

Nurses' experience of the transition from student to professional practitioner in a public hospital in Lesotho

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DECLARATION

I declare that the dissertation with the title: **Nurses' experience of the transition from student to professional practitioner in a public hospital in Lesotho** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

Anna 'Malethola Makhakhe

Date

DEDICATION

David, this is for you.

Without your constant love, support and understanding this would not have been possible.

In loving memory of my late mother ('Mathabang J. Lethibelane) and father (Sello J.Lethibelane), I would not be where I am if you were not there for me.

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- Our son Lethola, and daughter Thato, for their continuous support.

ABSTRACT

Key concepts: Experience, Transition, Newly qualified professional nurse practitioner

The aim of this study was to develop guidelines for the support of newly qualified nurses to ease their transition from student to professional practitioners in Lesotho; based on an exploration and description of the newly qualified nurses' first hand experience of their transition from student to professional practitioners in a public hospital in Lesotho.

The rationale behind the study was the researcher's perception of an attitude change observed in the newly qualified professional practitioners. An explorative, descriptive, contextual, qualitative research design was chosen. The sample included all newly qualified professional nurses who worked in a public hospital in Lesotho for a period of one year or less. Data collection took place by means of semi-structured individual interviews with ten (10) participants and a focus group interview with eight (8) of the original participants. Content analysis of the data in the qualitative tradition was independently done by two coders who identified four (4) themes and ten (10) sub-themes.

The first theme was described as reality shock, including the sub-themes emotional reactions and limited resources. The second theme, competence, includes the sub-themes of knowledge, skills and attitude. A third theme describes the participants experience of the support from management, colleagues, the Ministry of Health and Social welfare, nursing educational institutions and the community. The fourth theme describes the participants' vision for the future. Each of the themes was discussed together with relevant data obtained from literature and reduced to a conclusive statement which served as basis for the formulation of guidelines to ease the transition from student to professional practitioner in Lesotho.

The research report concluded with the researcher's evaluation of the study and recommendations for nursing education, nursing management and further research.

OPSOMMING

Trefwoorde: Belewenis, oorgang, nuut gekwalifiseerde professionele verpleegkundige/praktisyn

Die doel van hierdie studie was om riglyne te ontwikkel vir die ondersteuning van nuut gekwalifiseerde professionele verpleegkundiges tydens die oorgang vanaf student na professionele praktisyn in Lesotho; gebaseer op die verkenning en beskrywing van nuut gekwalifiseerde professionele verpleegkundiges se eerstehandse belewenis van die oorgang vanaf student na professionele praktisyn in 'n openbare hospital in Lesotho.

Die rasonaal vir die studie is gesetel in die navorser se persepsie van 'n houdingsverandering wat waargeneem is by die nuut gekwalifiseerde professionele verpleegkundiges. 'n Verkennende, beskrywende, kontekstuele en kwalitatiewe navorsingsontwerp was die ontwerp van keuse. Die steekproef het al die nuut gekwalifiseerde professionele verpleegkundiges wat in 'n openbare hospitaal in Lesotho vir 'n jaar of minder werk, ingesluit. Data insameling is gedoen deur middel van semi-gestruktureerde individuele onderhoude met tien (10) deelnemers en 'n fokusgroep onderhoud met agt (8) van die oorspronklike deelnemers. 'n Inhoudsanalise, in die kwalitatiewe tradisie, is onafhanklik gedoen deur twee kodeerders wat vier (4) temas en tien (10) subtemas geïdentifiseer het.

Die eerste tema is beskryf as realiteitskok, en sluit die subtemas, emosionele reaksies en beperkte hulpbronne in. Die tweede tema, bevoegdheid, sluit die subtemas kennis, vaardighede en houding in. 'n Derde tema beskryf die deelnemers se belewenis van die ondersteuning vanaf bestuur, kollegas, die Ministerie van Gesondheid en Maatskaplike Welsyn, verpleegopleidingsinstellings en die gemeenskap. Die vierde tema beskryf die deelnemers se visie vir die toekoms. Elkeen van die temas is saam met relevante data uit die literatuur beskryf en gereduseer tot 'n samevattende stelling wat as basis gedien het vir die formulering van riglyne vir die vergemakliking van die oorgang vanaf student na professionele praktisyn in Lesotho.

Die navorsingsverslag is afgesluit met die navorser se evaluering van die studie en aanbevelings vir verpleegonderwys, verpleegbestuur en verdere navorsing.

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LIST OF ABBREVIATIONS USED IN THIS RESEARCH

BOSL	Bureau of Statistics, Lesotho
CHAL	Christian Health Association of Lesotho
HIV/AIDS	Human Immuno-Deficiency Virus / Acquired Immuno-Deficiency Syndrome
LNC	Lesotho Nursing Council
MOHSWL	Ministry of Health and Social Welfare, Lesotho
NHTC	National Health Training College
NUL	National University of Lesotho
UNL	United Nations, Lesotho
WHO	World Health Organization

CHAPTER 1: AN OVERVIEW OF THE STUDY

Chapter 1 provides an overview of the study. The overview includes an introduction to the study; the background which serves to paint a mental picture of the aspects that motivated the study and culminate in a problem statement followed by the research objectives, the researcher's assumptions and the central theoretical statement. The research design and methods are described in short as well as the measures proposed for ethical and trustworthy findings. Chapter 1 is concluded with a view on the chapter outlay of the study and a short summary.

1.1. INTRODUCTION AND BACKGROUND TO THE STUDY

This study investigated nurses' experience of the transition from student to professional practitioner in a public hospital in Lesotho. The idea for this study was triggered when the researcher, who is a nursing educator at a nursing college in Lesotho, became aware of a change in the attitude of the newly qualified nursing professionals who were the previous year's senior nursing students. Their previous excitement of becoming qualified nursing professionals was replaced by a negative attitude and threats to make a career change. In consulting the literature, the researcher found a number of studies done on this topic in developed countries like the United Kingdom (Newton & McKenna, 2007), Australia (Mooney, 2007) and Israel (Hendel & Gefen-Liban, 2003), though none in Lesotho.

Newton and McKenna (2004:2) reported that newly qualified nurses experience stress and anxiety due to the higher level of responsibility for patient and management duties. The socialisation expectations of being a professional nurse, the lack of consistent support in the clinical environment contributed to the graduates' degree of stress described as "reality shock" the nurses find themselves under-prepared for the roles that they believed they were prepared for. Mooney (2007:75) reported that problems associated with the transition from student to professional practitioner have been acknowledged as traumatic and stressful; feelings of frustration, vulnerability and expressions of disappointment originated

from limited time available for patient care, conflicting values between staff and institution and unexpected levels of responsibility.

Hendel and Gefen-Liban (2003:483) argued that “professional education at graduate level is aimed at preparing nurses for leadership roles by contributing to the development of their unique bodies of knowledge and skills and internalising values needed today in management roles”. Newton and McKenna (2007:3) indicated that the newly qualified nurses’ focus is on themselves for the first six months of the transition period; during the next six months they start to focus on the bigger picture of patient care, relationships and their own ongoing development. Palese, Tosatto, Borgigh and Mpura (2007:59) confirms this perception that when the newly qualified nurses get their first interview, they have clear requests about the wards they wish to work in, declining offers from hospitals that cannot guarantee their requests.

A number of studies on this topic are reported in South Africa, a developing country that surrounds Lesotho. These studies indicated that newly qualified professional nurses come to the clinical settings academically equipped, yet with a limited ability to apply their skills, hence the reason for certain anxieties. They struggle to cope in the workplace and lack skills in problem solving, leadership, communication, teamwork, analytic and critical thinking skills required in professional practice (Boswell, Lowry & Wilhoit, 2004:77; Khoza & Ehlers, 1998:841). According to Boswell *et al.* (2004:77) the newly qualified professional practitioners are faced with challenges of correlating what was learned at school and the expectations of professional practice. They are challenged with supervisory skills, clinical competency, lack of support, shortage of doctors and managerial skills. The situation is coupled with an increased work volume and gaining competency in the clinical environment. These challenges seem to impact on the quality of care that is delivered to the patients as well as the mentorship of student nurses allocated to the clinical area. Khoza and Ehlers (1998:841) supported this statement and added that the existence of any profession depends on the continued employment of newly qualified persons and the first real job or work experience is crucial to the individual’s perception of him/herself and often determines whether the newly qualified person will adapt successfully in the work situation.

The researcher assumes that the newly qualified nursing professionals in Lesotho are faced with similar challenges. A study on nurses' experience of the transition from student to professional practitioner within the Lesotho context seem to be imperative because no literature was found on any study of this nature done in Lesotho. Nursing forms the backbone of health services rendered in Lesotho and therefore the transition from student to professional practitioner need to be eased in order to limit the number of nurses leaving the profession and/or the country. The country of Lesotho has its own unique problems and challenges and cannot afford to lose its manpower.

Lesotho is known as The Mountain Kingdom; a small, landlocked country, encapsulated by the Republic of South Africa. More than 80% of the country is 1,800 meters above sea level with 70% of the population residing in rural villages. The life expectancy at birth is 40 years (Ministry of Health and Social Welfare, Lesotho 2007/8).The economy is based on subsistence agriculture, livestock and remittances from migrant mine workers employed in the South African mining industry; though this has declined steadily over the past years. The population is estimated at 2.2 million (Bureau of Statistics, Lesotho 2003; further referred to as BOSL). According to the booklet issued by United Nations, Lesotho (2004), the Kingdom of Lesotho faces multiple challenges: deep-rooted poverty and chronic food insecurity threaten the very existence of the people. Lesotho is rated as the country with the third highest prevalence of HIV/AIDS in the world and poorest of the top three. A high maternal mortality rate, a high incidence of Tuberculosis and malnutrition add to the country's predicament and place extreme pressure on the economy, human resources and health system.

Lesotho has a dual health care system, one run by the government through the Ministry of Health and Social Welfare, Lesotho (further referred to as MOHSWL) and the other partly owned and run by the Christian Health Association of Lesotho (further referred to as CHAL), including hospitals and nursing colleges. There are a total of nineteen (19) hospitals of which eighteen (18) of them refer more complicated cases to the public referral hospital (context of this study) in Maseru, the capital city with a population of 228,000 (BOS, 2007).

This is a public hospital with a bed capacity of 442 and an average patient count of 662 per day (Tlali, 2009:2). The public hospital is the workplace for the largest number of newly qualified nursing practitioners (diploma and degree qualified) who wrote the licensure examination of the Lesotho Nursing Council that allows them to practice as professional practitioners.

There are six nursing colleges (attached to the hospitals) which offer a Diploma in General Nursing and Midwifery. Only one (1) college is “owned” by the government of Lesotho and managed by the MOHSWL, National Health Training College (NHTC). The other five (5) colleges are privately owned by churches (CHAL) but function under the direction of the MOHSWL. The Baccalaureus degree in General Nursing and Midwifery is offered by the National University of Lesotho (further referred to as NUL). Both the Diploma and the Baccalaureus degree are approved by the Lesotho Nursing Council (LNC) who acts as statutory body and is responsible for the quality of nursing education and training.

The purpose of education and training is to prepare students for a professional life in society and to provide nursing care to those in need of care. The purpose of nurses having clinical experience is to correlate education to practice to enable students to gain competency and ultimately proficiency. Killen (2000:10) indicates that *what* learners learn is extremely important, but *how they* learn is equally important, because their experiences will directly influence their motivation and also their future learning and coping strategies. Nursing as a career poses a challenge to how education and training is offered. Waite (2006:13) supports the idea that it is vital for students to receive education to prepare them for a profession of diverse experiences as well as a complete learning experience. The vagarious experience offered within a university simulation laboratory, in the eyes of students does not reflect the reality of the clinical environment (Newton & McKenna, 2004:2). Tracy and Jones (2005:365) add that the ability to learn at one’s own has become a prerequisite for living in a dynamic world of rapid change. Each profession has unique characteristics and traditions determined by its practitioners; thus nursing as a profession has evolved in response to societal needs for a well developed practitioner who provides care to the patients in episodes of illness, and promotes health among all age groups

(Muller, 2002:17; Chan, 2002:524). Nursing is the only profession that expects a 'finished' product at the end of pre-registration education (Jackson, 2005:26).

1.2 PROBLEM STATEMENT

Studies on the transition from student to professional nurse practitioner conducted in other parts of the world indicated that newly qualified nursing professionals find the transition period disturbing and stressful, in such a way that the impact of the experience often determines whether the newly qualified person will adapt successfully in the work situation (Khoza & Ehlers, 1998:841) or not. The researcher believes that nurses who exit educational institutions for nursing in Lesotho (nursing colleges and university) experience similar challenges as others worldwide. It is therefore important to explore the nature of the challenges faced by newly qualified nurses in a public hospital in Lesotho. The research questions that come to mind are the following:

- How do newly qualified professional nurses experience their first year of work as professional nurses in Lesotho?
- What kind of support can ease the transition from student to professional practitioner in Lesotho?

1.3 PURPOSE OF THE STUDY

The aim of the study is to develop guidelines, for suggestion and possible implementation, to the MOHSWL to ease the transition from student to professional practitioner in Lesotho in order to support and empower the newly qualified professionals for the challenges to be faced during the transition period. The formulation of guidelines is based on the knowledge obtained from the exploration and description of the first hand experience of newly qualified nursing professionals regarding their transition from student to professional practitioner in a public hospital in Lesotho. Much has been reported in literature on the experiences and challenges faced by nurses regarding transition from student to professional practitioner worldwide (Mooney, 2007; Newton & McKenna, 2007; Boswell *et al.*, 2004; Hendel &

Gefen-Liban, 2003; Khoza & Ehlers, 1998), however, no literature were found regarding the nurses' experiences and challenges of the transition period in Lesotho.

1.4 RESEARCH OBJECTIVES

In order to develop guidelines for the support of nurses in the transition phase, the following questions need to be answered:

- How do newly qualified professional nurses experience their first year of work as professional nurses in Lesotho?
- What kind of support can ease the transition from student to professional practitioner in Lesotho?

Based on the above questions, the objectives of this study are the following:

- To explore and describe the experience of newly qualified professional nurses regarding their transition from student to professional practitioner in Lesotho.
- To formulate guidelines for the support of newly qualified professional nurses during the transition period.

1.5 PARADIGMATIC PERSPECTIVE

According to De Vos (2005a:40) the paradigmatic perspective describes the way in which the researcher views the research material. The paradigmatic assumptions of this study are based on meta-theoretical, theoretical and methodological assumptions. The following statements defined the paradigmatic perspective and the parameters within which the researcher conducted the research project. These assumptions are described below:

1.5.1 META-THEORETICAL ASSUMPTIONS

Meta-theoretical assumptions refer to the researcher's personal beliefs regarding man and the environment in which he lives (De Vos, 2005a:40) and is not testable. The meta-

theoretical assumptions for this study are based on a Christian worldview, and include assumptions regarding the following concepts: man/person, the environment, health and illness.

