility of the qualitative study is one of its

considerable advantages (Moser & Korstjens, 2018:12), as one can adjust strategies according to the situation presented while engaging in fieldwork.

- Exclusion criteria

Newly graduated PNs who:

- were not working in the chosen study context;
- were not employed at the hospitals chosen for study;
- were not registered by the LNC.

Experienced PNs who:

- had been working as nurses for less than two years, as they were still involved in their early developmental state, and were to be regarded as advanced beginners (see AMSN, 2012:6).
- had been working continuously for their years of experience.

### **2.3.2 Recruitment of participants**

Once the proposal was approved by the North-West University's Health Research Ethics Committee (HREC) and authorised for implementation (see Annexure A), the researcher made an appointment with the Lesotho Ministry of Health's central ethics office to present the proposed project (see Annexure B). On their approval, the researcher went to meet each hospital's chief executive officer (CEO) or superintendent as well as nursing service managers to personally explain the research and engage them in the proposed project (see Annexure C). The process of recruitment was completed before the advent of the coronavirus pandemic. It was implemented as follows:

- A mediator was identified in each hospital where the research project was implemented. The mediator was one of the senior nurses nominated by management with the assistance of the nursing service manager at each hospital.
- The mediator assisted the researcher by arranging logistics and coordinating the arranged meetings, but did not act as a researcher or participate in the interviews.
- A meeting was held to present the proposed project to newly graduated and experienced PNs (see Annexure D – example of invitation to participants). The purpose of the project and intended impact on them as well as the nursing profession at large were presented.
- The process of participation was explained as follows:
  - All newly graduated and experienced PNs who met the inclusion criteria had an equal opportunity to participate;

- Participation was voluntary, hence informed consent forms were signed (see Annexure E);
  - Participants had the right of withdrawal at any time during the progress of the project;
  - Participants' identity was protected. Only the researcher would have knowledge regarding participant identity.
- The consent forms were handed out a week before the interviews and collected two days prior to the interviews. This ensured adequate time to make an informed and voluntary decision, and make appointment arrangements with proposed participants. The PNs who gave informed consent for participation in the research study were therefore notified in time regarding the arrangements.

A day before the project, the researcher communicated with the mediator about the arrangement of selected and organised a venue for the interview day. The researcher reminded the mediator of the suggested possible number of days of the interviews and details regarding aspects of time and proceedings to the participants.

### **2.3.3 Data collection**

Interviews were used for both groups: individual semi-structured interviews for newly graduated PNs and semi-structured focus group interviews for experienced PNs. Semi-structured interviews were the most elegant tools for collecting data for this study, as these types of interviews are adaptable and flexible, hence to allow formulation of added questions as new information arises (Kallio *et al.*, 2016:2955). Maltby *et al.* (2010:55-57) and Holloway and Wheeler (2002:79-83) state that interviews are two-way communications between the researcher and the participant(s), and an interviewer is asking an interviewee to give responses to certain statements. Interviews were chosen to be the most suitable method of data collection, as it allowed the participants to explain their understanding of the phenomena. Mason (1996:39) further emphasises that it is by means of interaction with people that one can get to the social reality and knowledge about their experiences, and allow space for participants' individual verbal expressions (Kallio *et al.*, 2016:2955).

The researcher selected individual semi-structured interviews with newly graduated PNs to explore their perceptions of their clinical competency and of clinical mentorship, and semi-structured focus group interviews with experienced PNs on their perceptions of the clinical competence of newly graduated PNs and their role as mentors to these.

Individual interviews with newly graduated PNs gave them freedom and autonomy to share their perceptions in order to get true, rich and in-depth data. These participants might have felt

uncomfortable or threatened to verbalise their thoughts on their own competency within a group discussion, and also in the presence of seniors, thus individual interviews seemed to be the preferred choice for data collection in their case.

Focus group interviews were done with the experienced PNs. It was planned so as to include a group of at least five or more experienced PNs per interview. Focus group interviewing worked well for them, for the following reasons: they were at the same level of experience and group discussion provided the opportunity to generate rich in-depth data, as each of them was able to build on the others' ideas, that is, they shared their thoughts and generated new ideas, as held by Brink *et al.* (2006:152). Yet the researcher was not blind to the fact that there could be individuals who might not freely participate, hence inviting them to participate without coercion. In this manner the researcher created an environment conducive for the discussions, and used communication skills to encourage all participation. Ground rules were set, including aspects such as confidentiality assurance, respect for the other person's opinion and listening to each other during the focus group session.

In the semi-structured individual and semi-structured focus group interviews the researcher used open-ended questions, and facilitated a free discussion, allowing honest and insightful responses. Semi-structured interview schedules were used during both types of interviews (see Annexure F). Semi-structured interview schedules are guiding questions the researcher formulated in collaboration with the research supervisors. Questions are focused but not rigid, as the interviews follow the nature of an everyday conversation (Maltby *et al.*, 2010:56). The semi-structured interview was appropriate for this study because of its flexibility. Open-ended questions were used with additional follow up questions for clarification as a possibility, in natural settings. Open-ended questions allowed the participants to explain and elaborate on answers given.

The researcher developed the semi-structured interview schedule for both groups in line with the purpose of the research and by means of examination of personal assumptions about the phenomena to be explored (Trainor & Graue, 2013:182). Pedersen *et al.* (2016:631) show that the interview schedule must also originate on the basis of pre-existing knowledge about the research question. The researcher followed this principle in developing the interview schedules.

The first semi-structured individual interview and the first semi-structured focus group interview were seen as trial runs for data collection. On discussion with the supervisors, it was agreed that no changes were needed in terms of the data collection approach and interview schedules. The data from these interviews were included for analysis. Also, before data collection, the researcher underwent training to conduct the interviews by means of a role play exercise with non-participants and in-depth feedback by the supervisors.

The researcher completed the collection of data before the eruption of the COVID-19 pandemic.

### **2.3.3.1 Data collection process**

The participants were given a choice to participate as one of their primary rights. The intentions of the study were explicitly explained as well as how the researcher planned to collect data. The researcher worked only with those who signed the consent forms to participate on their resting day if possible but otherwise, those who were on duty could be seen during low peak hours or break times, as communicated with the mediator prior to the sessions. An arrangement was made at each hospital to allocate a private room for interviews, so as to provide a quiet environment (Maltby *et al.*, 2010:120), but this turned out to be a challenge at one of the two hospitals. The room was chosen in the best area: comfortable enough for good ventilation and spacious to allow free, relaxed communication, with no items between the interviewer and the participants.

An audio recorder was used as a tool to record the interviews, as verified in advance to ensure its functionality (Holloway & Wheeler, 2002: 87). At the beginning of the interview the researcher announced on the audio recorder the date, time and place of interview, and briefly noted that the interview was to be started with interviewees' "coded identity" to ensure confidentiality, while actual names, as linked with these codes, were kept on the researcher's notes.

At the time of the interview, the participants were greeted and introductions made. Participants were reminded again of the intentions of the study to be conducted and their rights, re-enforcing the privacy and confidentiality precautions taken. Ethical issues of consent were considered. Interviews were primarily held in English and Sesotho where needed, as this was also an authorised medium of communication.

The participants were reassured throughout the process of individual or group discussion that they were allowed to be free and open to share their opinions. The researcher used the responsive interviewing style as explained by Flick (2014:208), whereby she built rapport with the interviewees in order to achieve a relaxed, open two-way discussion. This style guided the researcher's attitude towards obtaining in-depth and rich data. The researcher used efficient communication skills, such as the use of appropriate icebreakers to relax participants; being a member of the same nation and race played a considerable role in this respect. During previous training by the supervisors, the researcher had acquired efficient communication skills that she practiced during the interviews. These communication skills included being attentive, listening more than talking and being observant of nonverbal cues (Mason, 1996:46). Rueda *et al.* (2020:106361-4) list the characteristics most required in this regard, such as improving understanding by summarizing, rephrasing, showing implications and being a good, active

listener. The researcher also used probing skills to obtain more information on what was said, using questions such as “can you explain more what you meant by x or y?” (Flick, 2014:208). Other communication techniques such as reflection, paraphrasing, summarising and clarification were used to facilitate the discussion.

Field notes were taken during data collection and, at times, after the interview or focus group discussion (Holloway & Wheeler, 2002:87). The notes took two forms: personal data meant to document information such as date, time and the identity of the interviewer and, for the benefit of reflection and analysis, the actions observed. The researcher did not pay too much attention to taking field notes during the interviews, as a voice recorder was in use, which enabled attentive listening towards understanding that which was communicated.

#### **2.3.4 Data analysis**

Data analysis started immediately after the completion of the first interview, so as to gain a good understanding of the information provided, as the researcher could at that stage remember the discussion clearly (Maxwell, 2013:104). The audio recordings were transcribed verbatim (see Annexure G for an example of a transcript of an interview). The data obtained from the individual interviews and focus group interviews were analysed as a whole.

The seven steps adopted to this end were as follows:

- 1) Reading through all the transcripts, making notes and memos and jotting down provisional ideas;
- 2) Extracting significant statements by means of labelling and highlighting;
- 3) Formulating meanings of those statements, that is, categorising;
- 4) Organising meanings into clusters of themes;
- 5) Checking the accuracy of those themes by referring to the responses;
- 6) Deriving the description of the theme and category and;
- 7) Formulation of a statement that captured the structure of the phenomena.

All of this can be described under the rubric of basic content analysis, which means categorising data by means of classification, summarising and tabulation.

After transcription, the researcher read through the transcripts along with the recorder to guarantee authenticity. The researcher took all possible measures to prevent and avoid being

biased, such as being transparent in all actions taken and putting his or her assumptions or anticipations aside. The researcher involved the use of an independent co-coder to ensure credibility, as will be explained further in the subsequent section. The co-coder was unknown to the participants and not involved in the health system of Lesotho. He was also requested to sign the confidentiality form for the protection of the participants. The researcher's intentions were to utilize the Atlas.ti programme to analyse data, but eventually she decided to do it manually for cost-effectiveness and as a learning opportunity.

## **2.4 Trustworthiness**

In a qualitative study, it is vital to ensure the true value of the study findings as well as the correct processes, so as to reach the acceptable quality findings; known as the trustworthiness of the study. The researcher indeed agrees the results of this study are of value. They describe the actual perceptions of the participants, and the recommendations reflect that which participants verbalised. The results were derived from the participants, as explained in the inclusion and exclusion criteria (2.3.1.3.2).

According to Anney (2015:273) and Holloway and Wheeler (2002:254-256), four strategies ensure trustworthiness, namely credibility, dependability, confirmability and transferability – these were adopted by the present project. The importance and meaning of these strategies, criteria and main purpose have been described also by Forero *et al.* (2018:3).

### **2.4.1 Credibility**

Credibility is defined as confidence that can be placed in the truth of the research findings (Anney, 2015:276). In this study, the researcher made certain of its truth value by adopting well-known methods and procedures and ensuring that the necessary steps were followed appropriately, including the following.

- *Prolonged and varied field experience*: the researcher personally collected data from the participants in order to get insight around their context. Trust was built by means of prior and ongoing communications that emphasised the protection of the participants to understand their world better, without being biased. During the interviews the interviewer periodically recapitulated the information provided by the interviewees. According to Maxwell (2013:126-129), this can be described as respondent validation, aimed at ensuring that the given information is understood as meant. The researcher took two (2) days on one setting and only one (1) on the other, more influenced by the availability of the participants to avoid disruption of patient care as they were still on duty.

- *Reflexivity*: this can be described as the process of being honest with own-self as a researcher (Korstjens & Moser, 2018:121). The researcher was aware of the possible influences she might have on the participants merely by being part of the study; known as reflexivity. She took care not to ask leading questions, and noted for herself and made participants aware that they were the ones with knowledge of the phenomena examined. The researcher avoided bias by not having or bringing preconceived ideas into the conversation, trusting and believing in the participants' knowledge with a view to their experiences of the actual phenomena in question. This attitude helped considerably, as the researcher's primary intention was to seek answers from the participants themselves since, after all, they were the ones who held the relevant experiences.

