

Perceptions of the clinical competence of newly registered nurses in the North West province

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Abstract

The clinical competence of newly registered nurses relating to the care of individual Clients, depends on their ability to correlate theoretical knowledge learned in the classroom with practice and the development of clinical skills. Its foundation lies in the ability to identify and solve problems that emanate from critical thinking, analytical reasoning and reflective practice. It is clear that the quality of clinical exposure plays a leading role in the development of nursing professionals. Nursing skills alone cannot ensure quality care of clients without the application of theory. Facilitation of this theory to practice therefore remains an essential component of nursing education. This study was aimed at identifying areas of incompetence of newly registered nurses (1998-2001) in the clinical area by determining the newly registered nurses' and professional nurses' perceptions of the competence of the newly registered nurses. A quantitative, non-experimental, descriptive survey was used to collect the data regarding the clinical competence of newly registered nurses (1998-2001).

An in depth literature study was conducted to generate information that was used as basis for the study. For data collection two types of structured questionnaires were used to obtain information from the professional

nurses and the newly registered nurses in identified hospitals in the North West Province. The professional nurses' sample consisted of (n=151) respondents and the newly registered nurses' sample of (n=67) respondents. An analysis of the data obtained from the study revealed that the shortage of staff, equipment and supplies negatively affect the competency of newly registered nurses.

There is a discrepancy between what the newly registered nurses learned in the classroom and what they observe in the clinical area. Orientation programmes need to be reviewed and are often neglected due to staff shortages. Findings with regard to the newly registered nurses revealed that these nurses have sufficient theoretical knowledge but lack competency in basic nursing skills due to an inability to correlate theory to practice.

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

Recommendations regarding the education and training of newly registered nurses and the clinical practice area have been made.

Opsomming

Die kliniese vaardigheid van pas geregistreeerde verpleegkundiges ten aansien van die versorging van individuele kliënte, hang van hulle vermoëns af om teoretiese kennis wat in die klaskamer geleer is, met die praktyk te korreleer en van die ontwikkeling van kliniese vaardighede. Die grondslag hiervan berus op die vermoë om probleme te identifiseer en op te los deur kritiese denke, analitiese redenasie en reflektiewe praktyk. Dit is duidelik dat die gehalte van kliniese blootstelling 'n leidende rol speel in die ontwikkeling van leerders om professionele verpleegkundiges te word. Verpleegvaardigheid alleen sonder die toepassing van teoretiese kennis kan nie gehalte sorg vir kliënte waarborg nie. Fasilitering van hierdie teorie in die praktyk is dus 'n wesenlike komponent van

verpleegopvoeding. Die studie is gemik op die identifisering van areas van onbekwaamheid van pas geregistreeerde verpleegkundiges (1998-2001) in die kliniese area deur die bepaling van persepsies van beide professionele verpleegkundiges en pas geregistreeerde verpleegkundiges. 'n Kwantitatiewe, nie-eksperimentele, beskrywende opname is gebruik om inligting te verkry m.b.t. die kliniese bevoegdheid van pas geregistreeerde verpleegkundiges (1998-2001).

'n In-diepte studie is onderneem om inligting te verkry wat gevolglik gebruik is as basis vir hierdie studie. Om data te versamel is twee verskillende gestruktureerde vraelyste gebruik vir professionele verpleegkundiges en pas geregistreeerde verpleegkundiges in geïdentifiserde hospitale in die Noordwes Provinsie. Die professionele verpleegkundiges se steekproef het uit (n=151) respondente

bestaan en die pas geregisteerde verpleegkundiges se steekproef uit (n=67) respondente. Data-analise van die studie dui aan dat 'n tekort aan personeel, toerusting en voorraad 'n negatiewe invloed het op die bevoegdheid van pas geregisteerde verpleegkundiges .

'n Teenstrydigheid bestaan tussen wat die pas geregisteerde verpleegkundiges in die klaskamer geleer het en wat hulle in die praktyk waarneem. Orënteringsprogramme moet hersien word en dit word dikwels verwaarloos weens 'n tekort aan personeel. Pas gekwalifiserde verpleegkundiges het genoegsame teoretiese kennis, maar beskik nie oor die nodige verpleegvaardighede nie, as gevolg van 'n gebrek aan korrelasie tussen teorie en praktyk. Gevolgtrekkings uit die studie dui daarop dat verskeie faktore 'n negatiewe uitwerking op die bevoegdheid van die pas geregisteerde verpleegkundige het. Hierdie faktore spruit voort uit die kliniese area en die opvoeding en ontwikkeling van die pas geregisteerde verpleegkundiges. Aanbevelings m.b.t. die opvoeding en ontwikkeling van pas geregisteerde verpleegkundiges en die kliniese area word gemaak.

Introduction

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

This study indicates that there is dissatisfaction among experienced nurses with regard to the quality of care that is provided by the newly registered nurses. Notwithstanding four years of academic study and clinical training, these graduates need further supervision and guidance. In view of this, newly registered nurses cannot function autonomously according to the requirements of the South African Nursing Council's Scope of Practice of the Registered Nurse (R2598 of 1984 as amended).

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

Motivation for the research

The main objective of nursing education is the ability to produce nurses with the ability to render high quality professional care. The primary emphasis of nursing is the provision of safe, professional nursing care to patients, consequently, clinical competence and excellence in nursing practice are expected from all registered nurses. The impor-

tance of the promotion of nursing care skills and the empowerment of nurses with scientific knowledge by deploying teaching strategies that enhance critical, analytical reasoning abilities should be clear. This should enable nurses to function effectively even in uncertain, rapidly changing and/or complex clinical situations.

The Scope of Practice of a Registered Nurse (South African Nursing Council Regulation R2598 of 1984 as amended), the Minimum Requirements for the Education and Guide Concerning the Teaching of students in the program leading to registration as a nurse (General, Psychiatric and Community) and Midwife (SANC Regulation R425 of 1985 as amended), as well as the philosophy of nursing education should serve as guidelines for nursing education programs in this country. Throughout, the quality of outcomes should be well above the minimum requirements.