- **Man/person**

The researcher's view of human beings is connected to her view of God, Almighty. God is the creator of the universe, 'owner' and the ruler of Creation. He cares for His Creation and is concerned about His creations. Human beings are created as complex, unique, multidimensional beings, as man or woman. God has given man a task of increasing, inhabiting, ruling, cultivating and caring for creation. He has given each human being specific tasks, as well as specific gifts and talents, time, energy, and means to fulfil these tasks within specific societal relationships and structures. In this study the concept, man/person, refers to the newly qualified nurse practitioner.

- **Environment**

The researcher believes that the concept, environment, refers to what is known as society; created by God and exists under the stewardship of man. This is the place where human beings live and serve God. Therefore, within this environment human beings have the task to care for nature, as well as each other. This task is carried out within societal structures such as marriage, family, school and government. The environment is a reflection of how God is being served by society.

For the purpose of this study the concept, environment, refers to the workplace of the newly qualified professional practitioners (a public hospital in Lesotho) as well as the educational institutions (nursing colleges and university) where they were educated and prepared as nursing professionals.

- **Health**

Human beings experience health and illness in the totality of their being. The World Health Organization (WHO) defines health as the state of complete physical, mental, sexual and social well-being and not merely the absence of disease or infirmity. Illness is seen as

impairment in health; and health and illness are dynamic states. Research conducted by nurses have the potential to impact on health and illness, in that research results can have academic value when it contributes to the body of knowledge of nursing and health related disciplines and practice value when research results are utilized in health care practice.

For the purpose of this study the concept, health, refers to the smooth transition from student to professional practitioner.

- **Illness**

For the purpose of this research the illness refers to the non-conducive working conditions and a non- smooth transition from student to professional practitioner encountered by newly qualified professional practitioners.

1.5.2 THEORETICAL ASSUMPTIONS

The researcher's theoretical assumptions include the theoretical definitions of key concepts applicable in this study and the central theoretical statement on which the study is based. Theoretical assumptions are based on scientific knowledge and existing theories (Brink, 2006:22) within the body of knowledge in the nursing discipline as well as related discipline and are testable.

1.5.2.1 Theoretical definitions of central concepts

Theoretical definitions refer to the clarification of the key concepts of the study and include the specific meaning of the concept within the context of this study.

The central concepts in this study include the following:

- **Newly qualified professional practitioner**

A nurse is a person certified as such by the LNC, who successfully completed the prescribed course of studies in general nursing and midwifery and has acquired the requisite qualifications to be registered to practice nursing and midwifery (Nurses and Midwives Act, Act No 12 of 1998:106).

For the purpose of this study the concept, newly qualified professional practitioner, refers to a nurse who has successfully undergone a specified education and training program, licensed to practice as professional practitioner by the LNC according to the section of the Nursing Act (No.12 of 1998), as amended, and who obtained professional qualifications in General Nursing and Midwifery who has less than one year's post registration clinical experience.

- **Experience**

Experience refers to way a person learns when he/she does a particular job or activity; a second meaning to the concept, experience, refers to the things that have happened to someone that influence the way that person thinks and behaves (Wehmeier, 2005:513). With experience the nurse begins to understand the clinical situation, recognise cues of clients' health patterns and interpret cues as relevant and irrelevant.

In this study, the focus is on the nurses' first hand experience (things that happened to them and had an influence on their way of thinking and behaviour) regarding their transition from student to professional practitioner. The experience of the happenings during the transition period was also a learning process that facilitated the adaptation to the "real world" of a professional practitioner in a public hospital in Lesotho.

- **Transition**

The period of time a new staff member undergoes a process of learning and adjustment to acquire the skills, knowledge, attitudes and values required to become an effective member of the health team (Duschcher, 2001:428). In this study, the focus is on the professional nurses' experiences of the transition from student to a professional practitioner in a public hospital in Lesotho.

1.5.3 METHODOLOGICAL ASSUMPTIONS

Methodological assumptions refer to the researcher's viewpoint regarding "good science" (Botes, 1995:10) and include the researcher's understanding regarding the manner in which scientific research should be planned, structured and carried out to comply with the demands of science (Mouton & Marais, 1996:16) and provide valid results.

The researcher believes that the scientific research process is systematic, well-planned, ordered and reported in such a manner that the research community can have confidence in research outcomes.

1.6 CENTRAL THEORETICAL ARGUMENT

Knowledge of the first hand experience of the newly qualified professional nurses regarding the transition from student to professional practitioner in Lesotho and the understanding of the challenges they faced during this period, will contribute to the formulation of guidelines for the establishment of a support system to ease the transition from student to professional practitioner within the context of Lesotho.

1.7 RESEARCH DESIGN AND METHODS

The research design refers to the logical planning of scientific enquiry, with 'science' an intending enterprise "to finding out" (Babbie & Mouton, 2001:72). Babbie and Mouton (2001:75) distinguish between the research design and the research methodology. The research design focuses on the end-product with the research problem as point of departure, while the research method focuses on the research process, including specific tasks with the purpose to employ the most "objective" procedures.

1.7.1 RESEARCH DESIGN

Based on the purpose of the study and in order to achieve its objectives an explorative, descriptive, contextual, qualitative design is the design of choice. A detailed description of the design follows in chapter 2.

1.7.2 RESEARCH METHOD

The methods, congruent with the research design, employed in this study include decisions regarding the study population, the sampling process and methods for data collection and data analysis.

- **Population**

The concept, population, refers to the entire group of persons (N =10) that meets the criteria the researcher is interested in investigating (Brink, 2006:123).

The target population in this study comprises all the newly qualified professional nurses, (diploma and degree) currently working in the public hospital in Lesotho who passed their final examination as well as the licensure examination with the Lesotho Nursing Council in September 2008.

- **Sample**

A sample refers to the process followed by the researcher to select a smaller group (sample), representative of the criteria of the identified population of interest in order to obtain information relevant to the phenomenon under study (Brink, 2006:124).

For the purpose of this study, one sample is identified from the population as described in 1.7.2.1. Purposive voluntary sampling is used to select participants who have first hand experience of the phenomenon under study (Brink, 2006:124). A detailed description of

the sampling process, the criteria for inclusion and exclusion is described in detail in chapter 2.

- **Sample size**

The sample size refers to the number of participants who are selected from the population (Brink, 2006:135). The sample include the accessible population due to the participants availability and voluntary participation (N = 10).

- **Setting**

The setting refers to the time and place where the study is taking place. As indicated in the background of this study, the setting is the largest public hospital in Lesotho where the largest number of newly qualified professional nurses who complied to the sampling criteria is working and thus be easily accessible for data collection.

1.8 DATA COLLECTION

Data collection refers to the gathering of information relevant to the purpose of the study. For the purpose of this qualitative study, the focus is on understanding the participants' experience of the transition from student to professional practitioner. Appropriate methods for data collection in qualitative studies are individual- and focus group interviews (Greeff, 2005:286). Qualitative studies require that both the researcher and the participant play an active role during the research process (Greeff, 2005:287). Babbie and Mouton (2001:271) describes the qualitative researcher as the "main instrument" in the research process. The process of data collection is described in detail in chapter 2.

1.8.1 ROLE OF THE RESEARCHER

The researcher applied for and obtained ethical approval for this study from the Ethical Committee of the North-West University (Potchefstroom Campus) (see Annexure A), the

office of the Director General, Lesotho Ministry of Health and Social Welfare , the hospital management (see Annexure B) as well as from individual participants in this study (see Annexure C). After permission had been granted, appointments were made with the participants for data collection by means of a letter regarding the details of the study, measures to ensure ethical issues and written voluntary consent. A trial run interview was conducted in order to evaluate the researcher's interviewing skills and to test the practical aspects regarding the data collection.

1.8.2 METHODS OF DATA COLLECTION

Data collection took place by means of semi-structured interviews to explore and describe the newly qualified professional nurses' experience of the transition from student to professional practitioner in Lesotho. Two central questions served as basis for the interview:

- How did you experience the transition from student to professional practitioner?
- What kind of support is needed in the period of transition?

The central questions were followed by probing questions to gain more information and a deeper understanding. Communication techniques were utilised during the interview (Greeff, 2005:289-290) to facilitate the flow of information and to reassure the participants. The semi-structured interviews were recorded on audiotape to be transcribed for the purpose of content analysis. Field notes (descriptive, reflective and demographic field notes) were recorded by the researcher during and after the interviews. Field notes show some of the data from which the results emerged (Holloway & Wheeler, 2002:274).

1.9 DATA ANALYSIS

Data analysis is conducted to reduce, organise and give meaning to data (Burns & Grove, 2005:732). The data captured on the audiotape was transcribed verbatim to ease the process of content analysis as described by Creswell (2005:238). The process of data analysis is described in detail in chapter 2.

1.10 LITERATURE INCORPORATION

Following data collection and content analysis, the research findings were related to the existing body of knowledge (Strydom, 2005:247); literature was explored, interpreted, compared to the findings of the study and incorporated in conclusive statements for the researcher to formulate a conclusive statement per theme. The combination of findings from this study and the knowledge gained from the literature are used as basis for the formulation of guidelines to support newly qualified professional nurses in Lesotho. The guidelines will be proposed to the MOHSWL for implementation. This process is described in detail in chapter 3.

1.11 TRUSTWORTHINESS

The concept trustworthiness refers to the rigor in qualitative studies; the measures taken by the researcher to ensure that the findings of the study are worth paying attention to (Babbie, 2007:148). The trustworthiness of this study is ensured by adhering to the criteria identified by Guba (as described by De Vos, 2005b:346-347) and includes the strategies for credibility, transferability, dependability and confirmability. A detailed description of the application of these strategies follows in chapter 2.

1.12 ETHICAL CONSIDERATIONS

Ethics is about a set of moral principles regarding behavioural expectations towards participants, employers, sponsors, other researchers, assistants and students (Strydom, 2005:57). Babbie (2007:62) refers to ethics as “what’s proper and improper in the conduct of scientific enquiry”. This study is about the experience of human beings with the implication that the researcher must take special care to ensure that the general, accepted principles for ethical behaviour during research is adhered to.

The following ethical considerations as described by Burns and Grove (2005:181-197) and Creswell (2005:11-12) were taken into account during the planning of this study:

- Ethical approval for the study was obtained from the following stakeholders:
 - The Ethical Committee of the NWU (Potchefstroom Campus) before data collection (NWU-00012-09-A1) (See Annexure A).
 - The Ethical Committee of the Ministry of Health and Social Welfare, Lesotho (see Annexure C).
 - The management of the public hospital in Lesotho where the data collection took place (see Annexure C).
- Voluntary, informed consent was obtained in written format from the participants (Annexures E and G) prior to data collection (Burns & Grove, 2005:195) and after the details of the study was explained to them (Annexure D) regarding the measures to ensure confidentiality, anonymity, protection from harm and the benefits of participation.
- The researcher committed to conduct this study in an honest and professional manner, to be sensitive towards the participants' right to autonomy, privacy and the intellectual property of other researchers (Babbie, 2007:62-78).

A detailed description of the application of the ethical principles follows in chapter 2.

1.13 CHAPTER OUTLAY

The research report is planned as follows:

Chapter 1: Overview of the study

Chapter 2: Research design and –methods

Chapter 3: Results

Chapter 4: Evaluation of the study, limitations and recommendations.

1.14 SUMMARY

Chapter 1 dealt with an overview of the study as a way of giving background to the study, the research problem, research objectives, the research design and the intended

methodology, as well as the ethical considerations for the study. Chapter 2 will address the research design and methods in detail.

CHAPTER 2 RESEARCH METHODOLOGY

Chapter 1 dealt with an overview over this study. This chapter deals with the “how” of this study; research methods used in the study with particular reference to research design, population, population size, sampling techniques, data collection and analysis, the measures taken comply with the principles of ethics and trustworthiness.

2.1 RESEARCH DESIGN AND METHODS

The research design refers to the logical planning of a research study (Babbie & Mouton, 2001:72); Burns and Grove (2005:734) refers to the “blue print” of a study, while the concept, research methods, refers to the techniques the researcher use to organize and structure a study in a systematic manner (Polit & Beck, 2004:731). The research method is described in terms of the target population for this study, the method used to select the sample (actual participants) the methods used for data collection and data analysis as well as the incorporation of literature.

2.1.1 RESEARCH DESIGN

An explorative, descriptive, contextual qualitative research design was chosen for this study because the researcher wanted to explore and describe the newly qualified nurses’ experience regarding the transition from student to professional practitioner in a public hospital in Lesotho. Through this approach, it was possible for the researcher to gain knowledge and a deeper understanding of the participants lived experiences.

Exploratory research is typical to satisfy the researcher’s curiosity and desire for better understanding, to test the feasibility of undertaking a more extensive study and thirdly to develop methods to be employed in any subsequent study (Babbie, 2007:88). The exploratory nature of this study gave the researcher the opportunity to explore the

participants experience by asking questions regarding their transition and to get the participants views on the type of support that could enhance a smooth transition. The purpose of using the exploratory study design is to investigate and understand the phenomenon, and answer the research questions (Brink & Wood, 1998:283).

According to Burns and Grove (2005:44), the purpose of **descriptive** research is to describe the phenomenon in real life situations and to understand about the phenomenon under study. For the purpose of this study, the researcher described the participants first hand experiences and their views on measures that they think can be supportive in the transition process in their own words (Chapter 3).

Swayer and Cosby (2004:111) describe a **contextual** study as the validity of findings within a specific time, area and circumstances where the study is conducted. The uniqueness of the Lesotho situation and the reality as experienced by the participants, are compatible to the criteria for a contextual study.

Qualitative research refers to an inquiry process of understanding where the researcher develops a complex, holistic picture, analyses words and reports as well as detailed views of participants, and conducts the study in a natural setting (Maree, 2007:257). Holloway and Wheeler (2002:275) add that a qualitative study is always contextual in nature and focus on a problem within a specific context. Based on the purpose of this study and in order to achieve its objectives an explorative, descriptive, contextual, qualitative design is seen as an appropriate design.

2.1.2 RESEARCH METHODS

Research methods refer to the techniques the researcher use to organize and structure a study in a systematic manner (Polit & Beck, 2004:731). The research methods applied in this study are described in terms of the population, the sample, data collection, data analysis and the incorporation of literature.

2.1.2.1 Sampling

Sampling refers to the process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, 2006:124). A sample should closely reflect or represent the population being studied (Babbie, 2007:184; Katzenellenbogen Joubert & Abduool Kerim, 2004:74).

For this study a purposive, voluntary sampling was planned to select participants who met the set criteria and were willing to participate. A purposive sample is based on the judgment of the researcher regarding the participants to be selected that will be representative of the study population, and are knowledgeable about the topic to be studied (Brink, 2006:134; Burns & Grove, 2005:352; Creswell, 2005:204). The voluntary component refers to the fact that to participate or not, depends on the choice of the candidate.

- **Population**

A concept, population or target group (Burns & Grove, 2005:342), refers to a group of people who comprise the same characteristics (Creswell, 2005:595). Therefore, in this study, the study population was all the newly qualified professional nurses in their first year of employment as a professional practitioner, working in a public hospital in the capital city of Lesotho, Maseru. A total of ten (10) participants constituted the population of the study.