- *Triangulation*: this refers to using multiple data sources in time, space and person. The researcher expected to reach triangulation by using the data collection methods stated above, along with the use of two hospitals in order to get as close to the truth as possible. Data collection at the two hospitals was also done in a close space of time. No communication was done between the settings with either the participants about the study on either hospitals. This approach allowed the researcher to obtain as much information as possible at the chosen sites and among participants hence to get rich data and actual experiences. The researcher believed that the saturation of data was established as the collected data during the second setting was holding same meaning as the first one, hence there was no need of seeking further interviews. The findings are presented collectively in chapter 3 in the form of rich descriptions, demonstrated with vocative texts and interview extracts.

- *Ensuring effective interview techniques and establishing the authority of the researcher*. This entails that data and interpretations are continuously tested as they are derived from participants (Anney, 2015:277), hence to avoid researcher's bias. This was done as described in section 2.3.3.1. The researcher built trust with participants so that they provided honest responses. During interviews the researcher periodically summarised the received responses, and asked the participants for accuracy. The data interview schedule was verified for its consistency with the supervisors and a support expert.

#### **2.4.2 Dependability**

Nowell *et al.* (2017:3) define dependability as the researcher's way of verifying that the research process was logical, traceable and clearly documented. Anney (2015:278) calls it "stability of findings over time." Consistency was ensured by using methodological steps, questions and interviews as planned from the beginning, which Korstjens and Moser (2018:121) describe as enabling an audit trail.

### **2.4.3 Transferability**

Transferability refers to ensuring that the knowledge found can be transferred and may be usable in similar contexts (Billups, 2014:3). In other words, it centres on whether the study processes and findings are applicable to those other contexts (Korstjens & Moser; 2018:122). To this end, detail of the research approach and methods is explained throughout the study chapters for the sake of transparency. This will allow any researcher in future to decide to use the methodology taken here, and follow through with a different project.

### **2.4.4 Confirmability**

According to Anney (2015:279), this entails the degree to which the results of an inquiry could be confirmed or corroborated by other researchers. The conclusions are not the researcher's, but are based on the findings and relevant literature, so that data can be traced easily to the sources, while study data will be retained and available to collaborators for evaluation if needed (Colorafi & Evans, 2016:23). At the end of the research study, the results will be disseminated and presented to the participants. The copies of the report will be given to the appropriate authorities so that the study can be traceable. The results will not only be given to the mentioned participants, but will also be publicised to be accessed by other settings, institutions, nationally as well as internationally (Maxwell, 2013:136).

After categorizing, identifying themes, the present researcher referred the work to an independent co-coder to verify the accuracy of the findings, so as to confirm and ensure compatibility of the findings, as advised by Botma *et al.* (2010:292).

## **2.5 Ethical considerations**

It is mandatory for every research study to follow the relevant code of ethics (Holloway & Wheeler, 2002:47; Mauthner *et al.*, 2002:20). These are the principles and rules that guide the research in order to protect the participants and monitor moral considerations and choices and the accountability of the researcher. The main goal of this process is legal, as indicated: to ensure that human dignity, equality and human rights are respected. The researcher was guided by the ethical principle guidelines provided by the NWU and the RSA's DoH Ethics in Health Research guidelines, as mentioned. They integrate the fundamental ethical principles: respect for persons, beneficence and justice (Department of Health, 2015:14-17; Israel, 2015:36-37).

The researcher therefore sent the proposal document to the HREC that guided the research at the Faculty of Health Sciences, NWU, and received ethical clearance (Annexure A) to conduct the project as required by the Department of Health under the directive of National Health Act,

61 of 2003 (NHA) (Department of Health, 2015:12). It was also submitted to the INSINQ (now known as NuMIQ) scientific committee for verification before being submitted to the HREC. These committees were responsible for ensuring that the research project met the expectations of national ethical guiding documents. The researcher made certain that the study was scientifically sound by following the appropriate methodologies and designs that met the research aim and objectives. The study was conducted entirely for the benefit of increasing the body of knowledge in nursing and improving health care services (Department of Health, 2015:7:15-16). After obtaining ethical clearance, the researcher obtained approval from the Lesotho Ethic Committee (Annexure B), as the study was to be done in their hospitals (see Annexure C).

The core values and ethical principles were implemented as set out under the subsequent headings.

### **2.5.1 Informed consent**

This is one of the critical requirements of ethical consideration when dealing with human research as an initiative to protect the rights of research participants. It is considered informed only if detailed explanation of the study's intentions, processes, risks and benefits are well explained, and participants comprehend these and agree to participate voluntarily (Israel, 2015:83). Brink *et al.* (2006:35-39) say that informed consent evidence the implementation of the principle of voluntary participation and protection of participants from any harm. It is to give clear and understandable information about the researcher's intentions and capabilities, and to be allowed to make an informed choice. Mauthner *et al.* (2002:53) remind researchers that informed consent is an ongoing act throughout the research process, where participants can withdraw at any time when they feel so.

The researcher used the NWU academic approved informed consent form (Annexure E). The intentions of the researcher were to allow the participants to have enough time to work through the consent information, be able to ask questions directly to the researcher by means of given means of communications (telephonically or liaise through the mediator), and to ensure that signing indeed occurred willingly. The signing of the consent was done with the mediator, in the presence of a witness.

### **2.5.2 Confidentiality and privacy**

Data was collected from participants who had been recruited in an open manner and without bias, as explained in section 2.3.2. The sites and concerned population will only receive the final report of the outcomes of the study later, as discussed in 2.5.12 below. The responses were coded for the purpose of discussion and data preparation, and only the researcher had the list

of names and their codes. Data on audio recorder were converted to electronic data on a password-locked computer. Hard copies of data in the form of transcripts are kept safe at the researcher's place until completion. Thereafter all data will be stored at the Quality in Nursing and Midwifery (NuMIQ) security storage for a period of five (5) years. As soon as the audio recordings were transcribed, they were deleted from the recorders. The co-coder and mediator signed confidentiality agreements. The researcher could not guarantee the confidentiality within the focus groups, as it comprised groups of people listening and hearing one another's comments and responses, but it was emphasised that they were bound to keep it to themselves (Department of Health, 2015:23). The researcher negotiated ground rules with the groups regarding confidentiality.

### **2.5.3 Justification of research study**

Justification of a study can be described as the means to ensure that the research benefits the community for whom it was intended which, in this study, is the current and future newly graduated nurses. The main aim of the study was to explore the perceptions of newly graduated PNs of their own competency and of clinical mentorship; and the perceptions of experienced PNs of newly graduated PNs' competency and of their role as clinical mentors. The research is meant to contribute to the identification of gaps regarding clinical mentorship and competency levels of newly graduated PNs and/ or recommendations regarding these lacunae. These would then assist the clinical governance of Lesotho to develop new policies and standards to revise the processes of clinical support. Not only will these research findings enhance quality nursing care in Lesotho; international benefits will also be provided in terms of contributing to the body of knowledge in nursing.

### **2.5.4 Respect for research participants**

The DoH (2015:6) stipulates clearly the terms of respecting, promoting and protecting human rights according to the Constitution, as part of respecting human dignity, an ethical principle. The participants received respect by being given the autonomy and exercise of personal choice and self-determination (Mauthner *et al.*, 2002:36; Department of Health, 2015:6). The researcher guaranteed that the participants were respected by means of consideration of their views and beliefs. Informed consent was obtained from those who voluntarily and willingly participated in the project. This indicated that the research had been sufficiently explained to them, and that they comprehended the purpose, aims and objectives, possible risks, methods of the research project, data and results management.

### **2.5.5 Data management**

Data derived from interviews, as explained in section 2.3.3 and its subsections, were important elements of the study's implementation, as they involved information that answered research questions. The collected data was essential information that needed to be protected in order for the researcher to refer and conclude the study, and also for ethical purposes of protecting the participants. Confidentiality on collected data was collaborated as stipulated in section 2.5.2, so as to avoid harm to the participants by all means, by protecting their identity optimally and providing them with adequate information on how the collected data would be managed (Department of Health, 2015:22-24). The collected data included the following:

- Recorded interviews and focus group sessions together with field notes that were transcribed into text with no identification of the participant;
- The transcriptions were labelled, for easy access, e.g. participant coding and site code
- Electronic copies of data kept safe with password-locked computer according to ethical requirements At the end all will be kept at the NuMIQ security storage for five (5) years and be destroyed (shredded / deleted from files and recycle bin) thereafter;
- Documents will similarly be kept for five years and then to be destroyed (shredded / deleted from computer files and recycle bin) thereafter;
- Computer containing data will have a pin numbers/ passwords known only to the researcher.

This information was also provided in the consent form (see Annexure E).

### **2.5.6 Benefit-risk ratio analysis**

The benefit-risk ratio analysis is divided into 1) anticipated benefits, including direct and indirect benefits and 2) anticipated risks to the participants and researcher. A risk is defined as the possibility to endure of physical, psychological, social, or economic harm occurring as a result of participation in a research study (Stanley, 2006:1), while benefits are expected participants gains. These benefits and risks will be discussed in the following few sections.

#### **2.5.6.1 Anticipated benefits**

- The gains for the participants for taking part in this study were the improvement of the nursing profession and their development and/ or that of future nurses.
- They were empowered and received personal growth and satisfaction because of their impact on their profession.
- The nursing profession in Lesotho and nurses globally would gain knowledge (Polit and Beck, 2014:86) regarding what is currently happening with nurses, continuing development

and whether there are new strategies to be employed for the improvement of the nursing profession, which will be respected and valued by the community at large.

#### 2.5.6.1.1 Direct benefits

There were no direct benefits for participants.

#### 2.5.6.1.2 Indirect benefits

Indirect benefits involve the formulation of recommendations for the nursing practice, nursing education and future research regarding the mentoring of the newly graduated PNs, from which both nurses and patients will benefit, as argued in chapter 4.

### 2.5.6.2 Anticipated risks to the participants and precautions taken

- In this study, a possible risk to participants could have been victimisation by the authorities. The researcher tried to minimise this by ensuring their anonymity and confidentiality. Also ensured and enhanced that there is no excessive physical, emotional or psychological demands placed on participants (Polit & Beck, 2012:114).
- There was also a risk of breach of confidentiality, as the researcher could not guarantee absolute confidentiality in focus group interviews, since members were expected to be co-responsible for ensuring confidentiality. To mitigate this risk, ground rules were set by the group at the beginning of the discussion as a measure of ensuring shared confidentiality. They took co-responsibility for the confidentiality of what was shared in the group.
- Interview documents and recordings were not accessible to any other persons except the researcher, research supervisor and co-coder, who signed confidentiality agreements.
- Further risks could have included slight physical discomfort and slight emotional discomfort due to participation in either the individual or focus group interviews. The researcher closely monitored participants for signs of this, and warranted that the venue was comfortable and safe, and that they felt comfortable with the researcher.

### 2.5.6.3 Anticipated risks to the researcher and precautions taken

There were moderate risks such as the travelling safety and finances, as the researcher used own finances to carry out the project.

The benefits of the study outweighed the risks.

### **2.5.7 Monitoring of research**

The research progress was monitored by the supervisors as allocated representatives of the NuMIQ research focus area, NWU. The researcher was also aware that the supervisors had to update the HREC of the NWU about the proceedings and progress of the project, as it was their role to monitor approved projects (Department of Health, 2015:64). The researcher was trained by the supervisors to conduct the interviewing process in face-to-face training sessions. By the end of these, the researcher studied in complete role plays in research interviewing with non-participants in order to evaluate her readiness to conduct the interviews. The mediator was trained by the researcher during face-to-face meetings before the onset of recruitment. The accuracy of the transcriptions was tested by the researcher by simultaneously listening to the recordings and reading the transcripts. The process of data analysis was monitored by involving a co-coder and the supervisors, who read through the transcripts and field notes and correlated the findings with the content of the transcripts, with the assistance of the researcher.

### **2.5.8 Reimbursement of study participants**

The participants were not paid to participate in the research study, as they were not required to incur any costs. Participation in research is generally seen as part of nurses' professional requirements towards enhancing the growth of the profession (Tingen *et al.*, 2009:1-2), while it results in their own development.

### **2.5.9 Dissemination of research results**

The results of this research will be communicated to the institutions where the research study was carried out. Participants will be informed of any new relevant findings by going back to them and presenting the final results and recommendations. A document of the whole study will be given to the Ministry of Health for future references. The researcher is planning to write a scientific article for publication in a scientific journal in order to make the research results accessible to the nursing professionals market.