Problem statement

The clinical competence of student nurses with regard to the nursing of individual patients is based on the their ability to identify and solve problems. Competence in this regard is related to the ability to correlate theory with practice, through developed clinical skills. The perceived incompetence of newly registered nurses in the clinical situation with reference to the Scope of Practice of a Registered Nurse (SANC regulation R2598 of 1984 as amended) prompted this study.

Aim of the research

To identify areas of incompetence in the clinical practice of newly registered nurses and to make recommendations on how these problems should be addressed during the education and training of student nurses.

Research objectives

The objectives of the research are as follows:

- To determine the perceptions of the professional nurses in clinical practice with regard to the competence of newly registered nurses
- To determine the perceptions of newly registered nurses with regard to their own clinical abilities
- To make recommendations regarding the identified areas of incompetence in clinical practice.

Definition of core concepts

Perceptions

The ability to have knowledge and understanding of something through observation
(Longman Dictionary of Contemporary English, 1878:805).

Clinical skills

The skill required for tending to the needs of the ill in the practical situation.

Registered nurses

Persons who have successfully completed a nursing pro-

gramme and are allowed to practice as professionals after registration with the South-African Nursing Council.

Newly registered nurses

In this study, nursing professionals who completed a nursing programme and registered with the South-African Nursing Council during the period 1998-2001. The registered nurses did not have more than two months experience since completion of their nursing programme.

Literature review

The South African Nursing Council

The South African Nursing Council (SANC) is a body that monitors the standards of practice in nursing and registers nurses after successful completion of their different programs. It also prescribes rules and regulations that govern the practice of professional nurses. The regulation with regard to the Scope of Practice stipulates the skills that may be carried out by persons registered by this body, and proficiency in these skills guarantees the nurse's ability to render safe and competent nursing care.

The development of nursing students

During their training, nursing students are provided with theoretical content and to consolidate this knowledge and socialise them into professional roles, they are placed in clinical areas. Here they learn the art of nursing, which is the core of nursing education (Tlakula and Uys, 1993:29; Gramling and Nugent, 1998:47).

It is essential that students learn to master the art of nursing and this can be done through the acquisition of skills, which are learned in the clinical situation. To achieve this acquisition effectively, students have to use theoretical knowledge, skills, values, beliefs and attitudes that form the foundation upon which nursing practice is based (Percival, Anderson and Lawson, 1994:139). The discussion of the education of nursing students brings the curriculum into focus.

The curriculum should aim at producing students who are able to think critically, and who can appreciate the diversity of South Africa's population and provide culturally relevant care (Halstead, Rains, Boland and May, 1996:414; De Villiers and Van der Wal, 1995:56; Davidhizar, Dowd and Newman, 1998:38). Culturally appropriate care is quality care, and quality care is derived from quality teaching and preparation that enhances professional competence.

Nursing education must facilitate learning in a way that will enhance the student's ability to conceptualise, using a critical, analytic approach, which forms the basis for clinical decision-making. One such strategy is questioning, which helps the students to recall knowledge and apply it to the situations they face (Wink, 1993:11) in the clinical area. Effective questioning is dependent upon critical thinking and it facilitates successful learning (Kyriacos, 1992:50) in such a way that students become empowered as their abilities to use reasoned appraisals are developed (Haffer and Raingruber, 1998:62).

Correlation of theory and practice

The correlation of theory and practice is an important variable in the education of nursing students and may influence their learning, competence and professional conduct. If the extensive amount of knowledge the students are provided with is not put into practice, it may become meaningless. Historically, there has been a problem with the correlation of theory and practice in nursing. Active accompaniment of students in the clinical practice area and purposive structuring of assignments may solve this problem. Both Everett Brasler (1993:158) and Khoza (1996:17) advocate the use of preceptors to socialise the new graduates into the reality of the workplace, and to help them apply their theoretical knowledge effectively.

In their quest for quality care, nurse managers should attach newly registered nurses to experienced professionals for supervision and further learning. Supervision facilitates the integration of theory and practice and improves the graduate's ability to provide safe and efficient care. It is also essential that nurse educators work together with clinical nurses to develop competency-based education (Garland, 1996:192). This collaboration will enhance successful transit from student nurse to professional practitioner.

Responsibilities of the learner

The nursing students themselves, are also responsible for their own learning. They should be able to comment on the quality and content of their education and training. Studies by Mazingo, Thomas and Brooks (1993:57) as well as Troskie (1993:57) indicate that newly registered nurses recommend increased clinical exposure to improve their competency in nursing.

Research design and method

A quantitative, non-experimental, descriptive survey was undertaken to generate information on the clinical competence of newly registered nurses (1998-2001). The descriptive research was found to be appropriate to this study as its methods (Burns and Grove 1997:250 and Polit and Hungler 1995:178) allowed for the perceptions of the competency of newly graduated nurses to be determined.

The research consisted of an in depth literature study, followed by a structured questionnaire to professional nurses as well as newly registered nurses in the clinical field with the purpose of assessing areas of perceived incompetence areas of newly registered nurses in clinical practice.

Population and sampling

The population included in this study consisted of two groups, the professional nurses and newly registered nurses from eight hospitals in the North West Province. The hospitals were chosen as bigger and smaller hospitals providing patient care services. The choice was also made upon convenience and the categories of professional nurses and newly registered nurses were employed in these hospitals. According to Polit and Hungler (1995:230), a sample is a

group of members that form a portion of the population and must be representative of the population.