- **Sample**

Sample selection was based on a list of characteristics vital for membership in the target population often referred to as eligibility criteria (Burns & Grove, 2005:342). Therefore, the eligibility criteria for this study were those candidates who:

- had written the college/university examination in May 2008;
- had written the licensure examination in November 2008;
- were registered with the Lesotho Nursing Council as professional nurses and

- were willing to participate in the study.

The newly qualified professional nurses in their first year of work were appropriate candidates to the set criteria because their first hand experiences of the transition period are recent and remembered clearly.

- **Sample size**

The sample size refers to the number of participants who were selected from the population and became the participants in the data collection process (Brink, 2006:136). A sample size of ten (10) participants constituted the sample for this study; thus the total population for this study complies to the eligibility criteria and voluntarily accepted the invitation to participate in the study. In qualitative studies the sample size is determined by data saturation; that is when the data reach redundancy (Burns & Grove, 2005:730).

- **Setting**

The setting refers to the place (physical setting) where the study took place. As indicated in the background of this study, the setting for this study is the largest public hospital in Lesotho where the largest number of newly qualified professional nurses, who complied with the sampling criteria, is working and thus be easily accessible for data collection. This hospital serves as clinical teaching-learning facility for nurses and as referral hospital serving ten districts in Lesotho. A room (quiet and free from distractions) was made available by the hospital management and prepared by the researcher for data collection as described under the role of the researcher.

2.1.2.2 Data Collection

Data was collected from those candidates selected as representative from the study population and who complied with the selection criteria. Burns and Grove (2005:556) identified four basic methods for data collection in qualitative studies: observations, interviews, documents and audio-visual material. In this study, the researcher decided on

semi-structured interviews as data collection method. Babbie (2007:306) describe a qualitative interview as an interaction between an interviewer and the participant; the interviewer has a general plan of enquiry but not a specific set of questions to be asked in particular words and in a specific order.

Semi-structured interviews in this study means that the researcher posed the same two central questions to all ten (10) participants (Holloway & Wheeler, 2002: 82; Burns & Grove, 2005:541). Depending on their response, probing questions were asked to obtain additional information (Babbie & Mouton, 2001:289; Creswell, 2005:218).

The two central questions posed to the participants were:

- How did you experience the transition from student to professional practitioner?
- What kind of support is needed in the period of transition?

The two central questions were followed by probing questions, depending on the participants' response.

In order to ensure the collection of trustworthy data, the role of the qualitative researcher as “main instrument” in the research process (Babbie & Mouton (2001:271) is described as follows.

- **Role of the researcher**

The role of the researcher in qualitative research is one of engagement with the participants; building a trust relationship in order to achieve an “insider” perspective (Babbie & Mouton, 2001:271).

The researcher obtained approval from the research committee of the North-West University (NWU, Potchefstroom Campus) (see Annexure A), office of the Director General, Lesotho Ministry of Health and Social Welfare (see Annexure C), the management of the public hospital where data collection took place as well as from individual participants before data collection (see Annexure E and G). After permission was granted, appointments were made with the participants by means of a letter (see Annexure

D) regarding the details of the study, measures to ensure ethical issues and written voluntary consent.

The researcher arranged, via the hospital management, for a quiet and private room with comfortable seating to conduct the interviews. The preparations included the equipment, such as two audio recorders in good working condition with a spare set of batteries in case of a power failure, a note book and pen for field notes, informed consent forms, water and glasses. A trial run interview was conducted in order to assess the researcher's interviewing skills and to test the practical aspects of the interview. It also provided the researcher with practical information on the arrangements and possible adjustments to be made for a hassle free data collection.

- **Methods of data collection**

Self-designed, semi structured interviews were conducted by the researcher with the ten (10) participants using a flexible interview schedule to explore and describe the newly qualified nurses' experience of the transition from student to professional practitioner in Lesotho. To ensure privacy and confidentiality, the interviews were carried out in a private, quiet place which was identified by the researcher and hospital management for the purpose of the study. The researcher utilized communication techniques such as verbal clues (paraphrasing the participant's comments for the sake of clarification, verbal encouragement) and non-verbal clues (nodding of the head, a relaxed body language and the use of silence) to encourage communication and ease the flow of the interview (Poggenpoel, 2003:144-145). The interviews were recorded on audiotape (with the knowledge and permission of the participants) as record of the conversation (Creswell, 2005:217) and to ease the transcription for the purpose of data analysis. During and after the interview the researcher made fieldnotes (see Annexure J) regarding observations of events and activities (Creswell, 2005:214) that may contribute to the richness of the data.

- **Provisional data analysis**

According to Creswell (2005:232) data analysis commences simultaneously with data collection in qualitative studies. The data captured on audiotape during the semi-structured interviews were transcribed verbatim by the researcher. The transcription process implies converting audiotape recordings or field notes into text data (Creswell, 2005:233) (see Annexure H).

Data analysis involves breaking down of data into manageable themes and categories by means of a coding process (Creswell, 2005:237). The transcribed data was analysed by two (2) analysts (researcher and co-coder) to ensure trustworthiness. A person experienced in qualitative research and data analysis assisted as an independent co-coder to analyse the data from the interview. The researcher presented the co-coder verbally with a work protocol stating the objectives of the study, the interview questions, the role of the co-coder in analysing and the transcripts of the semi-structure individual interviews.

The co-coder and researcher worked independently to analyse data, had a meeting to compare and discuss the themes that emerged from the data. During this meeting a number of gaps were identified that needed further exploration. A decision was made to conduct a focus group with the participants to confirm the researchers' understanding of the data collected during the interview, to clarify unclear aspects and hopefully add more information and insight.

- **Focus group interview**

The researcher approached an independent facilitator, to conduct a focus group interview with the help of the researcher. Only eight (8) of the original ten (10) participants were available; one (1) participant resigned in the time between the semi-structured interview and the focus group and another has been transferred to another hospital.

Greeff (2005:300) defines a focus group as "a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment". In focus groups, a group of people, four to six according to Creswell,

(2005:215); 12-15 people according to Babbie, (2007:308), is brought together to discuss a specific topic under the guidance of the researcher.

The choice of a focus group interview as the second method of data collection for this study was based on the following reasons:

- During the individual interviews the participants concentrated on the *cause of their frustrations not on their feelings and emotions*, hence the need for the focus group interview.
 - *There was a desire for ideas to emerge from the group*. A group possesses the capacity to generate more facts than individuals (Krueger & Casey, 2000:28). For the purpose of this study, more information was sought from the participants.
 - *Insights are needed in explorative studies* (Krueger & Casey, 2000:28). In this study, to explore the experiences of newly qualified nurses regarding the transition from student to professional practitioner in Lesotho context.
 - The focus group interview was chosen as another *method in data collection* and was facilitated by another *facilitator* than the semi-structured individual interviews. Creswell (2005:252) describes triangulation as a process of corroborating evidence from different types of data (in this study semi-structured, individual interviews and fieldnotes) different data collectors and member checking as measures to validate the accuracy of data and thus an important measure for trustworthiness.
 - The focus group interview was an appropriate choice as second method of data collection due to *its climate of sharing* between participants and *the amount of data* it generates, its potential for accommodating *diversity and exposing reality* from different angles and its *cost and time effectiveness* (Greeff, 2005:301).
-
- **The process of focus group interview**

After the decision was made to follow the semi-structured, individual interviews with a second method of data collection, the participants who participated in the individual interviews were contacted per telephone and invited to participate in a focus group interview. Thorough explanation with regard to the study was done. Participants were

asked to sign an informed consent form should they wish to participate in the focus group interview (Annexure G):

Reassurance was given regarding:

- The participants' right to voluntarily participate or withdraw from the group.
- The measures to protect anonymity and confidentiality of information shared in the group.
- Permission to audiotape the conversation.

During the focus group interview (see Annexure H) the facilitator explained the following:

- The purpose of the focus group interview: verification of data collected during the semi-structured interviews; further exploration of the participants' experience and measures they feel can be supportive during the transition period.
- Permission to audiotape the conversation.

The researcher appointed an independent facilitator, skilled in focus group interviews, to conduct the focus group interview. The facilitator was briefed verbally by the researcher on the situation that led to the need for a focus group interview, the central questions to be used by the facilitator and the issues that need clarification. The researcher attended the focus group interview as assistant to the facilitator by handling the audiotape and kept fieldnotes.

Data from the audiotape was transcribed (see Annexure H) analysed and intergrated with the data from the semi-structured interviews. A confidentiality agreement (Annexure I) was signed by the persons who had access to the raw data (typist, the facilitator of the focus group interview and the independent co-coder who assisted with the data analysis).

2.1.2.3 Data Analysis

Henning, Van Rensburg and Smit (2004:126) indicated that qualitative data analysis occurs throughout the process of data collection. Polit and Beck (2004:570) indicated that the aim of data analysis is to organize and structure data in such a way that meaningful

conclusions are drawn. It is however stipulated that qualitative data analysis has the following challenges:

- There is no common rule for analysis and the presentation of data.
- Analysis and description are labour intensive.
- Should qualitative data be too condense, true value of data will be lost.

Creswell (2005:235) described four steps in data analysis that were followed in this study; transcribing, organising, reducing and description of data.

- **Transcribing interviews**

Taped interviews were listened to as soon as the interviews were completed and verbatim transcription was done. The tone of voice and pauses were carefully listened to and recorded as these might be an indication of the participant's emotions during data collection. Tapes were re-listened to, to ensure that all valuable data has been captured.

- **Organizing data**

The transcribed data was organized; identified by number and audio-tapes labelled to make data easily retrievable. Data from both the individual interviews and the focus group discussion were cross checked to ensure that all the collected data was attended to. A search for similarities, differences, categories and themes was done. The analysis commenced with reading all the data and dividing it into small meaningful units. The transcribed data was organised according to the similarities and coded. Follow-up meetings between the researcher and co-coder were conducted to ascertain that the analysed data gave a true reflection of the experiences shared by the participants during data collection.

- **Reducing data**

After data was organized, it was categorized into patterns and themes. The process of reading the transcribed data was repeated, sometimes re-organised for a better fit within a particular theme; thus reduced to four (4) themes and ten (10) related sub-themes.

- **Description of data**

According to Creswell (2005:238) the description of qualitative data is a detailed rendering of people, places or events within a specific setting (context); Henning *et al.* (2004:128) emphasized that the description of data forms the basis of data analysis. In this study the description of data was done together with an exploration of existing literature. The data was related to the findings of studies published as literature, described and illustrated with direct quotations from the transcribed data and condensed in a conclusive statement for each theme.

2.2 INTEGRATION OF DATA WITH LITERATURE

After data was analysed, organised, reduced into patterns and themes, literature was searched, explored, interpreted and integrated with the collected data in order to make meaning. Conclusive statements were formulated and described as the results of this study (see chapter 3).

2.3 TRUSTWORTHINESS

Trustworthiness refers to the establishment of rigor in this qualitative study. The research is said to be trustworthy if it is conducted in such a way that it ensures strictness and accuracy (Babbie, 2007:62-78) when presenting the participants' experiences. Therefore the trustworthiness of this research is ensured by adhering to the criteria identified by Guba (as described by Babbie & Mouton, 2001:277-278; De Vos, 2005b:346-347). These criteria

include the following strategies of credibility, transferability, dependability and conformability as described below.

- **Credibility**

Credibility refers to the confidence in the truth of the findings. This was achieved through *prolonged engagement* with new nurses where the researcher spent as much time as possible in order to build rapport. The researcher used *reflexivity* to reflect on her role as researcher in order to avoid possible biases and making sure that her own behaviour and preconceptions did not influence the findings of the research in any way.

Through *triangulation* to obtain different perspectives of data, the researcher used two methods of data collection, that is individual and focus group interviews, field notes and national and international literature in order to confirm the collected data and get clarity on unclear aspects. *Peer examination* was used as the findings of the research were discussed with other impartial colleagues in order to avoid biasing the research process and findings.

- **Transferability**

Transferability refers to the extent to which the results can be transferred or applied to other similar contexts or other participants according to Lincoln and Guba (Babbie & Mouton, 2001:277). *Literature exploration, interpretation and integration with the results* of the individual interviews and focus group was done to provide a clear description to ease transferability. The researcher provided a *rich description of research methodology, the background of the research, participants and the research context* to enable another interested researcher to conduct a similar study in a same context.

- **Dependability**

This confirms that the results are consistent and could be trusted as valid. This was reached through *clearly describing the exact method of data collection and analysis* in line

with the parameters of qualitative research methodology; reaching the consensus with the independent coder on the common themes that emerged throughout the discussion, first hand experience regarding the transition process of participants as well as prolonged contact between the researcher and participants

- **Confirmability**

This refers to the degree to which the findings of a study are shaped by the respondents without researcher bias. Confirmability was achieved through *an audit trail* and *reflexivity* as described by Babbie and Mouton, (2001:278). The researcher gave a clear, dense description of the research process followed, had consensus discussions with the independent co-coder, confirmation of data was obtained during individual interviews and by means of a focus group interview and field notes.

2.4 ETHICAL CONSIDERATIONS

Ethics refers to the adherence of moral principles in the research such as justice, the rights of the participants together with the rights of others that are in the setting (Burns & Grove 2005:83). The following ethical principles were maintained by the measures described below since the nature of the research involves human participants:

- **Ethical approval**

Ethical aspects were taken into account during data collection; that is respect for persons, beneficence and justice (Brink, 2006:31; Burns & Grove, 2005:188). The researcher obtained ethical approval from the Ethics Committee of the NWU, (Potchefstroom Campus) before data collection; certificate number- NWU-00012-09-A1 (see Annexure A).

- **Permission to conduct the study**

Permission to conduct the study in Lesotho was obtained from the Director General Ministry of Health and Social Welfare in Lesotho as well as Hospital Management (see Annexure B).

- **Informed consent**

Voluntary consent was obtained in a written format from participants prior to data collection (Burns & Grove, 2005:173) after the details of the study was explained to them regarding the measures to ensure confidentiality, anonymity, protection from harm and the benefits of participation. Participants' choice to participate or not, as well as the right to stop participation at any time during the course of the study without discrimination was respected. The researcher also obtained permission from participants to use an audiotape during data collection (see Annexure C).

The researcher committed to conduct this study in an honest and professional manner, to be sensitive towards the participants' right to autonomy, privacy and the intellectual property of other researchers (Babbie & Mouton, 2001:520-528).

- **Respect**

The nature of participation was communicated with the participants by letter (Annexure C) including:

- Information regarding the purpose of the study and how the study will be conducted was given to the participants by letter with specific reference to:
- Respect for name: numbers instead of names were used as measure of identification and data were reported in aggregate format
- Privacy: data collection took place in a private room;
- Respect for the participants' choice: participants were informed of the voluntary nature of participation as well as their right to withdraw at any time before or during data collection;

- Both the researcher and the facilitator of the focus group acknowledged the participants' expression of emotion during data collection;
- Data collected during interview was clarified with participants for verification of accuracy and truth during the focus group interview.

- **Confidentiality and anonymity**

Data gathered from participants will be kept confidential and raw data will be kept for five years at the School of Nursing Science NWU, Potchefstroom Campus;

The typist who transcribed the data, the facilitator and the independent coder who assisted with data analysis signed an agreement (Annexure D) to respect the participants' data anonymous and confidential.