### **2.5.10 Role of the members in the research team**

The research team included the researcher's supervisors and the researcher. The roles of the supervisors were to guide the researcher towards attaining a professional and ethical study. The research supervisors monitored the progress of the study excellently. The supervisors were experienced researchers with profound experience in the field of research. The researcher herself was (and is) a qualified professional nurse holding several post-basic courses, disposing of the basic acceptable requirements to conduct this research for academic purposes. The researcher took responsibility to attend training on interviewing. The supervisors and the

researcher worked towards getting the approval to undertake the study by appropriate research committees (Botma *et al.*, 2010:203-204). The researcher ascertained efficient planning, necessary implementation as well as the smooth running of the study.

#### **2.5.11 Conflict of interest**

The researcher declares that she does not have any conflicting interests in the completion of this study.

### **2.6 Summary**

This chapter has described the methods used and followed during the implementation of the research study. It has explicitly explained the research design chosen and reasons for this, detailing methods used for tabulating the chosen population, steps followed around data collection and data analysis. It has elucidated the attention taken to guarantee the trustworthiness and, above all, the steps taken to adhere to ethical considerations as the core of study appropriateness.

In the next chapter, the researcher will be voicing the research findings, as integration of relevant extant literature.

## **CHAPTER 3: RESEARCH FINDINGS**

### **3.1 Introduction**

The preceding chapter has discussed the methodology used for the research study. The study design of choice was explained in detail along with the sampling method, data collection approach and data analysis process.

In this chapter, the researcher will discuss the resultant findings in two sections: A) biographical data and B) research findings and integration of extant literature.

### **3.2 Section A: Biographic data of the newly graduated PNs and the experienced PNs**

During each day of data collection, the researcher reported to the nursing service manager in the company of the mediator. The researcher was advanced to the identified room where she waited for participants to come for the interviews during lower-paced periods of their routine.

The researcher succeeded to interview in total nine (n=9) out of ten (n=10) planned individual participants for both hospitals, since only nine (n=9) signed the consent forms. Focus groups were held in both hospitals with a total of eight (n=8) participants, four (4) participants per group since, in one hospital, one participant had a family crisis and had to go home, while in the second group, work demand did not allow for interviewing all five at one time. All participants met the inclusion criteria as explained in the preceding chapter. Tables 3.1 and 3.2 present the biographic data of the participants.

**Table 3-1: Biographic data of participants: newly qualified PNs**

| Participants      | Gender(M = MaleF = Female) | Age | Nursing Qualification | Work experience | Nursing college |
|-------------------|----------------------------|-----|-----------------------|-----------------|-----------------|
| <i>Hospital A</i> |                            |     |                       |                 |                 |
| NN1               | F                          | 32  | Diploma*              | 6 months        | Government      |
| NN2               | F                          | 29  | Diploma*              | 6 months        | Government      |
| NN3               | M                          | 25  | Diploma               | 6 months        | CHAL            |
| NN4               | F                          | 32  | Diploma*              | 1 year          | Government      |
| NN5               | F                          | 28  | Degree                | 1 year 5 months | University      |
| <i>Hospital B</i> |                            |     |                       |                 |                 |
| NQ1               | F                          | 26  | Diploma               | 1 year          | Government      |
| NQ2               | F                          | 27  | Diploma               | 1 year          | CHAL            |
| NQ3               | F                          | 24  | Diploma               | 1 year          | Government      |
| NQ5               | F                          | 25  | Diploma               | 1 year          | CHAL            |

*\*denotes nurses who were qualified and worked as nursing assistants before.*

This table shows that the sample of newly graduated PNs consisted of 89% (8/9) female participants and only 11% (1/9) male participants. Figure 3.1 provides a visual presentation of the gender distribution of participants: newly qualified PNs.

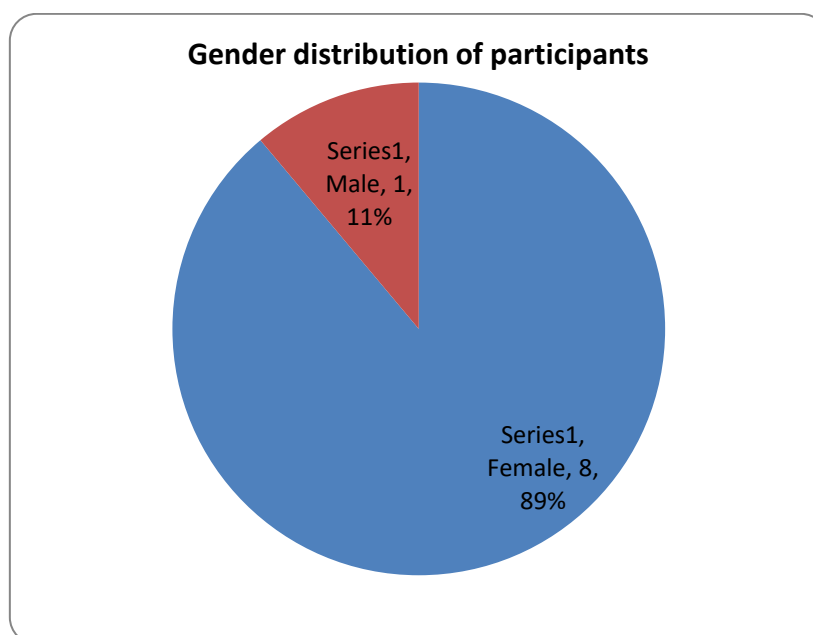


**Figure 3-1: Gender distribution of newly qualified PNs participants**

This considerable difference in gender is historical, as nursing has always been regarded as a career for women (Ford, 2019). RCN (2020:5) states that historical perceptions are that care is

a naturally feminine skill or characteristic. This is evidenced by WHO (2019a:4): the majority of nurses are complimented by females.

All the participants were from the Basotho nation, speaking one language. They were aged between 25 and 32 years. Only one (n=1) out of nine (n=9) attended the National University of Lesotho with a degree qualification and was the only one working at the setting at the time of interviews and willing to participate to take part in the study. The rest of the participants held diploma in general nursing and midwifery, of which all qualified in government as well as the Christian Health Association of Lesotho (CHAL) colleges. A total of 3/9 (33%) were qualified as nursing assistants before they were taken for the diploma, and they had some years of experience working as nursing assistants. Even so, all these participants voiced a need for mentorship, as described in Section B of this chapter. A total of 67% had one year or more post-qualification experience and the remaining 33% less than a year.

**Table 3-2: Biographic data of participants: experienced PNs**

| Number of focus group (FG) | Number of participants | Codes of the participants | Gender (M = Male<br>F = Female) | Years of experience                          |
|----------------------------|------------------------|---------------------------|---------------------------------|----------------------------------------------|
| FG – A                     | n = 4                  | NE1, NE2,<br>NE3 & NE4    | F = 4                           | 4 -10 years                                  |
| FG – B                     | n = 4                  | E1, E2<br>E3 & E4         | F = 3<br>M = 1                  | 1 = 11 years<br>1 = 18 years<br>2 = 12 years |

***All participants were Basotho nationals***

Each participant per group was given his or her own code to identify him or her in order to hide their real identity for protection. As elucidated at the beginning of this section, the intentions of the researcher were to conduct five participants per focus group, without complete success. Nonetheless, one male out of majority of female nurses participated, as indicated.

### **3.3 Section B: Research findings and integration of extant literature**

The researcher followed the seven steps described by Maxwell (2013:104) to this end, as explained in section 2.3.4. During the interviews, the researcher mostly utilized active listening and the approach of reflecting the material back to the interviewee for understanding. Field

notes and the voice recorder assured the researcher did not miss important data during analysis.

It must be noted that, in qualitative descriptive studies, there is no specific time for data analysis: it is done concurrently as data is being collected (Creswell, 2009:184). Hence, the researcher started doing rough analysis in between the interviews and at the end of each data collection day, so that she could begin to engage with data collected. After the steps of reading through the responses and identifying remarkable statements data collected by means of the field notes and voice recordings were therefore transcribed, organised (Flick, 2014:271) and categorised into meaningful themes to keep track of these.

The subsequent sections will discuss findings engendered by the data analysed and the unique themes and categories of newly graduated PNs perceptions, followed by integrated derived themes that emerged from the data among experienced PNs and newly graduated PNs, where these two groups of participants held similar views. The literature discussion is incorporated at the end of each main theme.

During the analysis, a track or progression in the journey of newly graduated professional nurse was identified (see Table 3.3). These were trends that the researcher found unique amongst the newly graduated PNs interviews. In sharing their perceptions, they explained their journey from graduating to growing in experience and capability of delivering quality nursing care. Furthermore, the data obtained from the newly graduated PNs and experienced PNs showed similarities, and could be categorised into three themes and relating categories (see Table 3.4). Findings reflected in Table 3.4 were gleaned from a combined data analysis of both groups of PNs.

The themes emerging from the perceptions of the newly graduated PNs who participated will be discussed firstly below, followed by a discussion of the themes emerging from the data as a whole.

### **3.3.1 Emerging perceptions of participants: newly graduated PNs**

In this study, the perceptions of newly graduated professional nurses' around competency and clinical mentoring in selected hospitals in Lesotho were explored and described. The researcher's intentions were to obtain answers to the questions formulated at the outset of the present text. Semi-structured individual interviews gave rise to perceptions of the participants and themes and categories unique to the newly graduated PNs that described their journey as such. Table 3.3 provides an overview of these themes and categories, followed by a discussion of these.

**Table 3-3: Overview of the journey of being a newly graduated professional nurse in a hospital in Lesotho**

| Themes                  | Categories                                                                                                                                                                                |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employment system       | <ul style="list-style-type: none"> <li>• Delay in getting employed post graduating</li> </ul>                                                                                             |
| Experience as new nurse | <ul style="list-style-type: none"> <li>• Not knowing what to do, where to find things</li> <li>• Orientation is required</li> <li>• Conducive environment to learn is required</li> </ul> |
| Experience around time  | <ul style="list-style-type: none"> <li>• Taking responsibility</li> <li>• Positive experience appraisal</li> </ul>                                                                        |
| Competence level        | <ul style="list-style-type: none"> <li>• Reflect on first time experience</li> <li>• Managing challenging situations</li> </ul>                                                           |

In the discussion of these findings, the theme and category was described as supported by citations from interviews. The latter were marked randomly as a form of identification coding in order to protect the actual identity of the participant. The code names did not have any specific meaning, as the researcher just came up with such coding. The researcher possesses and protects the detailed participant codes with their actual names. The numbering in front of each code was done according to the expectation of the total number of participants to be interviewed, either as individuals or in groups, in the given hospital.

### **3.3.1.1 Employment system**

Participants felt that *the current employment system* was not in their professional favour, as there was a substantial **delay in getting employed post graduating**, so that they ended up forgetting what they had been taught and practiced during their training as students. Others had to get jobs other than nursing to survive, while awaiting posts. They felt that this added to the negative impact, as some already arrived with little knowledge due a lack of exposure to certain nursing skills as a result of limited practice.

*“Besides that, due to unemployment we took more than six months before we came to work” (NN5)*

*“..for the first days my competence was very poor, was very poor because I took a long time without being employed. As I was from another project, but the project was not dealing with my profession of this nursing’ (NQ5)*

### 3.3.1.2 Experience as new nurse

The participants indicated that arriving at the new environment was challenging, especially when one was thrown into a high-paced work environment and expected to work a daily routine. The problem arose as, at that time, they did not know how the units they were allocated to functioned, and they were not used to the surroundings and where resources were kept.

*"...did not give me the orientation about where the equipment is being kept" NQ5*

They reflected that they were short-staffed, finding they had been allocated only two of them, that is, two newly graduated PNs at the most, and with much responsibility, so that the experienced one failed to monitor what they were doing or, when there was an emergency, a new one would have to take the huge responsibility of something he or she had never experienced.

*"there is a lot of work, there is a lot of work and you lack experience in a lot of things, you feel like you know nothing... By orientation, I should be shown where the equipment is kept" NQ5*

Due to shortage of staff and highly demanding work, they were feeling it was hard and frustrating to keep asking questions to the only senior allocated to him or her, as he or she was also under pressure to complete work.

*"So you won't have time to ask other sisters, interrupting now and again" NQ2*

There was indeed a common factor: the need for proper orientation and mentorship. The hardships of the work environment made it difficult, and they ended up doubting or confirming the shortfall in their competency.