The professional nurses' population included all categories of professional nurses who were prepared to participate and they were relevant to the study as they worked with the newly registered nurses, supervising them and acting as role models. The professional nurses' population consisted of (n=151) respondents who were accessible and representative of the target population. The newly registered nurses' sample (n=67) consisted of nurses with a diploma in nursing or a basic nursing degree who had obtained the qualification within the specified period of (1998-2001) and were prepared to participate. The newly registered nurses' sample participated with not more than two months experience since completion of their nursing programme. This category of nurses were relevant to the study as they had not yet attained the required experience in nursing and were still considered to be new. Newly registered nurses who had practised as enrolled nurses before training were excluded from the study as they had acquired significant experience. Representation was ensured because all respondents were consistent with the characteristics of the target population.

Research instrument

The research instruments that were used in this study were two types of structured questionnaires, which were based on an extensive literature research, with regard to the clinical competence of newly registered nurses. The instrument comprised both open and closed questions to give respondents the opportunity to elaborate and state reasons for their responses. An adapted Likert scale with four options was used. Open ended questions were coded and transcribed for statistical analysis. One questionnaire was directed to the professional nurses and the other to the newly registered nurses and comprised three parts. The first part concerned biographic information of the respondent; the second part screened perceptions regarding clinical competence and the third part screened perceptions of competency with regard to certain aspects of the Scope of Practice of the Registered Nurse Regulation 2598 of 1984 as amended. This method was chosen because it is cost-effective and ensures that all respondents are exposed to uniform stimuli of its impersonal and standardised nature.

Ethical considerations

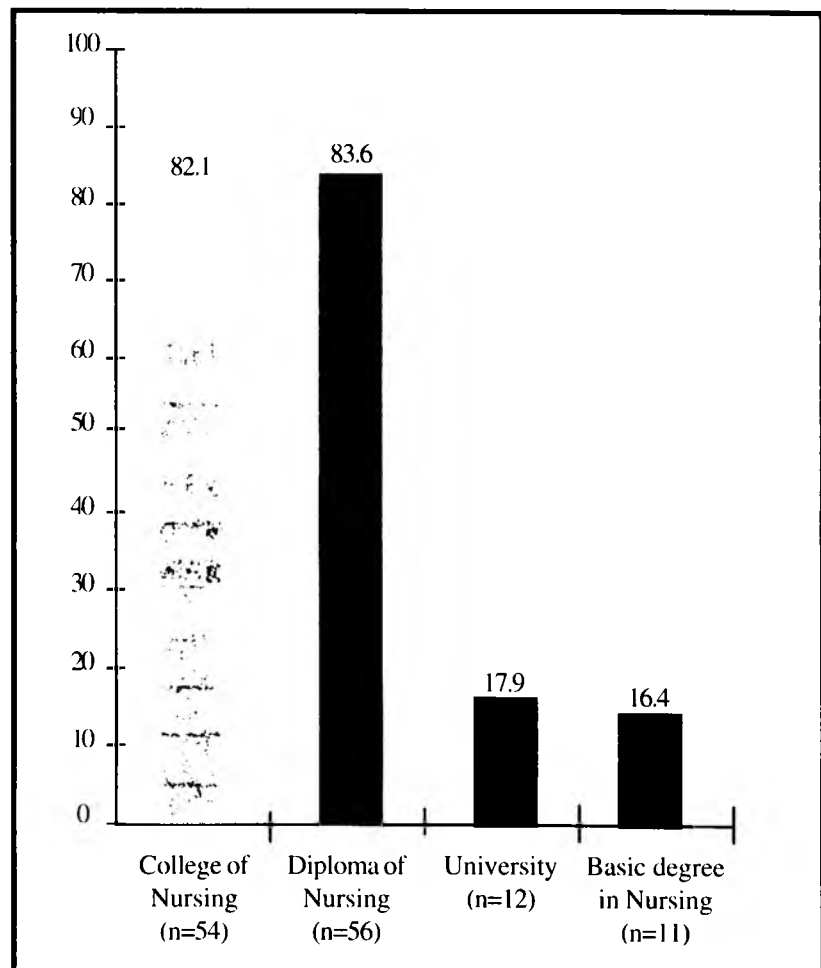
The researcher tried to adhere to all required considerations, namely:

Table 1: How the newly registered nurse handled the difficulty regarding a procedure or practical skill

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

- Not to interfere with the work schedule of respondents.
- Obtain an informed consent from all respondents by attaching a letter to each questionnaire and explaining that privacy, confidentiality and anonymity will be maintained.
- Letters of approval were sent to the relevant ethics committees of the hospitals and the North West Province's Department of Health.

Figure 1: Types of institutions and qualifications of newly registered nurses



Validity and reliability

Validity in this research was determined through cross validation using content validity and face validity. Cross validation promotes item sensitivity and is used to enhance the validity of the research instrument (De Vos 1998:84). The content analysis will indicate if the variables are representative of the total phenomena under discussion (De Vos 1998:84). The instrument consisted of structured questionnaires, which were presented to experienced statisticians and nurse educators to confirm the content and face validity. An in depth literature survey confirmed the validity of the questionnaires. Reliability was obtained by constructing questions simple to prevent misinterpretations and to construct the different sections of the questionnaires in the same manner. The instruments' reliability was assessed through a pilot study.