- **Benefits to the students**

The participants in this study did not benefit directly from the outcome of this study. The proposed guidelines for the support of newly qualified professional nurses should facilitate the transition period for newly qualified professional practitioners in Lesotho.

The fact that the participants had an opportunity to verbalise their experiences may have been an emotional catharsis that can facilitate their intrapersonal wellbeing.

2.5 SUMMARY

Chapter 2 described the research design and research methods followed in this study, the role of the researcher and the measures taken to ensure trustworthiness and ethical accountability. The results of this research study are discussed in chapter 3 in line with related literature.

CHAPTER 3: RESULTS

Chapter 2 dealt with a detailed description of the research design and process the researcher followed in this study; the methods used to collect and analyse data that is trustworthy and comply with the ethical standards for research.

3.1 INTRODUCTION

This chapter deals with the description of the results of this study, enriched with direct quotations from the participants. The following questions served as basis for the data collection by means of ten (10) semi-structured individual interviews conducted by the researcher followed by a focus group interview conducted by an independent facilitator with eight (8) of the original ten (10) participants:

- How did you experience the transition from student to professional practitioner?
- What kind of support is needed in the period of transition?

The results obtained from the data analysis process were integrated with findings from other studies and literature to culminate in conclusive statements regarding the objectives for this study:

- To explore and describe the experience of newly qualified professional nurses regarding their transition from student to professional practitioner in Lesotho.
- To formulate guidelines for the support of newly qualified nursing during the transition period.

3.2 DEMOGRAPHIC PROFILE

In order to get a picture of the participants in this study from whom the data was collected, the researcher did a survey on their bibliographic data regarding age, gender, qualification (diploma or degree qualified) and the length of time spent as professional practitioners in the public hospital where the study was conducted. The demographic data for the

participants in the individual interviews and the focus group are illustrated in tables 3.1 and 3.2 as follows:

Table 3.1 Demographic data of participants: semi-structured individual interviews

Number of participants	Age	Gender f: female m: male	Diploma	Degree	Time in public hospital
6	20-25 yrs	f 6	4	2	1- 4 months
3	26-30 yrs	f 2, m 1	2	1	5- 8 months
1	31-35 yrs	f 1		1	9-12 months
N=10		N=10	N=6	N=4	

Table 3.2 Demographic data of participants: focus group

Number of participants	Age	Gender f: female	Diploma	Degree	Time in public hospital
6	20-25 yrs	f 6	4	2	1- 4 months
1	26-30 yrs	f 1	1		5- 8 months
1	31-35 yrs	f 1		1	9-12 months
N=8		N=8	N=5	N=3	

The results of the data collection for both the semi-structured interview and the focus group interview were analysed simultaneously and are discussed together according to the identified themes and sub-themes.

3.3 THEMES

The data collected from participants during 10 individual interviews and a focus group were analysed by the researcher and an independent co-coder. After a consensus decision four (4) themes and ten (10) sub-themes were identified (Figure 3.1) under which the findings of this research will be discussed with relevant quotations from the transcripts. Literature was

explored and brought in relation to the findings in order to either support the findings of this study or oppose it. Each theme was condensed in a conclusive statement. The conclusive statements that served as foundation for the development of guidelines (Burns & Grove, 2005:116) to facilitate the transition from student to professional practitioner in Lesotho. The results of this study, together with the proposed guidelines will be presented to the Ministry of Health and Social Welfare in Lesotho for possible implementation.

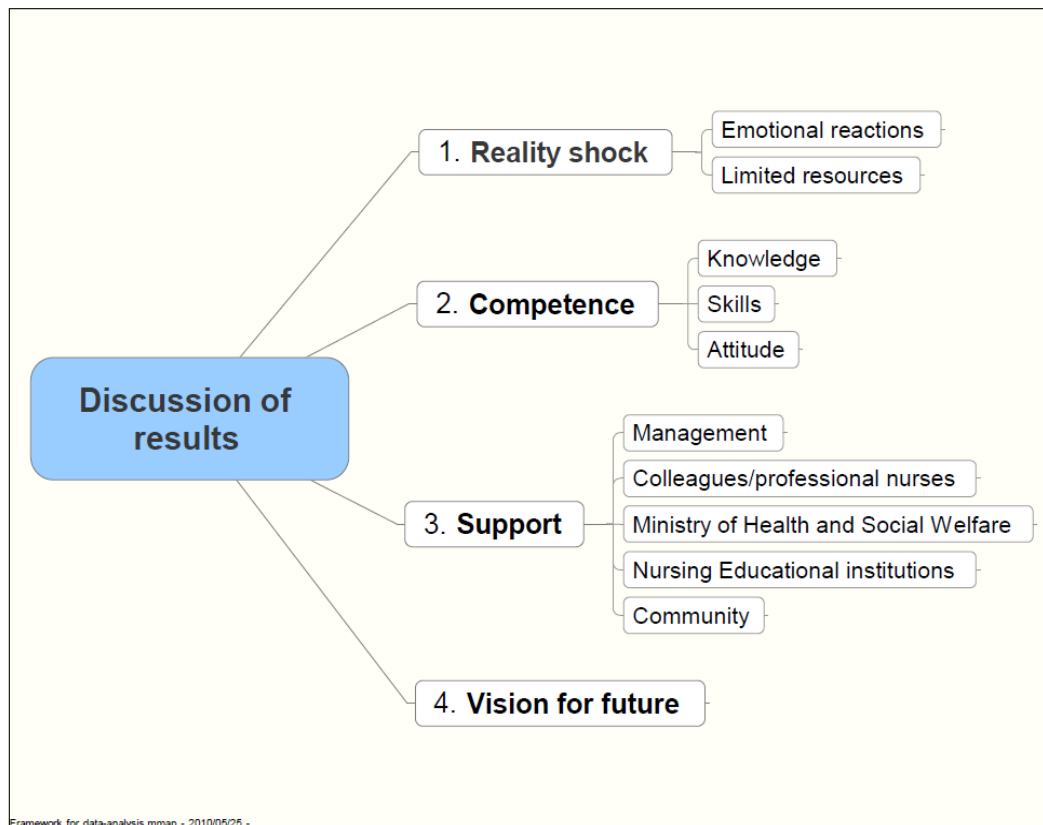


Figure 3.1: Summary of themes and sub-themes

3.3.1 THEME 1: REALITY SHOCK

The participants in this research verbalized their experience as one of shock. Newton and McKenna (2006:2) described reality shock as a situation encountered by newly qualified nurses as they become graduate nurses, the ability to adjust is complicated because they

must socialize into clinical nursing practice and their professional roles. According to Duchscher (2008:1103) newly qualified nurses are confronted with a broad range and scope of physical, intellectual, emotional, developmental and socio-cultural changes that are expressions of and mitigating factors within the experience of transition. The author found that what the graduates understand about nursing from their education and what they experience in the 'real' world of healthcare service delivery leaves newly qualified nurses with a sense of groundlessness.

The participants' description of their experience is illustrated by direct quotations as in the textbox. The codes following the quotation (**I/10/3**) identify the set of data from which the quotation was drawn. For example, the code (**I/10/3**) refers to interviews number ten (10) and three (3); the code (**F**) refers to the focus group interview.

"We are **expected** to be competent...work independently **without direct supervision.**"
(I/10; F.)

"I have to be independent,... **responsible** and **accountable.**" **(I/2; F.)**

"The work we are doing here is very **traumatic.**" **(F.)**

"When I started working here I was anxious because I was not used to taking care of **too many patients.**" **(F.)**

"I am frustrated due to the **shortcuts done** to some of the procedures because that is **not what we have learned** at school. If one wound becomes septic, I feel guilty that I could have done something better for the patient. I become frustrated because at school we have learned that each patient should have his/her own pack...different as a result we are **confused.**" **(I/5; F.)**

Values and practices favoured in colleges and university courses are challenged as graduates grapple with the realities of practice, striving to understand hospital processes, procedures, and their place in the clinical and organizational requirements (Hamilton, 2005:68; Duchscher & Cowin, 2006:154; Newton & McKenna, 2007:2). According to Chang and Hancock (2003:157) new nurses lack clear roles. They are afraid of making mistakes,

lack confidence and are fearful of new situations (Oermann & Garvin 2002:226). All these lead to job dissatisfaction, burnout and a high turnover rate (Altier & Kresk, 2006:74). New graduates who work in the hospital setting consistently express frustration and a sense of demoralization as a direct result of the dissonance they experience between their perception of nursing and what they find nursing to really be (Duchscher & Myrick, 2008:197).

Lesotho is faced with a shortage of qualified nurses. A nurse-population ratio of 1:2,226 was reported in the Annual Joint Review Report of 2007/8 (MOHSWL, 2007/8). The newly qualified professional practitioners are prematurely expected to take on an increased level of responsibility, seemingly without the back-up, guidance and support of a mentor or supervisor. The increase in responsibility and accountability that newly qualified nurses are faced with seems to be a common experience as reported by a number of researchers (Gerrish, 2005; Newton & McKenna, 2007; Duchsher, 2001; Ellerton & Gregory, 2003; McKenna & Green, 2004).

3.3.1.1 Sub-theme 1.1: Emotional reactions

Participants in this study verbalized experiences of intense emotions during their transition from student to professional practitioner as illustrated in the textbox as follows.

“I enjoyed my work as a nurse from the beginning but now I am **angry, demotivated and frustrated.**” (F.)

“When you instruct the patient to do something and she does not do it the way you instruct, you become **frustrated** because you want to finish with her and go to the next patient you end up being harsh or rude. When you are at home reflecting back on what you did you become **shameful** of the way you talked to the patient and as a result felt **guilty**. The following day you are **tired** and **less interested** to go on duty and sometimes be **angry** towards patients due to workload.” (F.)

“I feel as if us new nurses we do not belong to the health team. We feel **unworthy.**” (F.)

“I feel very **demotivated, very shameful** about my profession.” (F.)

“If you are failing to provide services to the patient you feel incompetent and **shameful.**” (F.)

“...makes us **angry** nurses, **emotional**, **stressed** and **regretful** and everything that is bad.” (F.)

This finding is confirmed by Halfer and Graf (2006:152) when they stated that graduates undergo a grieving process as they move away from their academic environment and enter a work environment. The above mentioned researchers further found that the graduates are dissatisfied with the work environment in the first 12 months but that this is resolved by the 18th month. Levett-Jones and Fitzgerald (2004:41) emphasized the need for a high level of support to successfully make the transition from graduate to competent and confident nurse.

Gerrish (2000:474) observed that it is unrealistic to expect new graduates not to feel anxious at the time they settle into a new environment. Kimberly (2007:365) argues that students' success in getting the first job may also depend on the clinical preceptorship they were exposed to; how well students learn to practice their nursing skills before graduating may determine the success of their transition from being a student nurse to becoming a professional nurse. Oermann and Garvin (2002: 225) describe the transition period as one in which the new graduate nurses translate classroom learning into patient care while learning how to work within a health facility.

The first year of the transition from being a student to being a professional practitioner have been described by various authors who identified different phases (Ellerton & Gregory, 2003:104; Duchsher, 2001:430; Newton & McKenna, 2007:1234; McKenna & Green, 2004:259; Halfer & Graf, 2006:152). Table 3.3 illustrates the phases of adjustment.

Table 3.3 PHASES IN THE TRANSITION FROM STUDENT TO PROFESSIONAL PRACTITIONER

PHASE	DURATION	EXPERIENCE	LITERATURE
1	0-3 months	Graduates undergo a grieving process as they move away from their academic environment and enter a work environment and they experienced role ambiguity in the first few months after commencement of work.	Halfer & Graf (2006:152) Ellerton & Gregory (2003:104) Hamilton (2005:68)
2	3-6 months	Graduates saw their work in terms of skills to be done , and identified that academic knowledge had not made an impact on their work by that stage. They also expressed feeling frustrated in situations where they felt unable to function independently and overwhelmed by the amount and detail of their work requirements.	Duchscher (2004:291)
3	6-12 months	The graduates experienced role overload, focus on themselves as nurses including their clinical skills, coping realities of practice; understanding hospital processes and procedures and their place in the clinical setting; developing identities as nurses.	McKenna & Green (2004:259)
4	Over 12 months	Graduates were able to focus on the bigger picture of patient care; they begin to know how to manage situations and acknowledged an understanding of their practice; began to focus on broader aspects of their personal and professional development.	McKenna & Green (2004:259) Halfer & Graf (2006:152)

3.3.1.2 Sub-theme 1.2: Limited resources

The participants in this study clearly stated that it was difficult for them to practice their nursing skills without the necessary equipment and supplies. They highlighted that they struggled to get hold of equipment, had to improvise and cope with what was available and accessible. They could not execute the procedures the way they were taught. This resulted in stress, confusion as well as frustration. This made the transition very difficult and the clinical setting challenging due to limited resources, equipment and a shortage of manpower. The high number of patients with chronic diseases such as HIV/AIDS, TB and malnutrition were found to be overwhelming and a constant drain on the available resources.

“Time is wasted in **borrowing equipments** from other wards”. (I/5; F.)

“... **one dressing pack for fifty patients** in the male surgical ward...” (F.)

“Things are done **shortcut**, no equipment...the schools have provided enough guidance but we are **not able to do what we have learned at school**”. (I/5; F.)

“Nursing patients on the **floor bed** was really **challenging**.” (I/4/5; F.)

Halfer and Graf (2006:152) support this finding; insufficient resources to provide high quality care and a heavy workload are sources of stress for new graduates. Muller (2002:258) warns that an organization where there is staff misdistribution produces staff that is demoralized, irritable, frustrated and exhausted.

Conclusive statement for theme 1:

The newly qualified professional nurses in Lesotho experienced reality shock expressed in intense emotional reactions due to professional expectations without supervision and support, limited resources and challenging working conditions.

3.3.2 THEME 2: COMPETENCE

Competence is described by Khoza and Ehlers (2005:50) as the combination of knowledge, skills, attitudes and values necessary for nurses and midwives to practice at a standard acceptable to clients and other professionals with a similar background and experience. The Lesotho Nurses and Midwives Act (Act no.12 of 1998), describes a competent nurse as someone who “has knowledge, abilities and is able to apply skills appropriately according to the scope of practice”.

“We lack supervision and as a result we become stressed up and I end up **doubting my competence.**” (F.)

“The school has given me enough to practice but we **are not given an opportunity to do that.**”(F.)

According to Stokes and Kost (2009:287) the clinical environment should be a place where nurses feel that they are accepted and that their contributions are appreciated by individuals with whom they interact; the place where students synthesize the knowledge gained in the classroom and apply it to the practical situation. The clinical area is also a place where “an interaction network of forces” influences student learning outcomes. These “forces” refer to the increased complexity of care required by very sick patients, staff shortages, the rapid pace and the multitude of health care activities that require a higher level of thinking and performance skills complicate adjustment.