*"...first and most of all it's the experience at school...there was a little experience" NQ3*

*"we came here with very little knowledge" NQ3*

### 3.3.1.3 Experience around time

The interviews showed that newly graduated PNs were allocated for full working responsibility at the beginning without even being oriented or given some form of induction. They were expected to run the unit as seniors without any experienced to mentor. Or, even if paired with the experienced PN, due to shortage of staff and increased workload, they were not able to follow them up.

*"because like now, I'm charge there yet I'm only having a month" "having to take full responsibility is a challenge." (NN4)*

*“they have no time to help you”, “Empa eventually o tla learna ka mokhoa o batlang o le buimanyana” (at the end you will eventually learn but the hard way) NQ3*

#### **3.3.1.4 Competency level**

The participants shared that their competency was influenced by many factors originating from the training schools, personal attitudes and eagerness to learn or with a view to adult learning principles. Few mentioned that the delay of getting employed after they had completed their studies made it difficult, as they had forgotten the practical aspect by then. By the time they were employed, they found it hard to retrieve what they were taught.

*“my competency was poor because of taking a long time without practicing” NN5*

This was mostly influenced by many mentioned factors as some mentioned like the college the nurse is coming from. Following are some of the direct quotations confirming these experiences.

*“ba fapana ka hore na emong o tsoa kae emong kae” (they differ from where one comes from) NE1 FG-A*

*“Most of them are not competent because of lack of supervision during training, so training schools have impact on their competency” S1 FG-B*

*“I have seen that the trained nurses from schools with hospitals, are a bit more skilled than those without” NE2 FG-A.*

Experienced PNs also raised the issue of institutions not doing adequate supervision, if any, during clinical placement, putting pressure on already overwhelmed staff.

The fast-paced practice field for newly qualified nurses was moreover affected by the attitude of the newly qualified PN and experienced PN, as reported in the interviews.

*“Others will show interest of learning” NE3 - FG-A, “others they do not care” NE1-FG-A,*

*“You are from school, so why don’t you know this?” NN4*

There were considerable differences when it came to personalities and eagerness to learn. Some of the newly graduated PNs did verify that, due to the increased pressure of the workload, the experienced ones were failing to guide them. They always had an open door policy that new employees had to feel free to ask them when they did not know how to act.

*“we are short staffed and don’t have much time to supervise them” S1 - FG-B*

*“taba ea ho mentora ha e bobebe as you want to complete work” the thing of mentoring is not easy as you want to complete work NE2 - FG-A*

*“Because of this shortage, you will find you expect the new nurse to be independent” NE1-FG-A*

*“everything you feel you are not competent with it just tell us” NN4*

### **3.3.1.5 Integration of extant literature**

Literature still shows the ongoing challenges faced by the newly qualified PNs regardless the programmes intervention to ensure smooth connection into practice (Hussein *et al.*, 2019:1810). These challenges and feelings include high levels of stress leading to lack of confidence, feelings of inadequate preparedness. Mostly these challenges are caused by high expectations from the institutions due to increased patient acuity demands putting pressure for early maturity of these young nurses. These high expectations and early maturation indeed is what the Lesotho nurses are not immune to it is what they feel when they start the work practice.

Leong and Crossman (2015:1098-1100) explain how the professional identity, one's personal characteristics and adequate support during the process can assist newly qualified nurses to settle into the professional work environment. The nurses' perceptions about nursing care, commitment to nursing and their ability to cope with becoming a nurse is determined by positive and negative aspects of socialisation and what they learned while in school and in the clinical environment. Their personal characteristics can highly influence their commitment and job satisfaction. Furthermore, Kurtul and Arik (2020:167) mention that adult learners assume the responsibility for their own learning and must take responsibility for acquisition of new information.

### **3.3.2 Perceptions of participants (newly qualified and experienced PNs) around competency levels and mentorship**

Three themes and their categories emerged from the data obtained from both experienced PNs the newly graduated PNs (see Table 3.4). This table reflects all themes and categories denoted, and are inclusive of all interviews. In the citations to follow, consider that FG stands for focus group and a number 1 or 2 serves to differentiate between the two hospitals.

**Table 3-4: Perceptions of participants (newly qualified and experienced PNs) of competency levels and clinical mentorship**

| <b>THEME 1:</b> Standardisation of nursing competency | <b>THEME 2:</b> Safe and cost effective nursing care    | <b>THEME 3:</b> Emphasis on persona and self-efficacy |
|-------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|
| <i>Categories</i>                                     |                                                         |                                                       |
| - Possession of adequate nursing expertise            | - Environment equipped to ensure patient efficient care | - Possession of professional attitudes                |
| - Practical proficiency                               | - Collaboration for common goal of patient health care  | - Self-driven work acclimatisation                    |
| - Integration of theory with practice                 | - Practising within legal and ethical framework         | - Professional aspirations                            |

### **3.3.2.1 Standardisation of nursing competency**

Nursing competency embraces nursing skills standards that signify the acceptable level expected from nurses in order to be regarded as skilled and safe to practice. These are usually set by the nursing regulatory body, in this case the LNC. The expectations will involve all the NEIs that are regulated by the same council, which will produce the same output levels in nurses they produce, that is, standardisation of training. This theme engendered three subthemes, as discussed below.

#### **3.3.2.1.1 Possession of adequate nursing expertise**

Both groups felt that some newly graduated professional nurses did not have the necessary competency. Importantly, it was apparent to the participants that newly graduated nurses from the different NEIs had different levels of competency. As experienced nurses, they could tell which newly graduated PNs came from which NEIs:

*“It all starts from their training, how much they have been supervised clinically. Also it depends which training school...others do better than the others” E2 – FG2*

*“Because the training schools will differ. Sometimes you will know that the ones from a certain school are a bit more competent” S1 – FG-2*

*“Because the training school differ, sometimes you will know the ones from a certain school” S1*  
– FG2

*“Because of this shortage, you will find you expect the new nurse to be independent” NE1*  
- FG1

*“Others will show interest of learning” NE3 – FG1, “others they do not care” NE1 - FG1*

#### 3.3.2.1.2 Practical proficiency

It was evident from both groups that participants agreed that newly graduated professional nurses from schools that had hospitals were proficient in clinical practise, while those who only relied on practical days to gain exposure to patients were viewed as lacking behind in practical proficiency. Practical proficiency in nursing was seen by the participants as enabling of basic nursing care that they practiced throughout the course of their training. Moreover, it was reported by participants that lecturers did not always accompany students to clinical practice due to a shortage of numbers in comparison to the number of students, and thus no intensive guidance was given, thus leading to further lacunae in practical proficiency.

*“Because there was too little equipment and we were too many, we came with very little knowledge” NQ3*

#### 3.3.2.1.3 Integration of theory with practice

Participants shared the view that the majority of newly graduated professional nurses got confused at their new workplace, because things were done differently from what they were taught as students. It seemed to them as though they were in another module. Considerable improvising was done at work and procedures were not followed step by step due to unavailability of materials, resources or updated practices.

*“The way they are working is different from the previous institution, the way they treat patients is different, because the way I was taught at school I was told patients come first” NQ5*

#### 3.3.2.1.4 Integration of extant literature

According to Oldland *et al.* (2020:151), nurses have a professional mandate to measure, monitor and report on the appropriateness and effectiveness of healthcare, informing improvements in healthcare quality. To ensure these, the nursing profession has set standards to describe the competent level of care in each phase of the nursing process (Davis, 2014:4). Nursing education and training across South Africa, as set by SANC, is made to respond to

changing needs and expectations in health and healthcare (SANC, 2013:2). Nurses who acquire this knowledge and these skills will be equipped to meet these present and future challenges.

According to the LNC (2013:2), it is expected that the licensure is awarded only to nurse graduates that qualify according to the set competencies, who are therefore capable of coping with expanding and changing health systems. Yet, the present study demonstrates that not all newly qualified PNs possess such expertise for the reasons mentioned, including challenges starting at the NEIs.

Regardless of the nursing regulatory authorities' expectations, Aydogan and Ulupinar (2020:1-2) found that newly graduated PNs still found it hard to incorporate their learned knowledge and skills into their work life. Therefore, the first year of their practice must be regarded as adaptation time where they adapt to be able to deal with the reality shock of their professional actualisation. And to avoid self-doubt of these nurses means this period must be handled with the most sufficient structure. Recent studies further show that there is an extreme shortage of nurses, while the health system relies heavily on newly graduated nurses (Zhang *et al.*, 2016:136). They further emphasise the importance of mentoring in order to promote professional and personal development, whereby the new nurses are taught, encouraged, counselled and befriended. Extant literature therefore reinforces the need and importance of mentorship programmes.

### **3.3.2.2 Safe and cost-effective nursing care**

It is the responsibility of nurses to honour the profession, and provide safe and cost-effective nursing care to patients in their care. The participants however shared perceptions that indicated there was a concern about the safety in the care given to patients. They expressed their concern about a substantial shortage of equipment, human resources and favourable management, resulting in actions taken for the sake of completion, not the outcomes.

This theme engendered three sub-themes that elaborate on the safety and effectiveness of nursing care in these hospitals.

#### **3.3.2.2.1 Environment not equipped to ensure efficient patient care**

It was mostly agreed by both groups that the public hospitals in Lesotho were underequipped, which lessened safe and sound nursing care procedures. It was agreed by those nurses with past experience from private hospitals that defined structures and equipment were available in

those. The public hospitals were under-staffed and workload overwhelming. There was no feasible cost-effective nursing care.

*“availability of equipment is a challenge, there is no enough equipment to practice as we were taught at school” NQ2*

*“at times you find the equipment is old to properly work” NN1*

#### 3.3.2.2.2 Collaboration for common goal of patient health care

It was reported by the participants that there was no defined “novice to expert” mentorship for newly graduate professional nurses in Lesotho. Some participants were given orientation when joining the nursing work-force, and others not. The perceived mentorship that transpired in Lesotho hospitals was an informal one “on the go.” Senior nurses allocated with newly graduated professional nurses who were expected to learn from and be mentored by them even as they were given full responsibilities to do their work. This made mentoring difficult, as each had to complete their shared unit/ ward responsibilities.

*“most of the time you are in dilemma when one has to go to theatre during caesarean section to catch the baby, they just sent you and say ‘hakere le uena (is it not that you are a) professional, how did you become professional without...they just sent you like that” S1*

*“...You have to survive, o tla bona u so ntso ea pele. It’s tough” (you will figure out as you do) S2*

It was also evident that ancillary professions were not functional for maintaining focused patient health-care by supporting PNs with shared responsibilities to reduce their workload. Participants wished that senior nurses could have counselling skills and the refresher courses could be held for them as well.

*“if there wasn’t shortage of staff, there could be a specific person assigned to new comers” E4*

#### 3.3.2.2.3 Practising within legal and ethical framework

Participants reported that newly graduated PNs were expected to practice within a legal and ethical framework, but that they were not adequately oriented in this regard. The human resources department simply provided a list of rules and regulations professional nurses were expected to abide with. In this process, newly graduated PNs were assigned to senior nurses to show them around the hospital, yet when you get there they do not have time.

*I remember I was given rules and regulation by the central employer, highlighted what is an expected of a nurse. But when you get to actual workplace, it is the opposite” NE1 – FG1*

*“you were told to ask for a certain senior, but when you ask for her she tells you she is going to the meeting and asking where were you told you are assigned...” NE3 – FG1*

#### 3.3.2.2.4 Integration of extant literature

As it is the goal of any healthcare system to provide safe, cost-effective and the best quality care, institutions also need to take responsibilities to ensure they provide adequate and expected support to those delivering care. Nursing institutions must adapt to the current contexts so that they can offer safe, high-quality care in changing healthcare systems, including acute care hospital settings (Willman *et al.*, 2020:2210). The information received from the interviews do mention unsatisfactory working conditions, such as lack of functional equipment and unreasonable workloads due to shortage of staff as well as institutional delays in employment, resulting in burnout and increased turnover among nurses, who divert to NGOs and better opportunities. Stone *et al.* (2008:2-57) stated that a health environment that is not conducive to nurses poses a high impact on aggravating continuing nurse shortages, escalating pressure on the few left, including the newly graduated PNs, who will be expected to hold the immediate responsibilities, resulting in poor quality and unsafe patient care.