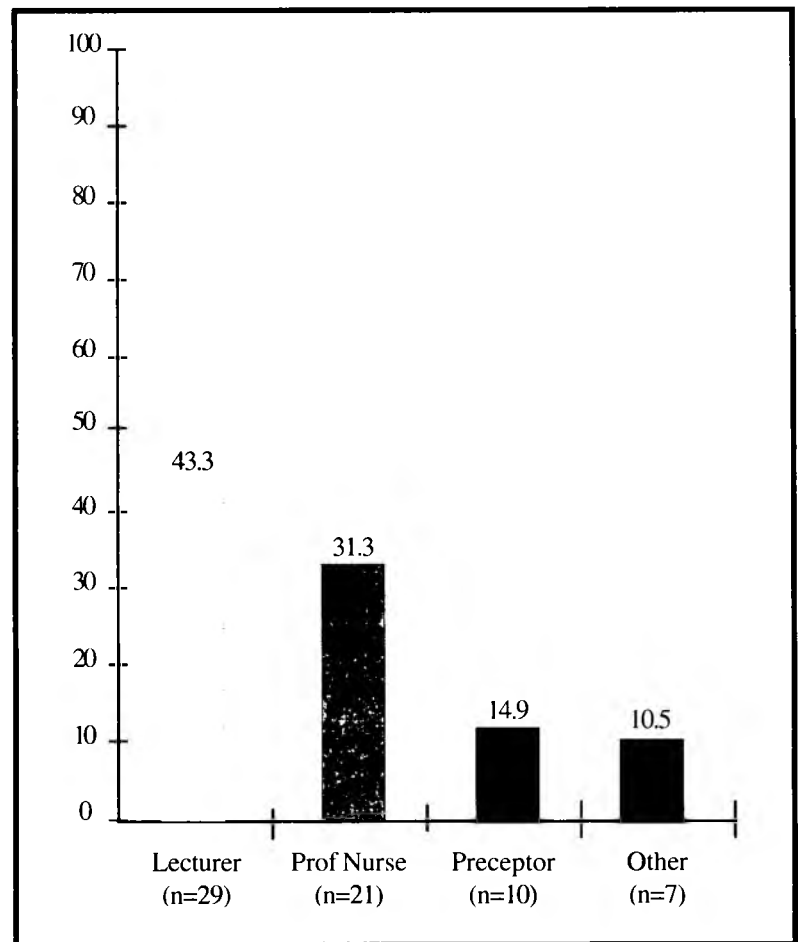
Data collection

A letter stating the purpose of the study was attached to each instrument. Confidentiality and anonymity were guaranteed by stipulating that no names were to be written on the questionnaire and participation was voluntary. Explicit instructions were provided concerning the return of the questionnaires. Questionnaires were distributed by hand by the researcher and collected on a previously agreed date.

Data analysis

Data was transferred from all questionnaires and processed at the Department of Statistics at the University of Pretoria using the Statistical Analysis System program to generate descriptive statistics. Close-ended questions were quantified and frequency tables as well as percentages compiled.

Figure 2: Newly registered nurses' perception of the person responsible for their practica during training



Open-ended questions were categorised, similarities in each category identified and clustered. Themes were formulated, coded, and similar codes enumerated to quantify data.

Research results

Newly registered nurses' perceptions of their clinical competence

Biographic data of newly registered nurses

Sixty-seven newly registered nurses participated in the study. The majority, 83.6% (n=56), had obtained a diploma in nursing through registration with a nursing college and a small percentage, 16.4% (n=11), had obtained a degree in nursing through registration with a university (figure 1).

The year in which the respondents completed the nursing program was important since the study was directed at nurses who completed their training during 1998-2001. The nurses who completed before the stipulated period were

Figure 3: Accompaniment of students by the lecturer

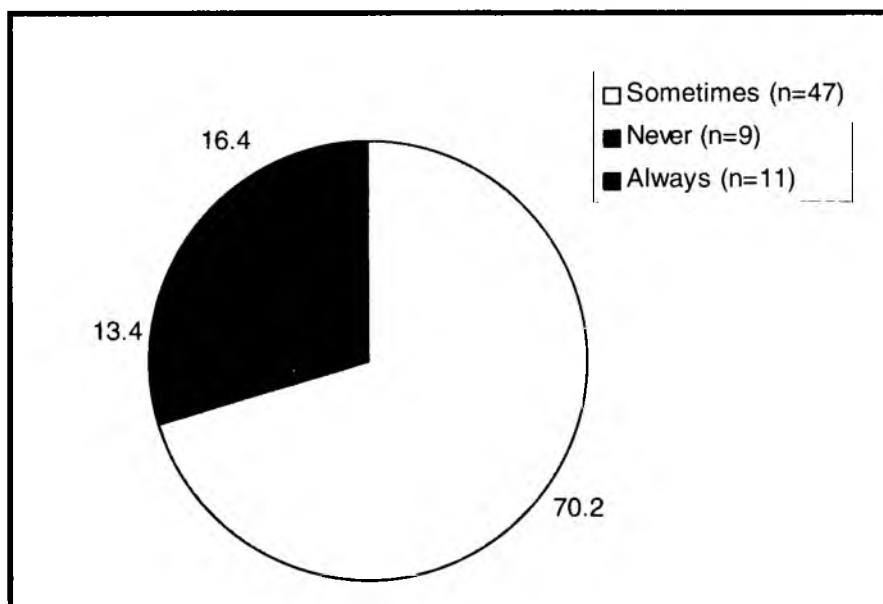
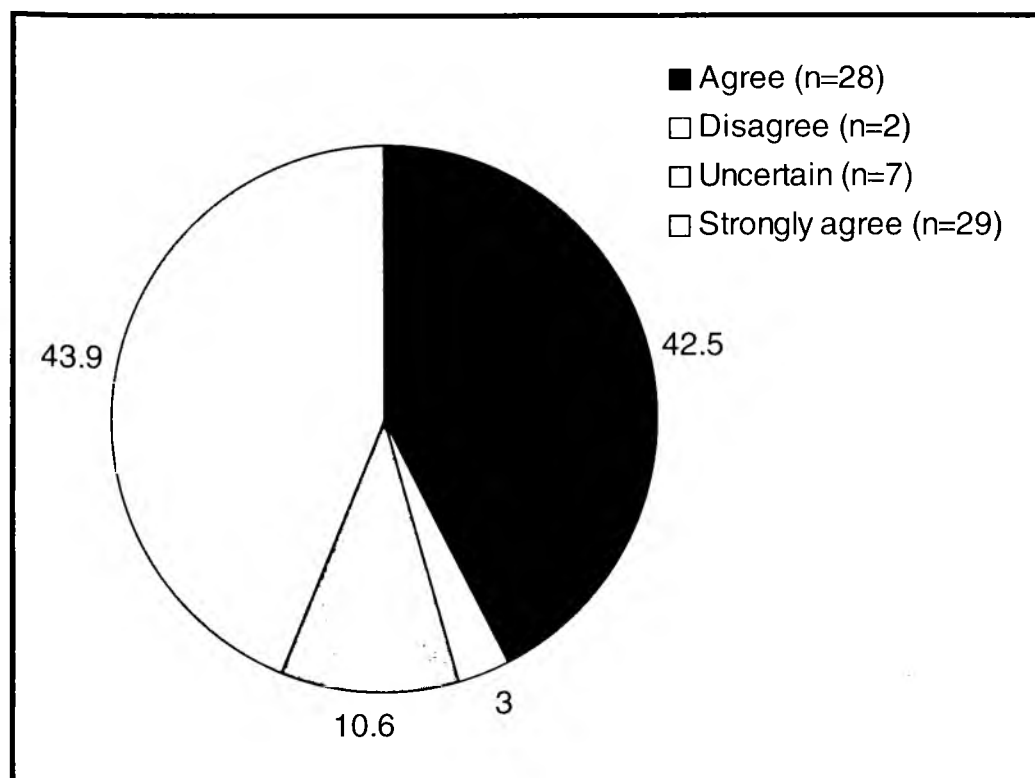