3.3.2.1 Sub-theme 2.1: Knowledge

Knowledge is defined by Thompson (1995:753) as expertise and skills acquired by a person through experience or education; the theoretical or practical understanding of a subject, what is known in a particular field or in totality; facts, information, awareness or familiarity gained by the experience of a situation. Knowledge acquisition involves complex cognitive processes of: perception, learning, communication, association and reasoning. Therefore, in order for the nurse to provide safe and effective care to clients, nurses must

be able to integrate knowledge, skills and attitudes to execute sound judgment and decisions in clinical skills, legal and ethical issues as well as effective communication skills.

The participants felt that both the colleges and university had prepared them for current situation. They highlighted that it is the responsibility of the institution to make sure that they are updated with the changes occurring on the management of debilitating chronic diseases such as HIV/AIDS, pulmonary tuberculosis and malnutrition prevailing in the country, calls for a need for empowerment in the management of these conditions by means of refresher courses and in-service training for personal and professional development. This is how the participants put it:

“... **no refresher courses** even workshops for the current health conditions such as diarrhoea and malnutrition and even the **information on HIV/AIDS is changing** every time.”(I/7; F.)

“The workshops are being attended by senior nurses and I wonder in future when they retire we will be left unskilled yet we are not. The school has given me **information about the current not future.**” (I/3/8; F.)

Khoza and Ehlers (2005:50) indicated that the purpose of exposing students to the clinical learning-environment is for them to acquire skills that will lead them to be competent in patient care management. A study done by Newton, Billet and Ockerby (2009:630) reported that the learners lack support regarding their transition from both the clinical environment and from their facilitators at school and that the environment poses little challenge as they are not effectively utilized.

Contrary to what the participants experienced, Elliot (2002:69) indicated that the aim of students in the clinical learning area is to allow them to practice patient care under supervision of a qualified clinical nurse and to prepare them to provide competent care to patients after completion of their training. According to Purdie, Sherward and Gifford (2008:315) the students need a diverse placement to ensure that they are exposed to a variety of health care experiences to equip them to nurse holistically.

Gerrish (2000:474) stated that although the new nurses felt confident in providing care to patients, their clinical placements had not provided them with the opportunity to develop the skills required for managing a ward. This was primarily because as students they formed an essential part of the workforce with responsibility for patient care and staff shortages frequently denied them the opportunity to work alongside more experienced qualified staff. Lekhuleni, Van der Wal and Ehlers. (2004:16) supports this; supervisors perceived nurses as lacking the proper background to merge theory and practice.

3.3.2.2 Sub-theme 2.2: Skills

Skills refer to expertness, practiced ability, facility in doing something, dexterity and tact. Skills encompass experience and practice and gaining a skill lead to unconscious and automatic actions (Thompson, 1995:1305).

The participants in this study, both degree and diploma prepared, were divided on the issue of whether they were prepared sufficiently for clinical practice as professional nurses. This is how they put it.

...“my school has provided **enough skills** for me to practice.” (F.)

“We have **more theory** than practice.” (F.)

“...not getting exposure to further education.” (F.)

Newton *et al.* (2009:630) emphasized that to enhance skill acquisition and develop identities as nurses; nurse practitioners require well-supported opportunities to extend what they have learnt in university. Booyens (2007: 391) confirms that personal job satisfaction is enhanced when abilities have been developed and when nurse practitioners are placed in positions that suit their ambitions and abilities. The author further indicated that career development of employees decreases an organization’s turnover rate. Booyens (2007: 384) adds that an in-service education program is essential in updating, educating and informing the person about the present requirements of the job as jobs in the health care

services are never static and are subject to rapid change; therefore there is a need for continuous in service education of health care practitioners.

3.3.2.3 Sub-theme 2.3: Attitude

Wehmeier (2005:81) explains the concept, attitude, as the way you think and feel about something; the way you behave towards something that shows how you think and feel.

Most of the participants verbalized both negative and positive attitudes towards the situation they find themselves in.

“I think in this profession we should **keep on learning.**” (F.)

“The school has given me **enough to practice independently** but we are **not given opportunity** to do that.” (F.)

“I **sometimes regret** why I have **chosen nursing** as a profession because even for payments we are not paid for the qualifications we have.”(F.)

The participants tend to blame the educators, senior nurses, hospital administrators managers and as well as the MOHSWL for the pressures and problems they encountered at work. This is how they put it:

“Our **educators** did not follow us to the clinical area they **just left us** to be supervised by the clinical nurses.” (F.)

The above finding is confirmed by Duchscher and Myrick (2008:196) when they pointed out that the new nurses develop a growing resentment which they direct inward toward themselves for failing to provide the kind of care for which they were educated to provide. They further indicated that they come to resent the educators, senior nurses, managers and hospital administrators who they perceived as continuing to allow them to be put in such a compromising position. This is supported by Marriner-Tomey (1996:329);

organizational and inter-group conflict leads to backbiting and blaming others for the problems, and the formation of sub-groups or cliques is common.

Conclusive statement for theme 2:

The newly qualified professional nurses in Lesotho experienced that, although they were sufficiently prepared with knowledge and skills to practice as professional practitioners, the complexity of the clinical environment is restrictive in applying their capabilities resulting in feelings of despondency and an attitude of blaming.

3.3.3 THEME 3: SUPPORT

The concept, support, refers to give strength to or encourage (Thompson, 1995:1400); to help (Wehmeier, 2005:1486); Mellish, Brink and Paton (2000:76) views support as creating a climate with open communication, acceptance and being non-judgmental.

The lack of support and the quest for support from various stakeholders was a central theme during both the individual interviews and the focus group interviews conducted in this study. The participants in this study indicated a need for support from the nursing managers, professional nurses, nursing education institutions, MOHSWL as well as the community which are discussed below.

“We need someone who care for our emotional and professional wellbeing.”

(I/2/7; F.)

“...no advocacy.” (I/ 10; F.)

3.3.3.1 Sub-theme 3.1: Nursing management

The participants in this study expressed a critical attitude regarding the perceived lack of support from the nursing management during the transition from student to professional

practitioner. They expressed experiences of a non-caring, critical and stand-offish attitude from their superiors, feelings of helplessness and despondency.

“Every time the **matron** comes in she is going to **say bad things I have done**. Because even when we try to explain the problems we encountered they will be telling us when I was a student I used to run the ward alone. So you will feel like **talking to her is just a waste of time.**” (I/5; F.)

“Hospital management should **ensure proper orientation** so that we can feel welcomed.” (I/9; F.)

Training schools **should produce competent nurses** who will be able to meet the challenges ahead.” (I/ 5.)

“ **no advocacy** from our matrons.”(F.)

According to Waterson & Harms (2006:70) the lack of support and caring on the part of management is common in the nursing environment where a majority of nurses did not receive enough support and caring from their nurse managers. The researchers indicated that the lack of two way communication leads to the erosion of a trusting relationship.

Support by means of orientation programmes have been identified as possible method for addressing role transition (Chung, Wong & Cheung, 2008:410) and orientating new employee towards the new work environment is regarded as the first part of the orientation (Booyens, 2007:381). Gerrish (2000:476) found that new nurses were placed in charge of the ward, ensuring that patients were appropriately cared for, managing other professional nurses on the same level and completing the administrative work. This was the cause of considerable anxiety as they lacked organization and management skills. The researchers further indicate that delegating work to other members of the ward team was especially difficult as they were anxious to be perceived as ‘bossy’.

According to Levett-Jones and Fitzgerald (2004:41) successful transition programs are said to encourage new nurses to remain in the workforce and maximize the community’s investment in the education and training of nurses. Therefore, new nurses need to be

supported in terms of orientation, induction and training and encouragement in order to be enthusiastic to carry out their duties.

3.3.3.2 Sub-theme 3.2 Colleagues/professional nurses

The participants verbalized tension in the relationship with professional nurses and other colleagues in the health team.

“... we are **less considered, less valued, overworked,** working for long hours in extremely bad conditions.” (F.)

“...I am **stuck in the middle** of nowhere.”(F.)

According to Duchscher and Cowin (2004:291) the new nurse desires to gain the respect and admiration of colleagues whose acceptance may be a pivotal aspect of their developmental need to fit into the nursing culture. Duchscher (2009:1106) maintains that a traumatic adjustment is correlated with inadequate and insufficient functional and emotional support, lack of practice experience and confidence, insecurities in communicating and relating to new colleagues.

3.3.3.3 Sub-theme 3.3: Nursing educational institutions

For the duration of their studies the educational institution (or training school as referred to by the participants) is the cornerstone of the students' professional life; it provides structure for acquiring knowledge and skills during the study period. On completion of the study period, the structure established for a number of years is not there anymore and it seems as if the participants blame the educational institutions for not empowering them as professional practitioners. Participants expressed their expectations regarding the nursing education institution's role in the transition from student to professional practitioner.

“Colleges and university should **ensure proper rotation** of students to different units to minimize shock of entering the unit the first time.”(I /8.)

“Training schools **should produce competent nurses** who will be able to meet the challenges ahead.” (I/ 5.)

“Training schools **should encourage life long learning.**” (.I/ 7.)

“Training schools **should provide emotional and professional support.**” (I/2/5/6; F.)

Duchscher (2009:1106) asserts that the new nurses have unrealistic expectations from the institutions, their colleagues and the graduates themselves. In the study done by Newton, Billet & Ockerby (2009:630) the learners lack support regarding their transition from both the clinical environment and from their facilitators at school. The participants need for rotation between units is supported by Purdie *et al.* (2008:315) the learners need a diverse placement to ensure that they are exposed to a variety of health care experiences to equip them to nurse holistically.

3.3.3.4 Sub-theme 3.4: Ministry of Health and Social Welfare

In Lesotho, the Ministry of Health and Social Welfare (as public service employer) is responsible for recruitment, placement and remuneration of nurses. The participants indicated that they are prepared to strike in order to force the Ministry to attend to the working conditions. Duchscher and Myrick (2008:196) confirm the finding that inadequate staffing levels limit the ability of nurses to manage increases in patient acuity, and that the lack of support for the advancement of the professional nursing roles seems to haunt the hospital work environment.

“I still believe that nursing is a very important profession, but from the Ministry, from the heads of our departments **nobody values the work done by nurses**. It makes people **unsure** whether they should **continue with the profession** or they should study something else.” (I/3; F.)

“We work for the first three months without pay.” (I/7, 9; F.)

“...the **expectation** was that after working for a year one should have **gone for short or**

long **courses to refresh** or update me on some information given to health professional.”(F.)

3.3.3.5 Sub-theme 3.5: Community

The participants are faced with the problem of not meeting the expectations of the community, the patients and their significant others. There seems to be tension between the nurses and the people they served. This is indicated by nurses not putting on their distinguishing devices (epaulettes) outside the hospital premises as they do not want to be recognized as nurses. The shortage of nurses, equipment and overflow of patients leads to the community grumbling over nurses not doing their work or neglecting patients. These lead to the community passing unkind remarks whenever they see nurses passing, wearing their uniforms. The media also seems to be negative towards nurses. The participants commented on considering emigration, even though they love their country.

“...you hear nurses talking that they are **ashamed of their profession**. You asked why you are not putting on your epaulettes. They said Ah! Those? So that everyone will see that I am a nurse.” (F.)

“The community **does not respect** nurses. You go around the street; a conductor of the taxi will just be shouting through the window, ‘Hey! ‘M’e nurse.’ (F.)

The above finding is confirmed by Duchscher and Myrick (2008:196) when they pointed out that new nurses develop a growing resentment which they direct inward toward themselves for failing to provide the kind of care for which they were educated to provide. Therefore, new nurses need to be supported in terms of orientation, induction training and encouragement to be enthusiastic to carry out their duties.

Conclusive statement on theme 3:

The newly qualified professional practitioners experienced a non-caring environment, marginalization, a negative attitude and a lack of support from their superiors,

colleagues and community regarding their person and the services rendered by them resulting in questioning their choice of profession.

3.3.4 THEME 4: VISION FOR THE FUTURE

It seems as if the participants in this study are nearing the end of the transition period as explained in table 3.3. By this stage the participants had reached a position to carry on and have hope for themselves as members of the nursing profession as they have moved through the stages of clinical competency as identified by Benner (2004:196). The participants are able to look back at their experiences in a reflective manner and express a vision for the future.

There is a shortage of nurses, ward overflow, lack of equipment...; I asked myself: Why am I here, why do I deserve this?...This is **only the conditions** we are in **which makes transition difficult**....When I am alone wearing my uniform and I see myself, I like myself and I like my profession and I even value myself greatly.”(I/3 F.)

“...I am motivated to work with children and would like to **further my studies** in paediatrics”.(I/2, 5.)

“...I have **to fight things**...have to be properly.”(F.)...”

“...I am trying hard to do my best to help patients under my care. I am **eager to bring change**.”(F.)

“I like Lesotho so much; I **can be of help** to the Basotho nation.”(F.)

According to Levett-Jones and Fitzgerald (2004:41) the transition of newly qualified graduates from student to professional practitioner continues to be problematic and stressful and indicated that the real world experienced by the new graduate is often unsupportive and extremely traumatic. The transition is a period or time when a new staff member undergoes a process of learning and adjusting to acquire the skills, knowledge, attitudes and values, required to become an effective member of the health team.

Transition is ongoing and will occur whenever there is a change in the context of practice or role (Newton *et al.*, 2003:1432).

The transition from student to professional practitioner should take place in a twofold way; the school and the clinical area. The stakeholders have to collaborate to empower the newly qualified professional practitioner to face the challenges ahead with confidence and competence. For a new employee to be quickly productive there should be induction and accompaniment. Booyens (2007:382) support this viewpoint in stating that to achieve an effective and productive work performance by the new employee, orientation should be done by means of a personalized training of the individual employee so that she becomes acquainted with the requirements of the job itself. The newcomer should be introduced to the supervisor, fellow workers, the department of work and the specific job responsibilities. The newly qualified professional practitioner's responsibilities are to see to it that they are familiar with what their work requires and they continue to learn in order to update their skills.

According to Barton (2006:340) individuals or groups change over time, gaining new skills, abilities, status and wisdom, Andersson, Cederfjall and Klang (2005:192) saw reflection as a tool for enhancing professional development and linking theory to practice; promoting critical thinking, personal socio-political emancipation, stimulating self-awareness and understanding, empowering practitioners and contributing to learning. The researchers indicated that the context in which nurses' work is regarded as important for the development of their abilities and expertise as nurses. Furthermore, the striking change for newly qualified professional practitioners is that he/she has a full legal and professional responsibility for patients. This new level of responsibility and entitlement brings with it changes in the way nurses experience themselves and the practice environment (Benner, 2004:191). Levett-Jones and Fitzgerald (2004:41) argues that a successful transition program is said to encourage newly qualified professional practitioners to remain in the workforce and maximize the community's investment in the education and training of nurses.

Benner (2004:194) indicates that the newly qualified professional nurses are eager for feedback on their performance and pays attention to the practice of colleagues. Brown, O'Mara, Hunsberger, Love, Black, Carpio, Crooks and Noesgaard (2003:164) noted that preceptors used supportive learning experiences and teaching strategies to enhance student self confidence through role modelling, dialogue, feedback, commitment, mutual respect and acceptance.

Conclusive statement for theme 4:

The newly qualified professional nurses in Lesotho seem to have reached the end of the transition period as indicated in literature, is reflective on their experience of the transition period and express a vision for the future as change agents.