Unfortunately, it is also a reality that health costs worldwide escalate due to the changing advancement in healthcare systems (Denosa, 2015:1), mainly with the institutions which afford the latest advanced technology where population can secure utmost quality care such as private entities. It is understandable that, due to this heavy financial burden on health systems, public hospitals are failing to maintain the highest standard of resources such as equipment, especially in comparison with privately owned sectors fairly because of free services offered (Government funded healthcare) as described by Young (2016:5). Yet nurses, as the pillars of the health systems, are expected to be the primary drivers of improvements in efficiency and effectiveness, while providing quality care and attaining optimal patient outcomes. They are expected to do better within the constraints of human and other resources.

Many authors emphasise the importance of mentorship relationship and it is a norm of profession in nursing. It is advised that the mentors, who are experienced nurses, orientate and facilitate acclimatisation of novice nurses into their new role (Takvorian, 2020:1). It is expected that it must be a relationship where the mentor may work side-by-side with the mentee for the first six weeks of employment, so as to provide direction towards working independently, promoting critical reasoning. But, according to the perceptions shared by both PNs consulted in the present project, this was not happening in hospitals in the least.

### 3.3.2.3 Emphasis on persona and self-efficacy

This theme underscores the personal characteristics of newly graduated PNs and experienced PNs. These characteristics are connected to professional and personal attitudes as determining factors in the development of competency, and in the willingness to be a mentor.

This theme revealed the following categories:

#### 3.3.2.3.1 Possession of professional attitude

The possession of a professional attitude was seen as a deciding factor in competency levels and mentorship. For example, it involved the ability of the newly graduated PN to consult where challenges were met, and the ability to accept the counsel of experienced PNs and push themselves to learn in a new environment. It also included the attitude of experienced PNs as clinical mentors: that is, whether they were of warm character to be approachable, and whether they had coaching abilities.

*“other newly graduated nurses do not care to learn” NE2 – FG1*

*“It all depends on the individual, some they are just at work but they do not have passion” E1 – FG2*

*“And also our attitudes as experienced PNs is not good towards them” E3 – FG2*

#### 3.3.2.3.2 Self-driven acclimatisation

Participants shared that the self-driven motivation to acclimatise to the new work environment played a major role in the development of clinical competency among newly graduated PNs. They were of the opinion that not all newly graduated PNs were pulling their weight to learn, while others did, and that self-driven motivation could already be instilled at the NEIs where newly graduated PNs received their training. In addition, participants suggested that quarterly personal reflective reports would assist newly graduated PNs when they entered the workplace and developed competence.

*“Sometime you will see them that they are not interested, you can’t force the horse to the river...” E4*

#### 3.3.2.3.3 Professional aspirations

It was the view of participants that some professional nurses entered the nursing profession only because of it enables them to obtain a qualification, and that they seemed not to be passionate about nursing. Participants also shared that some newly graduated PNs only entered the nursing profession because nursing could provide work. This led to displaying careless and negligent behaviour. This theme was expressed by both PN groups.

*“Other newly qualified nurses are in this profession not for the passion of, but for money. Hence even if you try to mentor, they are rude” E4 FG-B*

#### 3.3.2.3.4 Integration of extant literature

Nursing professional values and ethical considerations are what drive the behaviour of nurses (Poorchangizi *et al.*, 2019:1). They guide and empower nurses and prepare them for their purposeful integration as early as during nursing education, which is essential to guaranteeing the future of nursing. Knowledge of own values as well as your profession, gives one a strong persona that motivates practice without fear. Lack of clinical exposure, lack of adequate equipment, attitudes in the practice area, contributes to positive or negative esteem of those who are not yet reached the “competent level” of novice to expert mentorship model.

Self-efficacy, as defined by McNeill (2016:1), is an individual's level of confidence to perform in unique situations. This is an important element of performance as those with strong self-efficacy can perform successfully in many situations McNeill (2016:1) continues further to say it is possible with nurses to have such especially those who did not have the opportunity to practice nursing skills on regular basis. This was found to be the case also in the present study. Some of the nursing institutions did not have their own hospitals to send students to for regular practice. This resulted in underexposure and feelings of incompetence.

In nursing a sense of self-efficacy can be inculcated at focused, adequate training in clinical skills. Consider that newly qualified nurses have long since experienced feelings of self-doubt. As adult learners, they must engage in the development of their competencies with a view to scope of practice and area of practice (Casey *et al.*, 2017:655), thus to exhibit continuing professional competence. Once one feels competent, he or she is able to be productive in his or her work environment. Not only nurses, but also the working environment, must be set to allow achievement of continuity in competency. Those responsible must therefore develop standards to ensure a smooth transition, including mentorship as support.

### **3.4 Summary**

This chapter has presented the findings made on the basis of the content analysis, so as to explore and describe the perceptions of newly qualified PNs and experienced PNs regarding competency and clinical mentorship in Lesotho hospitals. The researcher has integrated the findings with relevant literature.

This chapter has comprehensively discussed the perceptions of participants as newly graduated PNs around their competency and the mentorship they received from seniors as their first line mentors. Also, the experience of experienced PNs was illuminated, namely the challenges they faced around the professional responsibility and expectations of mentoring newly graduated PNs.

In the next chapter, the researcher will discuss conclusions derived on the basis of the study, tabulate the limitations experienced and, as the main goal, propose recommendations to support MOH initiatives as well as the development of the nursing profession in Lesotho.

## **CHAPTER 4: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

### **4.1 Introduction**

The present chapter expresses the study's conclusions and discusses its limitations. Recommendations for nursing practice, nursing education, policy and future research in nursing are formulated and presented.

### **4.2 Limitations**

The researcher acknowledges the study's limitations as below:

- Due to the centralization of Lesotho healthcare systems and limited resources of communication, it cost the researcher some time and personal financing to reach all those concerned in order to arrange for authorization and planning.
- This research study was conducted in the Lesotho public health care sector, limiting the findings to this context, and only to the nursing profession. Yet this limitation must not prohibit other professions from using the principles of the study to suit their context.
- A national referral hospital was not included, due to the fact that it only provided permission at the time that the study had already progressed considerably. Use of this national facility could have enriched the study findings as it was mentioned by some participants as it has structured functional induction and orientation systems. Regardless, data saturation was reached, as both hospitals raised connecting information.

The findings should be interpreted with these limitations in mind. However, the research method has been described in detail, enabling a repetition of the study while including a wider variety of participants if needed.

### **4.3 Conclusions**

At the onset of the research process, the researcher identified a research problem and formulated a set of research questions, on the basis of which an aim and objectives were formulated. The aim and objectives of the research were the following, as outlined in Table 4.1:

**Table 4-1: Research aim and objectives**

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AIM:</b><br>The aim of this research study was to explore and describe the perceptions of newly graduated and experienced PNs regarding competency and clinical mentoring in selected hospitals in Lesotho.       |                                                                                                                                                                                                                                                       |
| <b>Objective 1:</b> <ul style="list-style-type: none"> <li>To explore and describe the perceptions of newly graduated PNs regarding their own competency when appointed in selected hospitals in Lesotho.</li> </ul> | <b>Objective 2:</b> <ul style="list-style-type: none"> <li>To explore and describe the perceptions of newly graduated PNs regarding clinical mentorship during their entry into the clinical environment in selected hospitals in Lesotho.</li> </ul> |
| <b>Objective 3:</b> <ul style="list-style-type: none"> <li>To explore and describe the perceptions of experienced PNs regarding newly graduated PNs' competency levels in selected hospitals in Lesotho.</li> </ul>  | <b>Objective 4:</b> <ul style="list-style-type: none"> <li>To explore and describe the perceptions of experienced PNs regarding their own role as clinical mentors in selected hospitals in Lesotho.</li> </ul>                                       |

Individual interviews with newly graduated PNs and semi-structured focus group interviews with experienced PNs engendered two broad sets of findings. The first was unique to the newly graduated PNs that participated in this research, where a journey or progression of the development of their competency levels became evident. The second showed that newly graduated PNs and experienced PNs held similar perceptions that could be grouped into useful themes and categories.

Overall, it can thus be concluded that the participants' perceptions were that the competency of newly graduated PNs was a journey, a progression from experiencing delays in obtaining employment and consequently losing some competency, to feeling uncertain in the new work environment, to taking responsibility and appreciating positive appraisals, to a point of being able to reflect on first time experiences and reaching a level of competency in managing challenging situations. It was clear that mentoring programmes should take this gradual journey of progressively gaining competency into consideration.

It can further be concluded that the perceptions of newly graduated and experienced PNs around competency and clinical mentoring in selected hospitals in Lesotho were that there was considerable work that the health systems of the country needed to perform in order to support

nursing education as well as clinical practice. There still existed a lacuna that needed to be worked on in regards to training as well as enforcement of structured clinical mentorship.

Both groups indicated that new graduates could initially not provide nursing care independently, did not have adequate expertise and were not fully proficient for providing nursing care. Both groups agreed that newly graduated PNs were in need of mentorship to guide them in their journey of developing competency. This journey was not only hampered by a lack of structured mentorship, but was also made difficult by a considerable deficiency of equipment, not only within government hospitals, but also at training institutions. Equipment ran short at work and called on nurses to improvise, jeopardising quality care initiatives. It was advocated for that induction courses, refresher courses and workshops should be held frequently.

An important factor in the development of competency as well as in the provision of mentorship was the professional and personal attitudes of both groups of PNs. A positive professional and personal attitude and self-efficacy enabled newly graduated PNs to cope with the difficult work environment and created willingness to be mentored and to learn. A positive attitude and self-efficacy on the part of the experienced PN created willingness to provide mentorship and support, despite the difficult work environment and the differing competency levels among newly graduated PNs.

It was found that literature confirms that the nursing sector is essential to the healthcare system (World Health Organisation, 2016), as they are the face and encompass the majority of healthcare human resources. Oldland *et al.* (2020:151) say that nurses play a fundamental role in the provision and coordination of care, prevention of illness and optimisation of patient outcomes. Therefore, it remains pertinent to identify which competencies and clinical mentorship are needed so as to improve nursing safety and quality healthcare (Park & Kim, 2013).

It is therefore clear that the research aim and objectives of this research have been met. Furthermore, the central theoretical statement that guided this research can now be effected, as stated in chapter 1, that reaching the aim of the research will enable the researcher to formulate recommendations for nursing practice, nursing education, policy and future research regarding the mentoring of the newly graduated PNs, aspects on the basis of which nurses and patients will benefit. These recommendations are presented in the next section of this chapter. In addition, the research process enabled the researcher to gain knowledge and an in-depth understanding that would give direction to authorities to formulate and/or update regulations and strategies to support nursing, thus having an effect on positive patient outcomes at the end - as stated in the second part of the central theoretical statement. The researcher will therefore

disseminate the findings of this research, including the recommendations, to the relevant authorities.

#### **4.4 Recommendations**

Recommendations are part of any research study, as research is for the benefit of development of new evidence-based knowledge for professional development. Based on the results of this study, the researcher tabulates below her recommendations for nursing practice, nursing education, policy as well as future nursing research.

##### **4.4.1 Recommendations for nursing practice**

- The researcher highly recommends the commencement of formally structured orientation programmes within structured mentorship models by the MOH for newly graduated PNs in hospitals in Lesotho. The MOH should ensure there are systems in place to monitor the implementation and evaluation of these programmes.
- The recommended formally structured mentorship programmes should take the journey of newly graduated PNs into consideration, allowing for and acknowledging gradual progress in developing competency.
- The structured mentorship programmes should build on the self-efficacy and positive personal and professional attitudes of newly graduated and experienced PNs as a building block and enabling factor in developing competency and providing mentorship.
- Nurses who are qualified in nursing education and not employed by NEIs can be appointed as mentors by the MOH in hospital districts.
- Hospitals must have a dedicated department that will ensure the implementation, assessment and evaluation of orientation programmes, including ongoing support programmes. This could ease considerable pressure and reduce the workload of experienced PNs, as clearly outlined structures ease the sharing of responsibilities and expectations.

##### **4.4.2 Recommendations for nursing education**

- The study further showed differences in education at NEIs. It is also in the control of the nursing authority bodies together with the MOH to revise training programmes, which will ensure the best national outcomes and a standardisation of nursing education.

- Induction courses, refresher courses and workshops should be held frequently to support both newly graduated PNs and experienced PNs.

#### **4.4.3 Recommendations for policy**

- An interview mentioned that there was a hospital in the country that had a structured orientation and induction system. Those responsible for policy making could use this hospital as a model to benchmark and revive the love and passion for nursing.
- Hospitals should grant newly graduated PNs a period of six months to a year of adaptation time before expecting them to take responsibility at the level of experienced professional nurses.