Figure 4: Perspective on the statement that professional nurses in the clinical area contribute a great deal towards the development of newly registered nurses



considered to have gained a lot of experience and could not be regarded as newly registered. The highest percentage of respondents 35.8% (n=42), completed training in 2000, the second highest percentage of respondents 34.3% (n=23) in 1998, the third highest percentage of respondents 25.4% (n=17) in 1999 and the lowest percentage of 4.5% (n=3) in 2001.

Newly registered nurses' perceptions of their clinical competence

The majority of respondents, 43.3% (n=29) indicated that

43.9% (n=29) strongly agreed and 42.5% (n=28) agreed that the professional nurses in the clinical area contributed greatly towards their development (figure 4). The friendly and supportive attitudes of professional nurses impact on the development of newly registered nurses as indicated by an overwhelming response of 97.0% (n=65).

Most of the respondents, 66.7% (n=44), agreed that in order to develop efficient managerial skills the learner must be given the opportunity to act as a team member. The importance of regular feedback on the quality of performance to ensure their development into effective practitioners was strongly agreed by 64.6% (n=42) of the respondents.

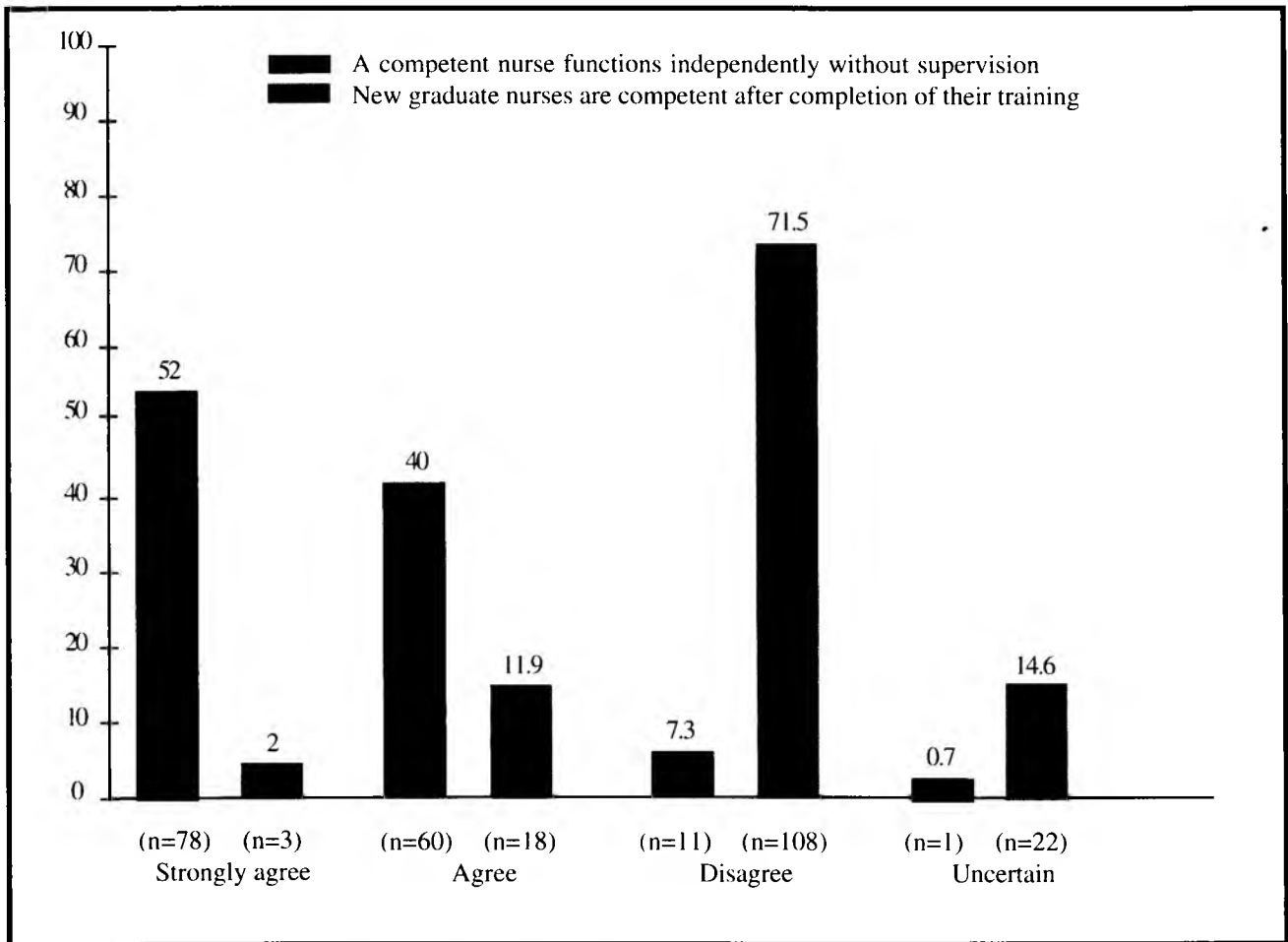
Responsibility of the newly registered nurse for her own development and training was indicated by 62.1% (n=41) respondents, but they should be assisted through guidance, support and role modelling.