3.4 SUMMARY

Chapter 3 discussed the results of this study, illustrated with direct quotations from the participants and related to findings from studies found in literature. The four themes were concluded with conclusive statements that serve as point of departure for the proposed guidelines for future support to newly qualified nursing professionals in Lesotho. The proposed guidelines for support are discussed in chapter 4 together with an evaluation of the study regarding its limitations and recommendations.

CHAPTER 4: EVALUATION OF THE STUDY

4.1 INTRODUCTION

Chapter 4 deals with the second objective of this study, namely to formulate guidelines for the support of Lesotho's newly-qualified nursing practitioners in order to ease the transition from student to professional practitioner. The guidelines are based on the results of this study and the integration of relevant literature as discussed in chapter 3. The researcher's evaluation of the study, a discussion of the limitations of the study and recommendations for further research in this field conclude the study.

4.2 GUIDELINES

In order for this study to have application value, the researcher's aim was to formulate guidelines for easing the transition from student to professional practitioner. The guidelines are focussed on the support of newly qualified nursing practitioners and are based on the conclusive statements (see table 4.1) for each of the four (4) themes identified during the content analysis of the data collected for this study. The guidelines are not set to fit each theme separately, because of an overlap of possible actions to address the issues of concern. The proposed guidelines are supported from literature as indicated in table 4.2.

Table 4.1 Statements as basis for proposed guidelines.

Conclusive statement for theme 1:

The newly qualified professional nurses in Lesotho experienced *reality shock* expressed in *intense emotional reactions* due to professional *expectations without supervision and support, limited resources and challenging working conditions*.

Conclusive statement for theme 2:

The newly qualified professional nurses in Lesotho experienced that, although they were sufficiently *prepared with knowledge and skills* to practice as

professional practitioners, the *complexity of the clinical environment* is *restrictive in applying their capabilities* resulting in feelings of *despondency* and an attitude of *blaming*.

Conclusive statement for theme 3:

The newly qualified professional practitioners experienced a *non-caring environment, marginalization, a negative attitude* and a *lack of support* from their superiors, colleagues and community regarding their person and the services rendered by them resulting in *questioning their choice of profession*.

Conclusive statement for theme 4:

The newly qualified professional nurses in Lesotho seem to have reached the end of the transition period as indicated in literature, is *reflective on their experience* of the transition period and express a *vision* for the future as *change agents*.

Table 4.2 Guidelines to ease the transition from student to professional practitioner

Collaboration between all stakeholders (the nursing institution, the hospital, Ministry of Health and Social Welfare as well as the newly qualified nurses) are essential		
STAKEHOLDER	PROPOSED GUIDELINES	LITERATURE
Hospital	<p>Establish a structured program for orientation and induction for newly qualified professional nurses with specific attention to:</p> <ul style="list-style-type: none"> • Welcoming and induction to the clinical area and reality of the working context • Establish a mentoring system for guidance and support. • Clearly stated expectations (job description, policies, manuals and code of conduct, progress reports, guidelines and resources • Code of conduct (tolerance, acceptance, respect, recognition of individuality) • Monitoring of newly qualified nurse practitioners for signs of isolation and stress <p>Establish a structured support system by means of:</p> <ul style="list-style-type: none"> • Workplace educational program for the empowerment of newly qualified professional nurses by means of: <ul style="list-style-type: none"> continuing education; standardized competence; continuous assessment of competence; career management and 	<p>Chung <i>et al.</i> (2008) Duchscher (2004) Newton & McKenna (2007) Duchscher & Cowin (2004)</p> <p>Purdie <i>et al.</i> (2008) Klopper (2000) Levett-Jones & Fitzgerald (2004)</p>

Educational institutions	<p>feedback.</p> <ul style="list-style-type: none"> • Mentoring system for support and guidance by means of: <ul style="list-style-type: none"> counselling services a helpline for guidance opportunities for open communication support group for newly qualified nurses • Active involvement of management regarding availability and accessibility of resources; • Opportunities for and improvement of qualifications and empowerment of newly qualified nurses through workshops, course attendance. • Establish a system of recognition / rewards; • Exhibiting enthusiasm about the profession; • Monitor the newly qualified / appointed practitioners for signs of isolation and stress; • Encourage participation into nursing research regarding the transition of students. <p>Establish an interactive working relationship with clinical facilities</p> <ul style="list-style-type: none"> • Proper clinical accompaniments of students to the clinical area throughout their training so that they could integrate theory and practice after qualifying • Competency based curriculum for the benefit of students 	<p>Muller (2002)</p> <p>Newhouse, Hoffman, Suflita & Hairston (2007)</p> <p>Booyens (2007)</p> <p>Stokes & Kost (2009)</p>
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	<ul style="list-style-type: none"> • Follow-up on alumni regarding "gaps" in competence for practice. 	
Ministry of Health and Social Welfare	<ul style="list-style-type: none"> • Investigation into working conditions in the public hospital for availability and management of resources. • Recruitment committee should be formed to see to it that newly qualified nurses are paid on the first month of employment • A committee should be formed to see to it that non-functioning equipment should be send to maintenance department and replacement is done accordingly 	Booyens (2007)

4.3 EVALUATION OF THE STUDY

The level of despondency among the newly qualified professional nurses at Queen Elizabeth II Hospital in Maseru prompted me to undertake this study so that I could assess the dynamics they faced in their day to day work. Therefore, the study is important in that it brings to the fore the reality of the newly qualified professional nurses in particular but also other health care professionals in the public hospital. The study goes further to suggest guidelines or interventions that could be undertaken to deal with the problems the newly qualified professional nurses face in their workplace.

The two major objectives of the study were to explore and describe the experience of newly qualified professional nurses regarding their transition from student to professional practitioner in Lesotho and formulate guidelines for the support of newly qualified nurse practitioners during the transition period. The study through semi-structured interviews and focus group discussions has been able to map out the transitional problems which the newly qualified professional nurses face in their workplace. Amongst the most prominent problems revealed by the study are limited resources, a shortage of qualified nurses and a lack of equipment. Guidelines on how to support the newly qualified professional nurses have been suggested as they flow from the experiences of the newly qualified professional nurses as stipulated in Table 4.2.

Having adopted an explorative, descriptive, contextual qualitative research design, the study has been able to explore and describe the experiences of the newly qualified professional nurses in a public hospital in Lesotho. The qualitative aspect of the study came out clearly in the interpretation of the nurses' views in relation to the literature that has been reviewed and intergrated in this study.

The central theoretical statement for this study has been successfully achieved.

Knowledge of the first hand experience of the newly qualified professional nurses regarding the transition from student to professional practitioner in Lesotho and the understanding of the challenges they faced during this period, will contribute to the formulation of guidelines for the establishment of a support system to ease the transition from student to professional practitioner within the context of a public hospital in Lesotho.

4.4 LIMITATIONS OF THE STUDY

- During the semi-structured individual interviews the participants seem to be so overcome with the opportunity to share their experience with a willing listener, that most of the interaction focussed on the participants frustrations and what they perceived as the cause of the dilemma they find themselves in; hence the need for the focus group interview.
- The researcher experienced a problem with the audio tape recorder not recording, and lost some of the information. Two of the semi-structured individual interviews had to be repeated.
- Getting the participants together for the focus group interview posed a challenge due to the shortage of staff and the participants' duty rosters.
- All the participants who participated in the individual interviews were not available for the focus group interview; one participant had been transferred to a rural hospital and another one had resigned from the public hospital and was thus not eligible for the focus group interview.

4.5 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING MANAGEMENT AND NURSING RESEARCH

The results from this study identified a number of issues that can be of value for nursing education institutions, the management of the clinical area and aspects that may require further research are indicated in the following paragraphs.

4.5.1 NURSING EDUCATION

Nursing education is aimed at preparing students to function as a competent professional practitioner who “has knowledge, abilities and is able to apply skills appropriately according to the scope of practice” (Lesotho Nurses and Midwives Act, Act no.12 of 1998). The following recommendations are made to ease the transition from student to professional practitioner for nurses in Lesotho:

- All students should be allocated to different departments before graduating in order to avoid the shock of entering the unit the first time as newly qualified nurse practitioner.
- Students should be prepared for the reality of the nursing practice and not only the “ideal” as described in textbooks.
- Students should be exposed to “What if...” activities to stimulate their critical thinking to be able to cope in unfavourable situations within the parameters of the scope of practice.
- A system of contact with newly qualified nursing practitioners could be considered (sms, letter, telephone call, a quick visit during clinical accompaniment) as support and a show of interest in their wellbeing during the transition period.
- A variety of teaching-learning approaches should be considered to empower the student in problem solving- and critical thinking skills; a competency-based curriculum seems to be an alternative for the current content-based curriculum.

4.5.2 NURSING MANAGEMENT

This study emphasised the importance of management's support to ease the transition from student to professional practitioner within the clinical area. A number of the proposed guidelines stated in table 4.2 have relevance to nursing management and will therefore not be repeated here. The participants in this study expressed a need from management to create a climate of support for the newly qualified nursing practitioner by:

- Being an advocate for the newly qualified nursing practitioner.
- Being a mentor who is available and accessible for guidance and advice.
- Being a role model and champion for nursing as profession.
- Displaying a friendly and encouraging attitude.
- Giving feedback in a kind, honest and empowering manner.

4.5.3 NURSING RESEARCH

The study on the transition from student to professional practitioner in Lesotho has illuminated a number of related issues that are recommended for further scientific investigation:

- The relationship between the senior nurses and the newly qualified nursing practitioners.
- Professional nurses perceptions' on their role as mentor for newly qualified nursing practitioners.
- The coping strategies of nurses in poorly equipped clinical facilities.

4.6 SUMMARY

This study aimed to develop guidelines to ease the transition from student to professional practitioner in Lesotho in order to support and empower the newly qualified nursing professionals for the challenges to be faced during the transition period. This chapter concluded the study with a set of guidelines for suggestion and possible implementation to

the Ministry of Health and Social Welfare, the researcher's evaluation of the study as well as recommendations for nursing education, nursing management and nursing research.

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ANNEXURES

ANNEXURE A: ETHICAL APPROVAL: NWU

ANNEXURE B: REQUEST FOR PERMISSION : RESEARCH IN LESOTHO

ANNEXURE C: PERMISSION FOR RESEARCH IN LESOTHO

ANNEXURE D: INFORMATION TO PARTICIPANTS

ANNEXURE E: INFORMED CONSENT FOR INTERVIEW

ANNEXURE F: INTERVIEW SCHEDULE

ANNEXURE G: INFORMED CONSENT: FOCUS GROUP INTERVIEW

ANNEXURE H: TRANSCRIPT OF FOCUS GROUP INTERVIEW

ANNEXURE I: CONFIDENTIALITY AGREEMENT

ANNEXURE J: FIELDNOTES

ANNEXURE A: ETHICAL APPROVAL: NWU



NORTH-WEST UNIVERSITY
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2009-07-30

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title	
Nurses' experience of the transition from student to professional practitioner in Lesotho Student doing research: A Makhakhe	
Ethics number:	N W U - 0 0 0 1 2 - 0 9 - A 1
Approval date: 29 May 2009	Expiry date: 28 May 2014

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project.
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviations from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Jowes
(chair NWU Ethics Committee)

Prof HH Vorster
(Chairman: NWU Ethics Committee: Author)

ANNEXURE B: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Dear Sir / Madam

My name is Anna 'Malethola Makhakhe. I am a M.Cur. student at the School of Nursing Science at the North-West University (Potchefstroom Campus). I hereby request permission to conduct a research study with the following title:

NURSES' EXPERIENCE OF THE TRANSITION FROM STUDENT TO PROFESSIONAL PRACTITIONER IN A PUBLIC HOSPITAL IN LESOTHO.

The reality of nursing as profession bring about challenges to newly qualified professional nurses. They come to the clinical setting academically equipped, yet with a limited ability to apply their skills, hence the reason for certain anxieties. They struggle to cope in the work place and they have limited skills, such as problem solving, leadership, communication, teamwork, analytic and critical thinking skills required in professional practice.

This is the focus of the research study for a Master's Degree in Professional Nursing Science. The research proposal for this study has been approved by the Research Committee of the Faculty of Health Sciences North West University (Potchefstroom Campus). The study is based on the following objectives:

1. To explore and describe the experience of newly qualified nurses regarding their transition from student to professional practitioner in Lesotho.
2. To formulate guidelines to ease the transition from student to professional practitioner in Lesotho.

The research will focus on these objectives by conducting a qualitative research study in which an in-depth, semi-structured individual interview will be conducted. The **inclusion criteria** for the participants in this study are as follows:

They must:

- ❖ Have written the college examination in May 2008.
- ❖ Be currently registered with the Lesotho Nursing Council.
- ❖ Have written the licensure in November 2008.
- ❖ Be able to communicate in English.
- ❖ Be willing to give a written consent to participate voluntarily
- ❖ Be prepared to have interviews recorded on audiotape.
- ❖ Have experience at least (1) one year or less working as a professional nurse in the selected public hospital in Lesotho.

Confidentiality will be ensured; the identity of the participants and the collected data will be kept confidential at all times. The interview will take place in a private quiet room in a public hospital to foster psychological freedom and enhance participation. Attached, please find a copy of the research proposal which includes more detailed information concerning the study.

Hope to hear from you soon.

Yours sincerely,

.....

Anna 'Malethola Makhakhe
(M.Cur. Student)
Cell phone: 0026658845943
E-mail: annamakhakhe@webmail.co.za

.....

Dr MJS Williams: Supervisor

ANNEXURE C: PERMISSION FOR STUDY IN LESOTHO



Ministry of Health and
Social Welfare
P.O. Box 514
Maseru 100

31 August, 2009

Mrs. A. M. Makhakhe
North-West University
M. Cur. Student

Dear Mrs. Makhakhe

Re :Nurse's Experience of the transition from student to Professional Practitioner in Lesotho.

Reference is made to your letter requesting ethical approval of the above mentioned study.

The Ministry of Health and Social Welfare Research and Ethics Committee having reviewed your protocol hereby authorizes you to conduct this study among the specified population. The study is authorized with the understanding that the protocol will be followed as stated. Departure from the stipulated protocol will constitute a breach of the permission.

We are looking forward to have a progress report and final report at the end of your study.

Best Regards,

Dr. M. Moteetee
Chairperson Research and Ethics Committee
Director General
Health Services

ANNEXURE D: INFORMATION FOR PARTICIPANTS

Information concerning the participation in the following research study:

Nurses' experience of the transition from student to professional practitioner in Lesotho.

Dear Mr. / Mrs. /Ms

Hereby I would like to request you to participate in the abovementioned research study. I am a Master's student at the school of Nursing Science at the North-West University (Potchefstroom Campus). The overall purpose of this study is to explore and describe the experiences of newly qualified professional nurses regarding their transition from student to professional practitioner in Lesotho. When your experiences and support needs are known, ways of giving you the support you need can be developed, so that guidelines for employers and colleges of nursing can be formulated and implemented to improve the situation. The Research Committee of the School of Nursing Science and the Ethics Committee of the Faculty of Health Science at the North-West University have approved the study.