#### **4.4.4 Recommendations for future research**

- Further studies must be pursued towards designing and implementation of orientation and mentorship models that will suit the healthcare system model in Lesotho.

#### **4.5 Concluding remarks**

It is clear from the findings, conclusions and recommendations reached here, that the aim and objectives of the research have been met. It has confirmed the researcher's view that newly graduated PNs face difficulties around independently providing nursing care due to limited competency levels. It has also become apparent that these nurses were not given enough support to find their role in the workplace. They were expected to carry sudden responsibility, without having been guided to shift their mentality from being a student to being a professional nurse. Given that Lesotho has a high percentage of literacy (including in nursing personnel), they could be mobilised and used optimally to reduce a healthcare system already burdened by diseases as well as shortages of staff.

The reasons behind the lower levels of competency of newly qualified PNs therefore appear to be centred on limited mentorship. A considerable gap therefore exists in supporting newly graduated nurses so that they can smoothly gain confidence by finding sensible opportunities to apply their theory in actual practice. It is therefore recommended to the leaders of nursing in the country to embrace urgent planning, restructuring and implementation of structured clinical mentorship, which will lessen the strain on nursing personnel who are already burdened by shortages and increased healthcare demand. It will also improve the image of the nursing profession in the country as well as nursing morale amongst nurses.

In this last chapter, then, the researcher has formulated recommendations that will help the MoH in Lesotho to support and empower their nurses in order to achieve synchrony with the education they received and actual practice, that is, to support their growth from inexperience into competency.

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# ANNEXURE A: ETHICAL APPROVAL



Prof E du Plessis  
Nursing-NuMIQ

Private Bag X6001, Potchefstroom  
South Africa 2520

Tel: 018 299-1111/2222  
Web: <http://www.nwu.ac.za>

**Health Sciences Ethics Office for Research,  
Training and Support**

**Health Research Ethics Committee (HREC)**

Tel: 018-285 2291  
Email: [Wayne.Towers@nwu.ac.za](mailto:Wayne.Towers@nwu.ac.za)

30 October 2018

Dear Prof du Plessis

## APPROVAL OF YOUR APPLICATION BY THE HEALTH RESEARCH ETHICS COMMITTEE (HREC) OF THE FACULTY OF HEALTH SCIENCES

**Ethics number: NWU-00014-18-S1**

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the Health Research Ethics Committee (HREC) secretariat.

**Study title:** Newly graduated and experienced professional nurses' perceptions of competency and clinical mentoring in selected hospitals in Lesotho

**Study leader:** Prof E du Plessis

**Student:** RF Raletsoane-23077166

**Application type:** Single study

**Risk level:** Medium (monitoring report required six-monthly)

**Expiry date:** 31 October 2019 (monitoring reports are due at the end of April and October annually until completion)

You are kindly informed that after review by the HREC, Faculty of Health Sciences, North-West University, your ethics approval application has been successful and was determined to fulfil all requirements for approval. Your study is approved for a year and may commence from 30/10/2018. It, however, requires the following further conditions specific to *the progress* of the study:

- Please provide the HREC with copies of the goodwill permission letters from the CEO's and the Nurse Managers of the remaining hospitals to be included in the study.
- Please submit the interview schedules to the HREC for review and approval, before implementation in the study.
- Please submit copies of the signed confidentiality agreements with the mediators/co-coders/transcribers as indicated in the proposal

As the study progresses the aforementioned conditions should be submitted to [Ethics-HRECProcess@nwu.ac.za](mailto:Ethics-HRECProcess@nwu.ac.za) with a cover letter with a specific subject title indicating "Outstanding documents for approval: NWU-XXXXX-XX-XX." The letter should include the title of the approved study, the names of the researchers involved, that the documents are being submitted as part of the conditions of the approval set by the HREC, the nature of the document i.e. which condition is being fulfilled and any further explanation to clarify the submission.

The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating the nature of the submission e.g. "Outstanding documents for approval: NWU-XXXXX-XX-XX". The e-mail should indicate the nature of the document being sent. This submission will be handled via the expedited process.

Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at [Ethics-HRECMonitoring@nwu.ac.za](mailto:Ethics-HRECMonitoring@nwu.ac.za). Annually, a number of studies may be randomly selected for an internal audit.

The HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to [Ethics-HRECApply@nwu.ac.za](mailto:Ethics-HRECApply@nwu.ac.za) with a cover letter with a specific subject title indicating, "Amendment request: NWU-XXXXX-XX-XX". The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in **yellow highlight** in the amended documents. The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating that it is an amendment request e.g. "Amendment request: NWU-XXXXX-XX-XX". This e-mail should indicate the nature of the amendment. This submission will be handled via the expedited process.

Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form to [Ethics-HRECIncident-SAE@nwu.ac.za](mailto:Ethics-HRECIncident-SAE@nwu.ac.za). The *e-mail*, to which you attach the documents that you send, should have a specific subject line indicating that it is a notification of a serious adverse event or incident in a specific project e.g. "SAE/Incident notification: NWU-XXXXX-XX-XX". Please note that the HREC, Faculty of Health Sciences has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

The HREC, Faculty of Health Sciences complies with the South African National Health Act 61 (2003), the Regulations on Research with Human Participants (2014), the Ethics in Health Research: Principles, Structures and Processes (2015), the Belmont Report and the Declaration of Helsinki (2013).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Faculty of Health Sciences Ethics Office for Research, Training and Support at [Ethics-HRECApply@nwu.ac.za](mailto:Ethics-HRECApply@nwu.ac.za).

Yours sincerely



Prof Wayne Towers  
HREC Chairperson



Prof Minrie Greeff  
Ethics Office Head

## ANNEXURE B: PERMISSION TO CONDUCT STUDY FROM THE MINISTRY OF HEALTH IN LESOTHO



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

Ministry of Health / Hospital management

Dear Sir/Madam

### REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby request permission to conduct a research study at identified hospitals in Lesotho.

The research title: Newly graduated and experienced professional nurses' perceptions of competency and clinical mentoring in selected hospitals in Lesotho

The aim of the study is to explore and describe the perceptions of newly qualified and experienced professional nurses of clinical mentorship and competency.

This research has been approved by the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences, NWU (Ref.....).

A **qualitative inquiry design** will be used. Research methods will be as follows in short:

**Sample:** Purposive sampling will be used for this study. Sample size will be determined by data saturation, whereby data will be collected until no new information is obtained. It is planned to interview at least 5 newly graduated nurses and one group of 4-6 experienced professional nurses at each identified hospital. This number may be more, depending on data saturation.

**Data collection:** Semi-structured individual interviews with newly graduated nurses, and semi-structured focus group interviews with experienced professional nurses.

**Data analysis:** Qualitative descriptive data analysis, with the assistance of an independent co-coder.

**Dissemination of results:** Results will be shared with the Ministry of Health, Hospital managements, participants and the research audience in the form of presentations and written reports.

You (hospital management) as kindly requested to identify a mediator to inform participants about the research, to invite them to participate and to obtain informed consent.

Attached please find the research proposal and ethics certificate.

I hope this request will be approved and I am looking forward to your response.

Yours sincerely

Ms PF Raletsoane

.....



Ministry of Health  
PO Box 514  
Maseru 100

REF: ID94-2018

Date: April 26, 2018

To

**Palesa Raletsoane**

Masters In Nursing Science Candidate  
Potchefstroom University

**Category of Review:**

- ☒ Initial Review  
☐ Continuing Annual Review  
☐ Amendment/Modification  
☐ Reactivation  
☐ Serious Adverse Event  
☐ Other \_\_\_\_\_

Dear Palesa,

**RE: Newly graduated and experienced professional nurses' perceptions of competency and clinical mentoring in selected hospitals in Lesotho**

This to inform you that the Ministry of Health Research and Ethics Committee reviewed and **APPROVED** the above named protocol and hereby authorizes you to conduct the study according to the activities and population specified in the protocol. Departure from the approved protocol will constitute a breach of this permission.

This approval includes review of the following attachments:

- ☒ Protocol dated April 2018  
☒ Informed consent forms English dated July 2016  
☒ Question Guide (tools) in English  
☐ Participant information sheets in English & Sesotho  
☒ Other materials: CVs of Palesa Raletsoane

This approval is **VALID** until 25 April 2019.

Please note that an annual report and request for renewal, if applicable, must be submitted at least 6 weeks before the expiry date.

All serious adverse events associated with this study must be reported promptly to the MOH Research and Ethics Committee. Any modifications to the approved protocol or consent forms must be submitted to the committee prior to implementation of any changes.

We look forward to receiving your progress reports and a final report at the end of the study. If you have any questions, please contact the Research and Ethics Committee at [rcumoh@gmail.com](mailto:rcumoh@gmail.com) (or) 22226317.

Sincerely,

Dr. Nyane Letsie  
Director General Health Services

**Dr. M. M. Moteetee**  
Chairperson NH-REC

## ANNEXURE C: PERMISSION TO CONDUCT STUDY FROM SELECTED HOSPITALS IN LESOTHO

Con

15<sup>th</sup> August, 2018

NWU HREC Committee  
HREC Application Process  
Health Science Ethics Office for Research  
Potchefstroom

To whom it may concern,

Letter of Goodwill: Student PF. Raletsoane – 23077166;

Ethics number NWU-00014-18-S1

Study title: Newly graduated and experienced professional nurses perceptions of competency and clinical mentoring in selected hospitals in Lesotho

This serves as a letter of confirmation that the hospital is aware of the above mentioned student acceptance to implement her project as per the study title.

Kind regards,

Hospital Nursing Services Manager

2018 -08- 28



09/08/2018

TO WHOM IT MAY CONCERN

**Re: Admission to Conduct Research**

**Research Topic: "Newly graduated Professional Nurse perceptions of Competence and Clinical Mentoring in Hospitals Lesotho."**

This letter serve to inform you that Palesa Raletsoane application to conduct study here at Nts'ekhe Hospital has been approved.

Thank you.

Yourfaithfully *L N*

.....  
Mrs.  .....

Manager Hospital Nursing Services.

## ANNEXURE D: EXAMPLE OF INVITATION TO PARTICIPANTS

### Participants Needed



### PROFESSIONAL NURSES (PNs) INVITED TO PARTICIPATE

STUDY: Newly graduated and experienced professional nurses' perceptions of competency and clinical mentoring in selected hospitals in Lesotho



**BENEFIT:** To improve nursing profession through promotion of leadership and achievement in Lesotho and worldwide.

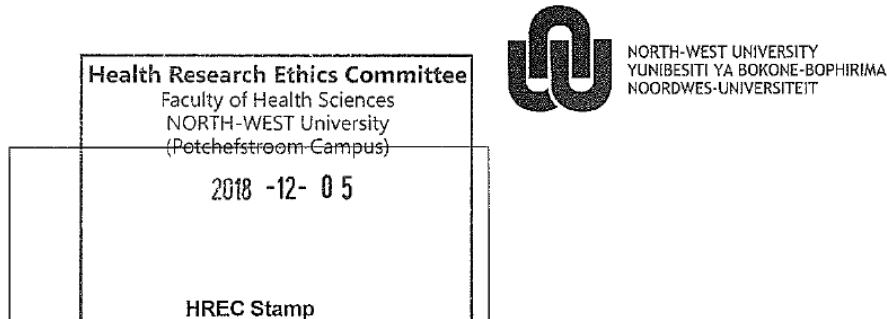
This research is part of a masters degree in Nursing at NWU, c/o Prof Du Plessis @+27 18 299 1836; Researcher Palesa Raletsoane @ +27 82 836 8556.

Please contact the mediator: \_\_\_\_\_ @ \_\_\_\_\_.