A response of 69.7% (n=46) indicated that they experienced difficulties regarding practical skills during their training. Assistance regarding practical skills was requested from the professional nurse in the ward as indicated by a response of 42.6% (n=20), (table 1). The majority of newly registered nurses 63.1% (n=41) did not feel that their training was inadequate and therefore felt themselves to

Table 2: Reasons for dissatisfaction with what is experienced in the clinical area

REASON	Frequency	Percentage
Shortage of staff equipment and supplies	7	36.8
Lack of Professionalism	5	26.3
Expected to perform beyond scope of practice	2	10.5
Lack of managerial skills	2	10.5
Lack of Orientation	1	5.3
Not placed in area of interest	1	5.3
Too much expected from us	1	5.3
Total (n=19 newly registered nurses' responses)	19	100.0

Figure 5: Professional nurses' perceptions regarding the statement that a competent nurse functions independently without supervision and that newly registered nurses are competent



be competent and coping well. It should not be underestimated that a significant number of 36.9% (n=24) respondents did experience inadequate training. Managing of a clinical area was indicated by 66.7% (n=16) responses as the skill causing them to experience inadequate training. The majority of respondents 71.2% (n=47) underwent an orientation programme when they started working as professional nurses to facilitate adjustment in a new environment and 84.0% (n=42) reported that it was effective. Allocation in the clinical setting in relation to personal interest to enhance development of competency was indicated by 62.9% (n=39) respondents. Specialisation contributes to quality care and also plays an important role to ensure job satisfaction. In response to the question whether specialisa-

tion should be encouraged among newly registered nurses 76.1% (n=16) responded that they were in favour thereof. Newly qualified nurses' satisfaction with their clinical experience as professional nurses was indicated with a response of 71.6% (n=48). Dissatisfaction with the clinical area was experienced by 28.3% (n=19) responses. Reasons for dissatisfaction are indicated in (table 2), with shortage of staff and equipment indicated by 36.8% (n=7) responses. Factors that could cause newly registered nurses to leave the nursing profession are illustrated in (table 3), where the most likely factor of poor salaries is indicated by a response of 85.7% (n=54).

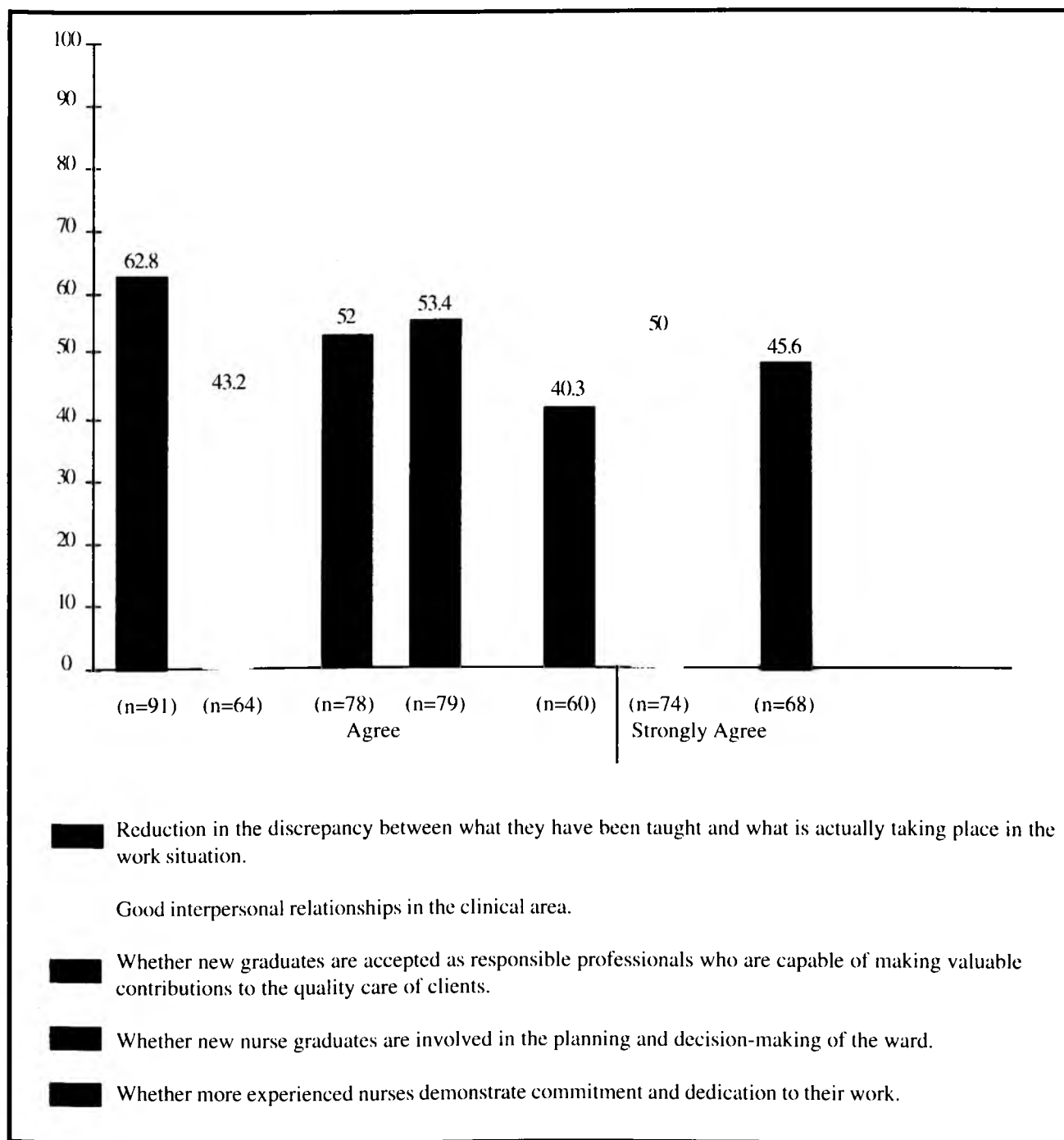
Table 3: Newly registered nurses' rationale for leaving nursing