Your participation will include that we meet for an in-depth, semi-structured focus group discussion, which will be recorded on a voice recorder and will last for about 45 to 60 minutes. The interview will take place in comfortable room. Data will be kept in a safe place by the researcher for confidentiality, where only the researcher has access. Your names will neither be on the voice recorder nor in the research report or publication. Your participation in this study is totally voluntary and you can withdraw your participation at any time without any consequences to you. It will however be appreciated if you partake in this study to the end and contribute in the proposed guidelines to ease the transition process for newly qualified nurses in future.

If you have any questions concerning the study or on your participation in this study, please feel free to ask me at any time. I will appreciate much of your assistance, because your input will be valuable to my research.

You are kindly requested to sign the attached consent form should you be willing to participate in this study.

ANNEXURE E: INFORMED CONSENT

Nurses’ experience of the transition from student to professional practitioner in a public hospital in Lesotho.

The researcher:

I have discussed the risks, benefits and obligations involved in this research project with the participants and in my opinion, the participants understand this information.

Researcher.....Date.....

The participant:

Hereby I give informed consent to voluntarily participate in the above research study. I understand that my participation is voluntary and that I may refuse to participate or withdraw from the study at any time, the proceedings will be tape recorded for the purpose of data analysis, the data will be kept safe, confidential and anonymous without ever linking my name or identity to the data; the results of this study will be published in such a way that it cannot be linked to me, the results of this study will not benefit me directly but may ease the transition from student to professional practitioner in the future groups.

Participant.....Date.....

ANNEXURE F: INTERVIEW SCHEDULE

Schedule for semi-structured individual interviews:

- How did you experience the transition from student to professional practitioner?
- What kind of support is needed in the period of transition?

Schedule for focus group interview:

- How did you experience the transition from student to professional practitioner?
- What kind of support is needed in the period of transition?

ANNEXURE G: INFORMED CONSENT: FOCUS GROUP INTERVIEW

Nurses' experience of the transition from student to professional practitioner in a public hospital in Lesotho.

The researcher:

I have discussed the risks, benefits and obligations involved in this research project with the participants and in my opinion, the participants understand this information.

Researcher.....Date.....

The participant:

Hereby I give informed consent to voluntarily participate in the above research study. I understand that my participation is voluntary and that I may refuse to participate or withdraw from the study at any time, the proceedings will be tape recorded for the purpose of data analysis, the data will be kept safe, confidential and anonymous without ever linking my name or identity to the data; the results of this study will be published in such a way that it cannot be linked to me, the results of this study will not benefit me directly but may ease the transition from student to professional practitioner in the future groups.

Participant.....Date.....

ANNEXURE H: TRANSCRIPT OF FOCUS GROUP INTERVIEW

Nurses' experience regarding the transition from student to professional practitioner in Lesotho.

Facilitator:

Based on previous individual interviews where you raised experiences concerning shortage of staff, long shifts, and harassment by the supervisors and so on, as a follow up to that this one time we would like to have your feelings in order to get the richness of a research.

N04

When I started here working here I was *anxious* because I was not used to taking care of too many patients. Taking for example Maternity ward where there are sometimes many patients and you have to help them deliver and you are alone. When you instruct the patient to do something and she does not do it the way you want it, you become *frustrated*. Because you want to finish with her and go to the next patient and to and to make her do what you want them to do you end up being *harsh or rude* to her. When you are at home reflecting back on what you did you become shameful of the way you talked to the patient and as a result felt *guilty*. The following day you are tired *and less interested* to go to on duty and sometimes angry towards patients.

Facilitator:

When you say you are angry and it felt as if you are a bit reluctant to say it, what do you mean?

No4

You will find that even though you do not say bad words towards them *the tone of the voice* is different when you are talking to a patient in normal situation. And you will realize you would have not that in that way.

No5

Well! My experience when I was at school I believed that nursing is a very important profession but as I come to work I do not believe that anymore. Because I always get the

blames from the society, they are always blaming nurses and they never say good things about nurses. So I find that it is really challenging.

Facilitator:

What is your feeling about that, that the society and everybody is blaming you?

N05

Sometimes I felt like may be *I have chosen the wrong profession*, may be I did not get enough career guidance; it makes feel uncertain about the profession I have chosen.

N02

I feel cheap and less considered, I feel cheaper than other professions concerning financial benefits. You will find that financial matters concerning other professionals are being dealt accordingly but when it comes to nurses things are different. So *we are demotivated by such things*. For example you would be on duty at 7am and you have to transfer a patient to Bloemfontein and come back the following day at 3 am. You go to the accounts office to claim it will take ages as if you are not entitled to get what you deserve. Therefore, I feel as if us new nurses *we do not belong to the health team*. We are less motivated and we feel unworthy.

Facilitator:

So besides feeling cheap emotionally how do you feel?

N02

I felt that we are less considered, less valued and not part of the health team.

N05

I think a follow up to what has been said is really sad because I still believe now myself that nursing is a very important profession, but from the Ministry, from the heads of our departments nobody values the work done by nurses. It is really very very sad. For an example you find that the other professions are supplied with uniforms and there is accommodation but as for us nurses you never get uniform and our salaries are delayed. But you are expected to come to work wearing a uniform. So I do not think we are really valued and it is so sad really. *It makes people unsure whether they should continue with the profession* or whether they should study something else. Sometimes you find that you are old now and you can not go back and study accounting for an example because you

can not go back to High School and do accounts. So we really do not feel we are considered.

Facilitator:

I sense a demotivation here is that so?

Yes group nodded

N08

On all the experiences I came across since I started working being overworked, working for long hours, working in extremely bad conditions not getting exposure to further education, I think I am stuck in the middle of no where because the expectation was that after working for one year or one year and half one should have gone for a short course or long course to refresh or update me on some current information given to health professionals. But since I have never been given a chance for a short course, I think I am stuck and going down the grave and these makes me to loose interest completely in nursing. I sometimes regret why I choose nursing as a profession because even for the payments we are not being paid for the qualifications we have and nobody cares about it. Nobody pays attention to such things and this makes think nursing is the profession which nobody thinks is important. Therefore, I think is the profession nobody recognize it as good I think is a dirty profession that nobody pays attention to and I feel depressed.

Facilitator:

What do you mean when you say is a dirty profession?

N08

I mean a profession where you work in poor working conditions, even people from outside do not respect nurses, they think we are cleaners. They do not realize how important our profession is. We are just struggling in a mess.

Facilitator:

Is it not lack of knowledge or differentiation between different cadres in the hospital?

N08

Well! Even our employers do not realize how important nursing is. They are aware of the bad working conditions may be they think is the duty of the nurse to struggle in that mess.

Facilitator

I sense some regrets because the rest of the group nodded when you say *I do not even know why I chose the profession. Is that so?*

N08

Well! Is ...Because we regret, sometimes I think if in the beginning I was employed in the different institution, I wonder if the problem of the institution is where I am working or I think may be to some extent is because of the institution where I started working because is one of the most what worst institution in the country. We were unfortunate to start working here before we can get exposure to other institutions. But so far the picture that I have got in this one is a very bad one

N05

I think if you can hear nurses talking they are ashamed of their profession, you asked why are you not putting on your arpuletts? They said Ah! Those? So that everyone will see that I am a nurse because people are ashamed that they are nurses. And I think if this is not considered there will be very few nurses left here because we will go somewhere or change the profession.

Facilitator

What do you mean when you say nurses are ashamed of the nursing profession, is that a general feeling?

N02

They are shamed because when they are coming to work they put the eaupulletes onto their bags and when they arrived at the hospital they put them on. They fear public.

Facilitator

What do they fear about the public?

N02

They fear the insults from the public

Facilitator

Ok! The insults, why do the public insult nurses?

N01

I think we are not providing the care that they (public or community) is expecting. This is why they end up insulting us.

N06

Ah! I am saying this in relation to what N01 has just said, it is not that we are ashamed of our work, but it is because the community in general does not respect nurses. You can just go around the street Kingsway here a conductor of the taxi will just be shouting through the window, hey! M'e nurse. Why is that? It is because the community in general does not respect nurses. The work we are doing here is very traumatic. Those who are shouting at us are just sending their patients here but they are just expecting more that they could have done at home. So when they come to the hospital they just take their stresses onto the nurses. This is where the disrespect comes from.

Facilitator

What is your feeling about the disrespect of the community?

N06

I feel *very demotivated, very shameful* about my profession but sometimes it makes me just calm around that and be strong to face the community.

Facilitator

How do you face the community?

N06

When you face the community is when you are going to say something rubbish.

N04

Like they were saying it is very painful not to be respected by the community because there is nothing you can do. There are things which you would like to do for community but the situation that you are in, again if you are failing to provide services to the patient you feel incompetent and shameful and regret and as a result ask yourself questions why am i here, why did I choose to be a nurse?

N08

My feelings Ah! I think there has not being any improvement up to so far since I paid close attention to the profession that is from the time I was doing my first year as a student nurse. So actually what I am doing now is to discourage my friends, relatives and every close person next to me. I discourage them from doing nursing. Like my sister was desperate thinking which profession to choice. I totally discourage her to choose my profession at all.

NO1

I do not think this is a bad profession. I think what are bad is people who are on top whom we call our managers and we end up being confused and angry and thinking why we choose nursing. I do not think nursing is a bad profession.

NO6

I am blaming the institution I am working on because sometimes when you met other new nurses from other institutions they are having different feelings from what I have. In my institution is the referral hospital, there are many patients with chronic cases and all the worst conditions ever, there is shortage of staff. Let me say there are shortage of manpower and equipment. So you would want to help all these many patients you have at the same time you are alone in fifty patients and there is nothing to use for those patients at the same time their significant others are coming and *they are expecting you to have done everything* all the fifty patients, by on ways you could not have done that. That is where the blaming is coming where the relatives are complaining. That is when you will see yourself *unworthy* that is where you will see that I have not done anything. But can not admit and understand when you say that these patients are too many for me. So that is when these feelings *come why I am here? Why on the first place did I choose this profession? What do I do to deserve this?* This is just the conditions we are in which makes transition difficult. But I think if the institution can be aware of this everything will be ok because sometimes when I am alone wearing my uniform and I see myself, I like myself and I like my profession and I even value myself greatly. But when I get to work is totally different.

Facilitator

I sense clouding of emotions, why am I here?

N03

Despite of the mentioned challenges, I really like my work and I am motivated to work with children and would like to further my studies in pediatrics

N07

I would like to add from what N03 have just said. In children ward surgical *we work as a team*. But there are times when *one would feel as if you could leave everything due to frustrations and anger*.

N02

Some of the things we do not have control over them. But if we could sit down with them they would be less angry to us.

Facilitator

But in reality you have to sit down and explain to relatives about their patients' condition?

N05

I understand what have being said but I still believe that nursing is not nursing when we are not doing something for the patient.

Facilitator

What do you feel about that?

N05

These make us *angry nurses, emotional, stressed and regretful and everything that is bad*.

Facilitator

One the previous discussion one of you mentioned harassment by your supervisors.

N05

The matrons are our supervisors because now we are just the nursing sisters all of us and when your supervisor is not supporting you feel I do not know, but what I know for sure is that everytime the matron comes in she is going to say all the bad things I have done leaving out the good that I have done even to recognize the best I have done. So I think the matrons are other people that make us even angrier. Because even when we try to explain the problems we encountered they will be telling' when I was a student I used to run the ward alone'. So you will feel like talking to her is a waste of time. So I will just be rude like she is rude to me. It is not right today you feel like if there not there but it would be better without them.

No8

May be what makes them fail is because they are old. They are even afraid to confront other cadres in the hospital. For example say you have a conflict with a doctor as new nurse sometimes is doctor's fault but instead they make nurses always to back off. We end

up being shy and submissive. So in that way, other professions do not value us because of their attitude. They are not our representatives and they do not protect us enough. They would rather try to find something wrong that they you have done on the issue.

Facilitator

As a follow up from what you have just said that if you become submissive, is like now you cease to become the patient advocate, is that so? Now are we still nurses if we are not patients advocate?

N05

That is why *we regret what we are because we do not feel like* a nurse who suppose to be doing this but when you fail to do it even when you continue to ask, “Am I really a nurse?” If I do not feel like I am a nurse, why am I doing here, why am I still here? And sometimes you feel like maybe if I could be in another country. I feel like I am not important to my country.

Facilitator

You said you will go to greener pastures, are you saying that?

N05

Even if it is not greener pastures but if someone is shouting at me outside Lesotho I would understand because I would have taken his or her job. I can understand that now I am working for my country.

Facilitator

Am I sensing people who would like to go outside the country because of the situation?

N05

Yes given the chance.

N04

If the country was paying attention to *our professional and emotional well being* there will be no one to go outside the country. But the current situation in the country makes us feel like going outside the country as new nurses because we have friends outside the country we interact with, she would tell me her experiences where ever she is and I will be telling her experiences then I tend to weigh the situation I am in and the situation she is in then find out that no this is better than where I am. That thing makes me *feel I should go not* that I want to help Basotho not that I am interested to help people outside the country. I need to

be respected; the work environment should be conducive to render nursing services. We need people who would nurse *our emotional well being* so that we render quality services. Nursing is a cornerstone for health. We need to be motivated. Because should the nurse be not psychologically stable, she would not perform better and the relationship between the nurse and the patient would be somewhat doubtful. We tend to be rude. You would wonder why nurses are leaving this institution it is because of these frustrations. If you can sit down with an individual you will find that she is lacking emotional support, not the salary as such. We did not choose the profession because of the salaries but we liked it but the problem is the current situation. *We need to be motivated.*

NO8

The other best alternative is to use force, nurses should go on strike.

NO5

Sometimes you would feel like it is better to do it because other people are doing it and their needs will be answered. We are just falling and nobody responds, so why cannot we do it? We are all people after all. So why can not we do it.

NO2

And we will remain bitter and angry.

Facilitator

It looks like it is a general feeling.

NO5

If there would be a meeting for nurses to raise their complaints, how they feel, you will get a storm, people are so angry, nurses are like angry people now.

NO6

We are demotivated because of the “topic of silly” nurses in salons, taxis, along Kingsway; we are now *confused as new nurses and angry*. The community is also angry at the nurses we do not know why? The administration is angry also, you have a problem you go to your immediate supervisor she gives you something different on hoe badly you perform your duties. You go to your nursing offices, they are also angry, you go to the ministry you get something more demotivating, and hence what is the use. This ministry is just a mess. I enjoyed my training as a nurse, I enjoyed my work as a nurse from the beginning but *now /*

am getting angry, demotivated and frustrated. Most of the time is wasted in borrowing equipment from other wards.

NO4

The current situation of *angriness, frustration and lack of support from our supervisors makes us mess up things at work do not put things in logic. We lack supervision and as a result we become stressed up. I end up doubting my competence that I have done something wrong and I end up regretting and building hatred to the supervisors.*

facilitator

This brings us to the skills provided by the colleges and university; do you think the training institutions have provided enough skills, do you feel competent enough at work independent to make decisions, to do some procedures on your own without supervision can we place you anywhere in the country ?