**Nursing is  
the gentle art of  
caring.**

# ANNEXURE E: INFORMED CONSENT FORM FOR PARTICIPANTS



## INFORMED CONSENT DOCUMENTATION FOR EXPERIENCED PROFESSIONAL NURSES AT SELECTED HOSPITALS IN LESOTHO

**TITLE OF THE RESEARCH STUDY:** Newly graduated and experienced professional nurses' perceptions of competency and clinical mentoring in selected hospitals in Lesotho

**ETHICS REFERENCE NUMBER:** NWU-00014-18-S1

**PRINCIPAL INVESTIGATOR:** Prof E du Plessis

**POST GRADUATE STUDENT:** Palesa Raletsoane

**ADDRESS:** 2598 Hillside View, Bloemfontein, 9323

**CONTACT NUMBER:** 082 836 8556

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- *I plan to gain my masters degree in nursing; to participate in nursing research as to ensure the growth and recognition of nursing profession.*

**Why have you been invited to participate?**

- *You as the experienced PNs are invited because you meet the study criteria for those nurses who have been in the profession for an acceptable amount of time (5 years and more) of continuous practice who have built knowledge and are regarded as competent to mentor the newly graduated PNs.*
- *You also fit the research because you are qualified nurses registered with the national nursing council.*
- *You fit the criteria of being able to use and understand one or both official communication languages, being employed at one of three identified hospitals in Lesotho and are permanently employed or are on a temporary contract.*

*You will not be able to take part in this research if you do not meet the above mentioned criteria.*

**What will be expected of you?**

- *You will be expected to avail yourself for a group interview (group of only experienced PNs participants) whereby the researcher will be asking you questions regarding your view on clinical mentorship and the competency levels of newly graduated PNs. You will be expected to answer to your best knowledge and understanding. The researcher will use the audio recorder for the benefit of being able to capture all the information that will be easier to be transcribed. The interview will take not more than an hour and this is intended for a one-time session unless there is a need for follow up.*

**Will you gain anything from taking part in this research?**

- *You will not gain directly from participating in this research.*
- *The indirect gains for you if you take part in this study will be your valued participation in improvement of nursing profession development for you and the future nurses, you may be empowered and get personal growth and satisfaction to have had an impact in your profession.*

- The other indirect gains of the study is for nursing profession in Lesotho for the knowledge of reviewing what is currently happening with their nurses continuing development and if there are new strategies to be employed for the betterment of the nursing profession that will be respected and valued by the community at large.
- This study will also benefit the nursing profession at large as the results of the study might have an impact to other settings outside Lesotho and South Africa

**Are there risks involved in you taking part in this research and what will be done to prevent them?**

- The risks to you in this study might be fear of victimisation by the authorities, but this will be limited by ensuring that anonymity and confidentiality of your identity on the interview document **IS NOT** accessible to any other person beyond the researcher (as this measure is in her control).
- There will also be ground rules to be set by the group about 5 minutes of the beginning of the discussion as another measure of ensuring shared confidentiality. In this case participants take co-responsibility for the confidentiality of what is shared in the group.
- There are more gains for you in joining this study than there are risks, meaning that the benefits outweigh the risks.

**How will we protect your confidentiality and who will see your findings?**

- Your confidentiality will be protected by the researcher through replacing each participant's identity with a code name, such as 'participant 1'. The researcher alone will be the one who has the list of names with the allocated coding in that only the "code" will be reflected on transcribed documents. In addition to the above mentioned, your privacy will be respected by arranging for interviews to be held in a private room with no other than the researcher and the group of participants.
- Your information will be kept confidential as explained and only the researchers and the identified members of the university and data analysing specialist who will sign confidentiality agreements will be able to look at the data collected. Data on audio recorder will be transferred to electronic data into a computer. Data will be kept safe by locking hard copies of transcribed interviews in locked cupboards in a NWU office and by saving electronic data on a password protected computer. (As soon as data has been typed it will be deleted from the recorders). Data will be stored for 5 years thereafter be destroyed.

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- Also a document of the whole study will be given to the Ministry of Health for future references.

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

- *You will not be paid to take part in the study because there will be no costs for you to participate.*
- *A packed snack/refreshments will be served after your interview.*

**Is there anything else that you should know or do?**

- *You can contact the researcher at 0828368556, email: [praletooane@yahoo.com](mailto:praletooane@yahoo.com) if you have any further questions or have any problems.*
- *You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or [carolien.vanzyl@nwu.ac.za](mailto:carolien.vanzyl@nwu.ac.za) if you have any concerns that were not answered about the research or if you have complaints about the research.*
- *You will receive a copy of this information and consent form for your own purposes.*

### Declaration by participant

By signing below, I ..... agree to take part in the research study titled: Perceptions and Experiences of the Newly Qualified Nurses in Lesotho Regarding Clinical Mentorship to Improve Competency.

I declare that:

I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.

The research was clearly explained to me.

I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and 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 will not be handled in a negative way if I do so.

I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ..... 20....

Signature of participant

Signature of witness

### Declaration by person obtaining consent

I (*name*) ..... declare that:

- I clearly and in detail explained the information in this document to .....  
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
Signature of person obtaining consent

.....  
Signature of witness

**Declaration by researcher**

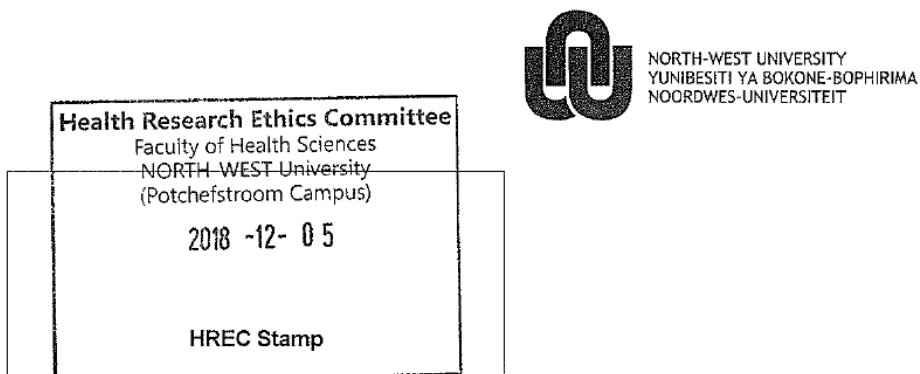
I (name) ..... declare that:

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- The informed consent was obtained by an independent person.
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Signed at (place) ..... on (date) ..... 20....

.....  
**Signature of researcher**

.....  
**Signature of witness**



**INFORMED CONSENT DOCUMENTATION FOR NEWLY QUALIFIED PROFESSIONAL  
NURSES AT SELECTED HOSPITALS IN LESOTHO**

**TITLE OF THE RESEARCH STUDY:** Newly graduated and experienced professional nurses' perceptions of competency and clinical mentoring in selected hospitals in Lesotho

**ETHICS REFERENCE NUMBER:** NWU-00014-18-S1

**PRINCIPAL INVESTIGATOR:** Prof E du Plessis

**POST GRADUATE STUDENT:** Palesa Raletsoane

**ADDRESS:** 2598 Hillside View, Bloemfontein, 9323

**CONTACT NUMBER:** 082 836 8556

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- *I plan to gain my masters degree in nursing; to participate in nursing research as to ensure the growth and recognition of nursing profession.*

**Why have you been invited to participate?**

- *You have been invited to be part of this research because you meet the criteria of being a newly graduated professional nurse who have completed your nursing training, employed for less than 2 years as a professional nurse.*
- *You also fit the research because you are a qualified nurse registered with the national nursing council.*
- *You fit the criteria of being able to use and understand one or both official communication languages, being employed at one of three identified hospitals in Lesotho and are permanently employed or are on a temporary contract.*
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**What will be expected of you?**

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**Signature of participant      Signature of witness**

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Signed at (*place*) ..... on (*date*) ..... 20....

**Signature of researcher**

**Signature of witness**

## **ANNEXURE F: INTERVIEW SCHEDULES**

### **Semi-structured interview schedule for newly graduated PNs:**

- What are factors affecting your competency as newly graduated professional nurse?
- What are your views of clinical mentorship provided by experienced professional nurses?
- What are your expectations of clinical mentorship as an approach to improve your competence levels?

### **Semi-structured interview schedule for experienced PNs:**

- What are your expectations regarding the competency of newly graduated professional nurses?
- What are factors affecting newly graduated professional nurses' competency?
- What are your views on providing clinical mentorship to newly graduated professional nurses?

## **ANNEXURE G: EXAMPLE OF TRANSCRIPT**

**File Name:** 190809\_0034.mp3

**Duration:** 21:03

**Palesa** Okay, thank you for coming sister NN2, my name is Palesa Raletsoane. As we explained with my, my uh, my coordinator or the mediator who also explained to you and as I have explained prior eh, my . . . , I am here for my school project, as I am a student at Northwest University doing my masters, right? So I am here to interview you, uh, for the study title

**NN2** Yes.

**Palesa** So I am going to ask few questions which we can discuss in regard to my topic. Being a new professional nurse, being new as a registered nurse, eh, what are the factors that you think, or you have discovered that they are affecting your competency? Or how do you feel since you started working here as a registered nurse, are you feeling competent from the skills and knowledge that you received from school?

**NN2** Mm, I can say uh, I'm competent but uh, there are sometimes that I need eh, other eh, advice from what.., from my senior or people who, who eh, who are at MCH for a long time.

**Palesa** Mhm.

**NN2** Yes.

**Palesa** Okay so you will be feeling that; okay I am fine but at times you have those things that you.., you need some help.

**NN2** Yes.

**Palesa** And why those things? Is it bec . . . , wh-what are those, example of those things? Even if is not example, why in times you ask for help

to . . .

**NN2** Help?

**Palesa** Yes.

**NN2** Mm.

**Palesa** Is it because they are the things you know know or just for knowledge sake?

**NN2** Mm, like HIV, right?

**Palesa** Yes.

**NN2** In HIV, every year, you find that there are changes.

**Palesa** Mhm.

**NN2** So sometimes you find that you have learned some things at school only to find that they have changed. Like now there is a medication I have heard of; DTG.

**Palesa** Mhm.

**NN2** It is known that it work for everferenze.

**Palesa** Mhm.

**NN2** And it is not something we have learned from school. We only knew there is;1F.

**Palesa** Okay.

**NN2** And 1F it's TDF

**Palesa** Oh, okay.

**NN2** But now it's said that one can us other drug.

**Palesa** Oh, okay.

**NN2** That is called TDF.

**Palesa** Oh, so it means the challenge is the things that are changing, keep changing...

**NN2** Yes...

**Palesa** You have learned this and then by the time you practice you find these new things.

**NN2** Yes.

**Palesa** Oh, okay, and then um, that's all so far?

**NN2** Mm . . .

**Palesa** Mhm.

**NN2** Uh, I'm working with an advanced midwifery nurse.

**Palesa** Mhm.

**NN2** And I'm learning, a lot from him.

**Palesa** Mhm.

**NN2** Yes, like yesterday we had eh, three pregnant women.

**Palesa** Mhm.

**NN2** That their HB's were 11 point . . . No! 10.7, 10.2. So I thought they were okay. That is when she told me that when they were like that; we have eh, severe anemia, we have moderate anemia. So these one this is how we will categorise. And at first I was not aware that really we have to do the follow up on them.

**Palesa** Mhm.

**NN2** Yes.

**Palesa** Okay. So do., you really did learn something from her.

**NN2** Yes.

**Palesa** So that brings me to the, to the, to the part of clinical mentorship. So since you were here, now dependent, being you as at . . . , expected, being a registered nurse, employed working on your own, right?

**NN2** Yes.

**Palesa** Eh, what you understand by mentorship, clinical mentorship? And did you receive any clinical mentorship? Or when you first started, how was your clinical mentorship like?

**NN2** Clinical mentorship . . . At work not at school?

**Palesa** Mentorship at work, now we are saying; now that you are working. Were you clinical mentored, are you clinically mentored?

**NN2** Yes, I'm clinically mentored but I don't know, because I have been working here in [REDACTED] for long. And these 11 years I was working in MCH.

**Palesa** Oh, okay.

**NN2** Since I arrived, even when I went back to school...

**Palesa** Okay.

**NN2** So when I came back to school, I was still placed in MCH. You will find that when someone finds me in there, MCH would say; " Ah, it's you, I know you already know the strings."

**Palesa** Oh yeah.

**NN2** Right now eh, first week of July that I have been here...

**Palesa** Mhm.

**NN2** . . . I found the sister who was there was at the workshop.

**Palesa** Mhm.

**NN2** And I have just arrived, but I had to carry on without someone that I know I would ask anything from.

**Palesa** Mhm.

**NN2** Yes.

**Palesa** So it's just that; to you the opportunity is; you already knew the environment before you went to school.

**NN2** Mhm.[agrees]

**Palesa** But apparently you were placed there on your own from the first time to continue with the work.

**NN2** Yes.

**Palesa** Oh, okay. So eh, then what do you.., what do you think, what do you think the mentorship should be like; let's say you were not here before.