Reason	Frequency	Percentage
The discipline is too strict	1	1.6
Do not enjoy nursing	1	1.6
The salary is poor	54	85.7
Other	7	11.1
Total (n=63 Newly registered nurses' responses)	63	100.0

Newly registered nurses' perceptions with regard to the realisation of the Scope of Practice of the Registered Nurse (SANC Regulation 2598 of 1984 as amended)

The majority of respondents 89.4% (n=59) indicated that they were skilled in the diagnosing of a health need and the prescribing, provision and execution of a nursing regimen to meet the needs of a client. This positive response is reassuring as it forms the founda-

Figure 6: Professional nurses' perceptions regarding the factors that contribute to the adjustment of newly registered nurses in their working environment.



tion from which care to a client evolves. Almost all respondents with a response of 98.5% (n=66) considered themselves to be competent in the prescribing, promotion or maintenance of hygiene, physical comfort and reassurance of a client. Likewise, with regard to the supervision over and maintenance of a supply of oxygen to a client as well as the supervision over and maintenance of fluid, electrolyte and acid base balance of a client, almost all the respondents indicated their competence with a response of 98.5% (n=66).

The facilitation of the maintenance of nutrition of a client was identified as being competent by 95.5% (n=64). This basic skill is emphasized throughout the training and development of nursing students, thus the positive response. Most of the respondents with a response of 95.5% (n=64)

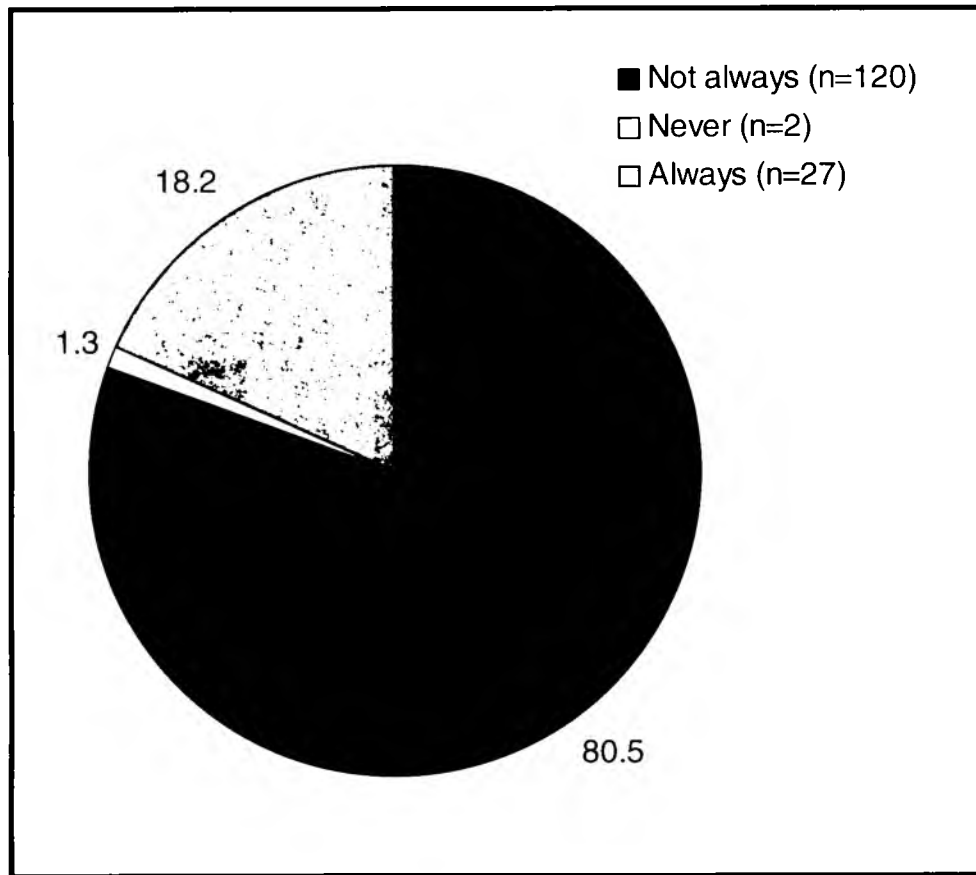
indicated they were competent in the education of students, clients, their relatives and members of the community. This skill is an important basic skill due to the role it plays in the prevention of disease and promotion of health.