NO1

My school has provided enough skills for me to practice on my own.

NO3

My school has not provided enough skills because we had more theory than practicals and they did not follow us at all.

Facilitator

Is it because now you say the school has provided more information than practical or the school did not place you or because the school did not follow you up?

NO3

They did not follow us at all; they just place us here to practice and supervised by the clinical staff.

NO5

Myself, when I reached college I said now I am at tertiary, so I have to be more independent. I always believed that when I am at the clinical I have to see to it that I am responsible and accountable for my work as a student. I am now a nurse even though I am still training. So I always believe my school has given enough I have the skills but the

problem is I am not able to practice the skills I have because of the reasons that I have already being mentioned.

NO8

I think the training I got from school is average I cannot say is lacking because *the period for practical was not adequate* but I think in this profession we keep on learning, *some of the things we learned from school need to be sharpened in the field*. Since we are rusting in this institution, we are not exposed to the things we learned at school. Some of the terms I came across when I am at work I have forgotten them that I came across them when I was at school because ever since I was employed we do not do many procedures things are done shortcut every time, we are always improvising no equipment things are not done the way they should because of shortage and workload as well. I think the schools have provided enough guidance but we are not able to do what we have learned at school.

NO6

In actual fact my school has provided me with enough to practice independently, it is just that I do not have time, enough resources to exercise what I know.

NO7

I think my school has given me enough, the problem is that here at work, *there are no refresher courses even workshop for the current common conditions such as diarrhea and malnutrition to update us on their management and the like*. So you will find out that one will go to the workshop once in a while and information is not shared to all nurses after the workshop. Since we are many it would be better if are sent to the workshops in groups so that information sharing would enhanced among the groups. Because the information on HIV/AIDS is changing every time so people should be given chance to update themselves on new information. We should also rotate to different units and it should be consistent to give us chance to fit in into different ward teams.

N04

The chance is given to one or two people for every workshop and those individuals do not share what they gained with others. The workshops are given to our Leader's favourite. facilitator

And what is your feeling about that? Not being given a chance to go to the workshop.N04

We are stuck, the workshops are being attended by senior nurses, and I wonder in future when they will retire and we will be left unskilled yet we are not. The school has given me enough to practice independently but we are not given an opportunity to do that. The school has given me information about the current not the future. So the institution has to update us by providing workshops. For instance, somebody who has trained in the eighties when she /he is told how the pregnant woman who is HIV positive is treated now would feel like she has not gone to school yet and this really scare me. So the school could not give us information about the future but the current. I feel stressed if we are not updated with new information.

NO8

Even if I could now work in other hospitals with enough equipment where procedures are done properly, I would not cope as I am used to the shortcuts. I would not be confident. For example, simple dressing I am used to one pack which is used to fifty patients. There are even no forceps sometimes and we use hands.

Facilitator

How do you feel about that?

NO4

Like NO8 said, I am frustrated due to the shortcuts done to some of the procedures because that is not what we have learned at school. If one wound becomes septic, I *feel guilty* that I could have done something better for the patient. I become frustrated because at school we have learned that each patient should have his/her own pack but now in practice are different as a result we are confused. As NO8 has said, if we go to other institutions, people we see us as incompetent in some of the procedures.

NO6

This makes us feel like we do not or we are not proud of our country. When you go to other countries like SA recently my brother was admitted in one o the hospital *I was shocked* when I saw the way the procedures were done. I did not even want them to recognize that I am a nurse because I was just in shock when I see the care that has been provided every patient was carrying his own pulse oxy meter. I thought of my institution with one oxymeter, I was shameful. The nurse- patient ratio was equalized, working conditions conducive. It is like I could be in other country somewhere not here. It is real painful.

Facilitator

Perception of yourself as a new nurse. How do you perceive yourself as a new nurse?

NO5

There are so many problems but everything has a good side. Through all those problems I realized that I am a very independent person and I am so proud myself.

Facilitator

Tell us how.

NO5

Because of these problems of nurse patients being high in numbers in each unit, myself knowing what I have to do. Well, the fact is I am somebody who really believes in herself even when I face problems like when I am alone I try to bring the positive aspects of something that is bad. But those things really makes me know who I am, what I have to do and what is right despite all the things that people are saying.

NO4

Regardless of these bad working conditions, as a new nurse I am proud of my profession. I have learned that I have been responsible and accountable for what I am doing as a nurse. I have also learned that there are small things in life that would change your personality. I also learned that in life you have to stand on your own.

Facilitator

How do you perceive yourself as a new nurse NO8?

NO8

I will respond later

NO6

I really like my profession; I love it so much I have never thought of changing it. Instead of changing it I would want to pursue more studies in this profession, I like it so much. It makes me a responsible person, the caring person and I am proud of providing care for them. Regardless of all these problems we are having as new nurses I am trying by all means to provide what I can for my patients. Si I real love nursing profession. I carry my arpullets from here to the taxi rank. I do not fear anybody.

NO7

Regardless of the mentioned experiences, I like nursing so much I have to fight things have to be done properly. People should recognize and respect our profession.

NO3

I am proud of my profession that I cannot change it. I would like to further my studies.

NO8

I think it was for a reason I became a nurse and irrespective of the bad experiences and the current attitude towards nurses. I am going to be part of the team which is going to nurture nursing, who are going to improve it so I think not I am willing to make this profession to reach the appropriate standard and I am going to be part of the team which is working hard to make it work.

NO1

I feel proud of myself and I am trying hard to do my best to help the patients under my care. I am eager to bring change.

Facilitator

We have come to the end and really we thank you so much for your participation indeed, we wish you good luck on your career. Please raise up your heads and be nurses who will improve nursing in Lesotho.

ANNEXURE I: CONFIDENTIALITY AGREEMENT

Herewith I.....ID number.....
declare that I understand that the data I am exposed to are to be kept safe and confidential
at all times. I will not share the content of what came to my attention with anyone other
than the researcher, Mrs AM Makhake.

Researcher.....Date.....

.....Date.....
Facilitator/ Typist/ Co-coder



ANNEXURE J: FIELD NOTES

FIELDNOTES: INDIVIDUAL INTERVIEWS

Interview 1

Descriptive Notes

The newly qualified nurse signed the consent form to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The professional nurse (about 30yrs old) had a neat, professional appearance. She is the registered nurse midwife and the interview took place in Paediatric ward where she was working. She appeared to be comfortable with participating in the interview. She maintained eye contact with the researcher and smiled often and appropriately. She obtained Diploma in General nursing and midwifery. She has six months experience working in the referral Hospital.

Reflective Notes

The newly qualified profession nurse seemed relaxed regarding time to take part in the interview, although there were patients waiting for her to be admitted. She answered the questions after apparently thoroughly thinking about her answers. She answered in a warm tone of voice and appeared willing to give as much information as possible. She seemed to have knowledge regarding skills required to render care in the paediatric ward. She seemed positive regarding undergoing further studies in paediatric nursing to acquire the necessary skills.

Demographic Notes

The interview was conducted in a Nurses' office within the Paediatric Unit that seemed to be busy, the ward was full and three patients were waiting to be admitted. The room was relatively quiet and private as the room's door could be closed, keeping most of the noise from the waiting area out. The room temperature was moderate a heater had to be put on. Chairs in the room could be moved so that the researcher and the interviewee could sit facing each other with no obstacles between them. An electricity point was available to plug in the audio tape recorder. The demographic conditions were thus conducive for an interview to take place effectively. One field worker was present to take field notes.

Interview 2.

Descriptive notes

Consent form was signed by the professional nurse to participate in the interview. The questions were read before interview took place and she was given the opportunity to clarify the meaning of the questions beforehand. She had a neat professional appearance. She is about 25 yrs and has Degree in general nursing and midwifery. Her tone of voice was soft and she tended to break eye contact, but she answered questions appropriately and smiled.

Reflective Notes

The professional nurse seemed relaxed regarding giving time to take part in the interview although there were patients shouting in the Labour wards. Therefore, she answered the questions briefly and rushed into Labour ward to help the woman who was already in second stage of Labour. The researcher gathered from this that the professional nurses were few in that unit.

Demographic Notes

The interview was conducted in the nurses' duty room within the Maternity unit that seemed to be very busy. The room was relatively quiet and private, as the room door could be closed, keeping most of noise from the waiting area out. The room temperature was moderate, a heater had to be put on. Chairs in the room could be moved so that the researcher and the interviewee could sit facing each other with no obstacles between them. An electricity point was available to plug in the audio tape recorder. The demographic conditions were thus conducive for an interview to take place effectively. The field worker took notes.

Interview 3.

Descriptive notes

The professional nurse gave written consent to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before interview took place. She appeared neat and professionally dressed in uniform. She is about 26 yrs old. She had a confident, comfortable appearance. She smiled appropriately and maintained eye contact. She had a degree in General nursing and

Midwifery and obtained these qualifications. She has eight months experience working in the referral hospital.

Reflective Notes

The professional nurse seemed relaxed regarding giving time to take part in the interview although there were patients waiting in the Maternity admission room. She answered the questions with ease and confidence.

Demographic notes

The interview took place in a relatively noise free room in the Maternity unit. Electricity was available for the audio tape recorder. No interruptions were experienced. The room temperature was comfortable. Chairs were in such a position that the researcher and the interviewee sat facing each other and there were no obstacles between them. The field worker took notes.

Interview 4

Descriptive notes

The newly qualified nurse gave written permission to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The newly qualified nurse was neatly dressed in the appropriate uniform. She is about 25years old. She seems pressed for time and expressed that she was busy with ordering gloves supplies in Maternity. The newly qualified nurse maintained eye contact during interview and answered the questions after clarifying the meaning thereof. She spoke in confident, loud tone of voice. She has Degree in general nursing and midwifery. She has been working in the Maternity for the past three months and she previously worked in the male medical ward when she arrived in the referral hospital.

Reflective notes

The newly qualified nurse expressed her willingness to participate in the interview, but seemed eager to return to her duties. Before the interview, she was busy ordering supplies for the unit and she seemed to be taking responsibility being allocated to her. Her non-verbal communication indicated that she experienced frustration with the working conditions. She expressed that she has developed professionally during the past six

months because she gained experience in rendering care to pregnant women and their babies.

Demographic notes

The interview was conducted in a quiet, good ventilated nurses' duty room in Maternity ward. There was electricity available for the audio tape recorder. Chairs arranged so that researcher and the interviewee could face each other during the interview. There were no obstructions between them. The door of the room was closed, ensuring privacy. The room temperature was comfortable.

Interview 5

The newly qualified nurse gave written permission to participate in the interview. The questions were read to her and she was given the opportunity to clarify the meaning of the questions before the interview took place. The newly qualified professional nurse had a young, modern appearance (about 24 yrs) and was appropriately dressed in uniform. She has Diploma in general nursing and midwifery. She seemed eager to take part in the interview.

Reflective notes

The newly qualified professional nurse seemed relaxed regarding giving time to take part in the interview, although there were patients waiting for her. She maintained eye contact during the interview and seemed eager to answer the questions.

Demographic notes

The interview was conducted in a quiet, good ventilated nurses'duty room in Maternity ward. There were 10 patients in the bench waiting for regular antenatal checkup. There was electricity available for the audio tape recorder. Chairs arranged so that researcher and the interviewee could face each other during the interview. There were no obstructions between them. The door of the room was closed, ensuring privacy. The room temperature was comfortable.

Interview 6

Descriptive notes

The newly qualified professional nurse gave written permission to participate in the interview. The newly qualified professional nurse had a neat professional appearance and was dressed in uniform. She seemed relaxed and confident during interview. She has Degree in general nursing and midwifery. She is approximately 26 yrs old and has experience of six months as a professional nurse. She seemed positive regarding participating in the research interview.

Reflective notes

The newly qualified professional nurse seemed confident working in Maternity she created the impression that she has vast experience in Maternity. She furthermore maintained a positive regarding further education.

Interview 7

Descriptive notes

The researcher met the participant while he was sitting, reading news paper at the desk in the nurses' duty room. He did not seem busy with his professional duties at that time. He was dressed appropriately in uniform.. He initially did not seem comfortable to participate in the interview, but later during interview he seemed more relaxed. He has Diploma in general nursing and midwifery. He has been working at the referral hospital in Adolescent Corner for five months. Previously he worked at casualty department when he arrived at the referral hospital.

Reflective

The participant was calm and relaxed and maintained eye contact. After reading the questions, he made notes and during interview he read the notes aloud as his answers to the questions.

Demographic area

The nurses' duty room was conducive to conduct interviews. It was quiet, private room. Electricity was available for the audio tape recorder.

Interview 8

The newly qualified professional nurse signed the consent to participate in the interview. She was given sometime to read through the questions and clarify the questions before the interview took place. She was neat and dressed in uniform with distinguishing devices depicting the following qualifications, general nursing and midwifery. The participant seemed relaxed.

Reflective notes

The newly qualified professional nurse maintained good eye contact. She needed clarification on the meaning of the questions (about 25 yrs old).

Demographic

The interview was conducted in a quiet, well ventilated room in adolescent corner. There was electricity available for the audio tape recorder. Chairs were arranged in such a way that the participant and the researcher could face each other. Privacy was maintained. The door was kept close during the interview.

Interview 9

The participant gave written permission to participate in the interview. The questions were read to her and she was given opportunity to clarify the meaning of the questions before the interview took place. She presented herself professionally as she was wearing a uniform with distinguishing devices. She attained qualifications in general nursing and midwifery. She seemed comfortable in answering the questions.

Reflective notes

The participant answered the questions with ease. She stressed the fact that there is great demand or pressure put on the nurses. She thus sees ongoing training and in service education as very important and wanted to pursue studies on pediatric nursing. She expressed the idea that she has never being allocated to pediatric ward as a student. She does not feel comfortable to be always asking for assistance when she has to help a patient.

Demographic

The interview was conducted in a quiet, well ventilated room. There was electricity available for the audio tape recorder. Chairs were arranged in such a way that participant

and researcher could face each other. Minimum disturbance and privacy were maintained. The door was kept closed during the interview.

Interview 10

Descriptive notes

The participant was neat and professionally dressed in uniform. She mentioned that they were short staffed. Despite that she was still prepared to go on with interview. She was comfortable and maintained good eye contact. She indicated that she enjoys working in the referral hospital despite the fact that they are short staffed.

Reflective notes

The participant maintained good eye contact. She felt that nurses are put under a lot of pressure. To overcome this she felt the need for management to increase number of the professional nurses in order to provide quality care.

Descriptive notes

The interview was conducted in a reasonably quite room in a familiar environment in female medical ward. The room was well ventilated and with good lighting. There were no movements and disturbance. The chairs were arranged in such a way as to maintain good eye contact.

FIELD NOTES: FOCUS GROUP

Observational notes:

- Eagerness and willingness to join the discussion for the second time.
- Confusion and anger when the new nurses related their experiences with regard to the transition process.
- Feeling of frustration and demotivation when the new nurses talked about their supervisors.
- Talks of a strike to enforce change.
- Feelings of despondency, uncertainty regarding nursing as career and considering to leave Lesotho for another country.
- Feelings of hope despite the problems encountered by new nurses.