**NN2** Mm.

**Palesa** And this happened to you being placed there, do you think you could have been feeling mentored? Do you think you could have been feeling clinically supported? Mentorship is like support. Let's say you.., like you are new, you . . . , it's' your . . . , you were coming from a different place like you are being placed anywhere you want.

**NN2** Yes.

**Palesa** And then you are put there in MCH expected to work as you were expected to. Were you going to feel mentored, and as from that time until now, are you feeling clinically supported?

**NN2** Mmm . . . , uh, I can say if I was new here, I would...Mentorship is important...

**Palesa** Mhm

**NN2** ...very much.

**Palesa** Okay.

**NN2** Yeah, we still have.., [REDACTED], she still comes. But I think, when you first experience work, it is important if you can.., to have something induction and orientation. Something like that.

**Palesa** Okay.

**NN2** So that work can happen easily.

**Palesa** Mhm.

**NN2** If you would be placed in MCH, you would know which steps to take when you start.

**Palesa** Mhm.

**NN2** Yes.

**Palesa** Is it because there is nothing of induction and orientation?

**NN2** Mm-m, honestly induction and orientation I remember it being done then, when I was a nursing assistant. Right now...Unless they are waiting for us to be hired by Public Service as a registered nurse.

**Palesa** Mhm.

**NN2** Then I believe it is then we would be given...

**Palesa** But induction doesn't wait for a letter to come right? Induction . . . , now that you are working.

**NN2** Mm.

**Palesa** Induction is to make you to, to easily . . .

**NN2** Mm.

**Palesa** Eh, be into the system, know the system, right? So that you can do your work well. Know what to do and how to do, who to go to when you need something, that's induction. So I don't think it's, it's expected for waiting for a formal letter somewhere.

**NN2** Mm.[agrees]

**Palesa** So you could have seen or do you remember people talking about . . . especially maybe other departments, who are new like you, talking about being inducted or orientated.

**NN2** I don't know.

**Palesa** Okay, so that's why you say you suggest that there should be something like that.

**NN2** Yes.

**Palesa** Okay, what else that you suggest that could help, because we want to find things that you think . . . , Having experienced whatever you experienced that you think can help to improve somebody's competency. As much as you come from school and you're qualified.

**NN2** Mhm.

**Palesa** Once you are in actual thing, it might be different, right?

**NN2** Mm.[agrees]

**Palesa** So we want those things that you think in regard to clinical mentorship; that you think can, or could have contributed a lot than what they have done now.

**NN2** Mm.

**Palesa** Mhm.

**NN2** Mmm . . . besides inductional orientation, I think it is because of

advanced widwifery sister that I work with.

**Palesa** Mhm.

**NN2** Mm, I think it is still a clinical support I get.

**Palesa** Of course.

**NN2** Yes. It would be a problem if she can be placed somewhere else this month. Because here, we are changed almost every month. I would not be surprised if next month is placed back in maternity.

**Palesa** Mhm.

**NN2** That is where...Ke hona moo... But I don't think she can go because she is yet to come. I heard that she is going to train us for high risk antenatal care.

**Palesa** Okay.

**NN2** So I think that is also a clinical support that I think it is very important to us.

**Palesa** Okay.

**NN2** Yes. The other thing I believe, I said that I have other lady; nursing assistant. So other things like EPI, you would forget. So she would be the one telling us how things are done, like what to do when you order, and things like that.

**Palesa** Mm.

**NN2** So I don't know, I think there should be training or something like that. I don't know.

**Palesa** Mhm.

**NN2** Yes, that can be done... to new people, nurses.

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Palesa</b> | Okay.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>NN2</b>    | Mm.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Palesa</b> | Um... Okay. You made a point, alright. So then in summary of all this you've discussed, is there any other thing that you think you need to, to bring it up, that you think it can be of importance, that you think, that could help somebody, or it could help the future nurses; when they are new coming here. Whether it is about here or it is about your previous experiences whatever that can help the competency of nurses when they first start. |
| <b>NN2</b>    | You mean the recommendations or...                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Palesa</b> | Yes, even if it can be recommendations, suggestions, whatever that you think it can be of benefit, benefit to you, benefit to the future new professional nurses, that I wish . . . , I think if this could be done like this for those, or if this could have be done like that, maybe I would have felt like this or people will feel better when they are like this or whatever, whatever of your thinking.                                             |
| <b>NN2</b>    | Mmm..., I think that those points that we have just talked about...                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Palesa</b> | Mhm.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>NN2</b>    | If they could be put into practice, be used. And there can be induction orientation, and the training given to new nurses.                                                                                                                                                                                                                                                                                                                                 |
| <b>Palesa</b> | Mhm.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>NN2</b>    | . . . when they first arrive at the work place.                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Palesa</b> | Mhm.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>NN2</b>    | I think those can be of help, in our profession.                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Papesa</b> | Mhm.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>NN2</b>    | So that it can...                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**Palesa** ...grow.

**NN2** Grow!

**Palesa** Mhm.

**NN2** Again others just come to nursing profession just for the sake of coming, because of their symbols; their results just allows them come to our profession.

**Palesa** Mhm.

**NN2** I don't know, you would find that someone becomes a nurse just for the sake of getting a job. But really the profession does not suit them. Because of they are.

**Palesa** Mhm.

**NN2** So I don't know what could be done. Even if this person came who does not really love nursing, I just wish something could be done that will make them love their job, their work.

**Palesa** So the love of profession?

**NN2** Yes, I mean...

**Palesa** Is it because you have seen that other people don't have that; that thing.

**NN2** Yes, that is there.

**Palesa** And they don't, they-they-they don't do things . . .

**NN2** ...that are expected.

**Palesa** Yes.

**NN2** Mm, and there are many of them. Even if you can look at their behavior at work, you will see that they just came to nursing because of their symbols. They don't love what they are doing.

|               |                                                                                                                                                                                                                                                                                                                                                                        |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Palesa</b> | Mm.                                                                                                                                                                                                                                                                                                                                                                    |
| <b>NN2</b>    | But there is no love for nursing inside.                                                                                                                                                                                                                                                                                                                               |
| <b>Palesa</b> | Okay.                                                                                                                                                                                                                                                                                                                                                                  |
| <b>NN2</b>    | But then this person is already in the profession.                                                                                                                                                                                                                                                                                                                     |
| <b>Palesa</b> | Mhm.                                                                                                                                                                                                                                                                                                                                                                   |
| <b>NN2</b>    | So what could be done? How can he or she be helped? So that they can end up loving their work?                                                                                                                                                                                                                                                                         |
| <b>Palesa</b> | And this how did it have an impact on you? You, what makes you remember this? To bring up.., have you met any challenges that you see as the result of you have just said?                                                                                                                                                                                             |
| <b>NN2</b>    | Mmm.., I belive...                                                                                                                                                                                                                                                                                                                                                     |
| <b>Palesa</b> | Not mentioning the names.                                                                                                                                                                                                                                                                                                                                              |
| <b>NN2</b>    | Yes. Let me make an example; like when I first arrived here, there was a meeting every Thursday. And you will find that there are presentations being made, mostly on the cases of things happening in the wards. So they read some patient's chart, you will see that; no! There has been a lot of negligence, you would not understand the cause of that negligence. |
| <b>Palesa</b> | Mhm.                                                                                                                                                                                                                                                                                                                                                                   |
| <b>NN2</b>    | Eh, let me make an example; there was something said that; the patient..., died. And they put that patient was put to the mortuary.                                                                                                                                                                                                                                    |
| <b>Palesa</b> | Mhm.                                                                                                                                                                                                                                                                                                                                                                   |
| <b>NN2</b>    | So I just realized other nurses are just nurses by names. And I asked myself: "Does this person understands nursing, does she loves it?"                                                                                                                                                                                                                               |
| <b>Palesa</b> | Mhm.                                                                                                                                                                                                                                                                                                                                                                   |

**NN2** She can't take the deceased from their ward, to the mortuary without cleaning them.

**Palesa** Mhm.

**NN2** Like you will find we have something, we have nursing care plan.

**Palesa** Mhm.

**NN2** I just want to be honest, it is totally not done!

**Palesa** Mhm.

**NN2** It is not done.

**Palesa** Mhm.

**NN2** I would then ask; what really happens with nursing care plan? That you will find it has been made, it is there? Though every hospital has its own way of writing it.

**Palesa** Mm.

**NN2** But you will find that there is nothing made about it, you will see only nurses notes.

**Palesa** Mm.

**NN2** So I am not sure if is because of the difficulty of nursing care plan or maybe because we were not really taught about it at school. I don't know, we were not properly taught it.

**Palesa** So how do . . . , what do you think could be done there? What could be done to enforce that?

**NN2** I think it is...

**Palesa** . . . , that-that practice is being done? That you think maybe...

**[overlapping]**

**Palesa** . . . , the hospital can employ?

**NN2** You know, one thing I saw as being a main problem; you will that even the management has forgotten that nursing care plan...

**Palesa** Mm.

**NN2** ...That... like we have the actually and the potentially. So they don't really remember about them.

**Palesa** Mm.

**NN2** Because I remember one of the managers saying: " I believe new ones from school, would help us how nursing care plan...

**Palesa** What is lacking there?

**NN2** ...What is it.

**Palesa** So what it is lacking here, so what do you think is lacking here? So that there can be that growth in our competencies?

**NN2** Because, I have shown that nurses notes; it's nurses notes.

**Palesa** Mm.

**NN2** Nursing care plan it's nursing care plan.

**Palesa** Mm.

**NN2** I think nurses notes it's about what one does.

**Palesa** Mm.

**NN2** Right?

**Palesa** Mm.

**NN2** So care plan it's about; "today you met a particular patient, what are the things to do to him or her? How are you going to take care of him or her?

**Palesa** Mm.

**NN2** It is your plan, but it doesn't happen. Then I would come back saying: "Is it because there are few nurses? So the work load is too much?" But you will find that even...

**[overlapping]**

**Palesa** Is it something that is here? That you said; of shortage of stuff?

**NN2** Very much.

**Palesa** There is a shortage of stuff?

**NN2** Very much.

**Palesa** Okay, So it has an impact to you, the stuff?

**NN2** Yes. I think I ended up saying; it is because this person has much workload, there are many patients on her side. But what I have realized is; nursing notes, nurse-nursing care plan, are not done. I would advise that: there should be something like training just to remind people about; what is nursing care plan, what does it mean.

**Palesa** Okay.

**NN2** Yes.

**Palesa** Okay, so you, you think if there can be a training. Uh, it can have an impact on the competences, so that people would growing in the experience and the knowledge?

**NN2** Because once we get things wrong, not being able to do, a nurse not being able nursing care plan, failing. I don't see how he or she is going to manage. What about the needs of these patient? How are they going to meet their needs? Because she won't be able to diagnose what is wrong with such patient.

**Palesa** Mhm.

**NN2** And what needs be done to help him or her.

**Palesa** Mhm.

**NN2** I believe if these things are not done by nurses, I don't see how the needs of the patient will be met. Once the nurse fail to do those things, she won't be able to meet the needs if a patient.

**Palesa** . . . patient's needs.

**NN2** Yes.

**Palesa** Thank you my angel for the.., This is a very positive feedback, I really appreciate, and hope for the best.

**NN2** Thank you.

**Palesa** Mm. So you coming from school, having this knowledge don't despair. You keep sharing, keep sharing to those who want to take the-the new information. They will take whatever the change that you do on one person is better than nothing.

**NN2** Thank you.

**Palesa** Mm. Thank you so much my angel.

## ANNEXURE H: DECLARATION OF LANGUAGE EDITING



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### DECLARATION OF LANGUAGE EDITING

I, Juan Etienne Terblanche, hereby declare that I edited the MSc  
dissertation entitled

**Newly graduated and experienced professional nurses' perceptions  
of competency and clinical mentoring in selected hospitals in  
Lesotho**

for P. Raletsoane for the purpose of submission as a postgraduate research  
degree. Changes were indicated in track changes and implementation was  
left to the author.

Regards,

A handwritten signature in black ink, appearing to read 'J. E. Terblanche', is shown on a light blue background.

Prof. J. E. Terblanche

Cum Laude Language Practitioners (CC)