Professional nurses' perceptions with regard to the clinical competence of newly registered nurses

Biographic data of professional nurses

One hundred and fifty-one professional nurses participated in the study. The findings of the study were based on perceptions from a wide clinical area with a wide variety

Figure 7: Professional nurses' perceptions of the competence of newly registered nurses in the diagnosis of a health need and prescribing, provision and execution of a nursing regimen



of skills even though the basic nursing care of patients remains the same as illustrated in (table 4). Important to the study was that the highest number of respondents 68.2% (n=103) was chief professional nurses whose judgement of the clinical competence of newly registered nurses was based on extensive clinical experience and knowledge. A response of 38.7% (n=58) registered nurses indicated that they had between 5-10 years experience in practice, thus indicating the length of time spent by them in clinical practice is proof of their extensive experience and ability to evaluate clinical competence. Professional nurses developing themselves through further studies were indicated

Table 4: Distribution of types of wards: Professional nurses

Type of Ward	Frequency	Percentage
Maternity	22	14.6
Surgical	14	9.3
Medical	19	12.6
Paediatric	15	9.8
Psychiatric	11	7.3
Other	70	46.4
Total (n=151 Professional nurses)	151	100.0

by 43.3% (n=65) respondents.

Professional nurses' perceptions with regard to clinical competence

It should be appreciated that it was through the eyes and observations of the professional nurses that the study was able to investigate the performance and competency of newly registered nurses.

The importance of conducting an orientation programme with newly qualified nurses to ensure that they receive information which would help them to function as competently as possible was indicated by 72.8% (n=110) respondents. To enhance this justification 83.4% (n=126) respondents indicated that the programme should be written to enable newly registered nurses to refer back to it during moments of uncertainty. An overwhelming response of 84% (n=42) newly registered nurses considered the orientation programme effective.

A significant number of professional nurses, 52% (n=78) visualised a competent nurse as someone who could function independently without supervision and could be relied upon to provide quality care (figure 5). However, an astonishing number of 71.5% (n=108) respondents did not think that newly registered nurses were competent on completion of their training (figure 5). A response of 74.8% (n=113) indicated that newly registered nurses who obtained a nursing degree were considered to be less competent than newly registered nurses who obtained a nursing diploma.

With regard to factors contributing to the adjustment of newly registered nurses, 62.8% (n=91) agreed that the discrepancy between what had been learned and what is taking place in the clinical area should be reduced (figure 6). A response of 50% (n=74) indicated that good interpersonal relationships in the clinical area enhance adjustment and competency of newly registered nurses (figure 6). Newly registered nurses will make a more valuable contribution to the care of clients if they were accepted as professionals and not learners anymore as indicated by 52% (n=78) respondents (figure 6). The importance of collaboration between nurse educators and professional nurses to produce clinically competent nurses were indicated by 84.7% (n=127) respondents.

With regard to the emotional climate between the professional nurse and the newly regis-

Table 5: Reasons given for the perceived inability of newly registered nurses to apply theory to practice

Reason	Frequency	Percentage
They have more theory than practice	13	22.4
What is done in the clinical area differs from what they learned in class	8	13.8
They look down upon some procedures	3	5.2
They need time to adjust	1	1.7
Newly registered nurses need guidance and supervision	19	32.8
They could do well without staff shortages	1	1.7
They need practice	9	15.5
They are incompetent	4	8.0
Total (n=58 Professional nurses' responses)	58	100.0

tered nurse, 57.7% (n=86) respondents disagreed that ward sisters are unfriendly towards newly registered nurses whereas 20.8% (n=31) agreed to unfriendliness. A significant number of responses 58.9% (n=89) were of the opinion that professional nurses did not feel threatened by the qualifications of the newly registered nurses, although 33.1% (n=50) were of the opinion that that newly registered nurses look down upon the professional nurses without a degree.

The majority of respondents 66.9% (n=101) were of the opinion that newly registered nurses do apply theory to clinical practice. However 33.1% (n=50) respondents were of the opinion that they were not unable to apply theory and practice. The reasons for the perceived inability is given in (table 5) with the main reason being that newly registered nurses need guidance and supervision as indicated by a response of 32.8% (n=19).

Professional nurses' perceptions with regard to the realisation of the Scope of Practice of the Registered Nurse (SANC Regulation 2598 of 1984 as amended)

Professional nurses evaluated the competency of newly registered nurses on those aspects with regard to the Scope of Practice that deal mainly with basic patient care. The competency of newly registered nurses in diagnosing a health need and the prescribing, provision and execution of a nursing regimen to meet the needs of a client were indicated by 80.5% (n=120) as not always having been competent (figure 7). Professional nurses' perceptions of competency in the execution of a programme of treatment or medication prescribed by a registered person for a client was perceived by 65.3% (n=98) as not always having been competent.

An alarming response of 60,3% (n=91) perceived the competency in the preparation for and assistance with operative, diagnostic and therapeutic acts for a client as not always being competent. Competency with regard to the supervision over and maintenance of elimination by a client

was seen as not always being competent with a response of 54.7% (n=82), even though this skill is one of the most basic skills that are practised from the beginning and throughout training.

The prescribing, promotion and maintenance of hygiene, physical comfort and reassurance of the client was perceived by 51.6% (n=78) as always being competent. Competency in the education of other categories of staff, clients and members of the community were significantly indicated as not always competent with a 61.3% (n=92) response. This implies that the new graduate cannot educate or impart knowledge.

Discussion of results and recommendations

The nature of the study was based on perceptions of newly registered nurses in the North West Province. The study revealed positive as well as negative responses by both professional - and newly registered nurses. The significance of responses will be discussed with regard to:

Newly registered nurses' responses

A striking feature that emerged from this study was that 43.3 % (n=29) of newly registered nurses claimed that lecturers were responsible for their clinical practice and 31.3 % (n=21) thought that professional nurses in the clinical area were responsible for their clinical practice. This implies that both lecturers and professional nurses take the responsibility for the development of nurses. A significant 70.2% (n=47) respondents claimed that lecturers sometimes accompanied them to the clinical area and 43.1% (n=28) of these respondents reported that lecturers stayed with them as long as necessary.

It is unfortunate that there are lecturers who never accompany their students as 13.4 % (n=9) of the newly registered nurses claimed. Although the percentage is small this is a cause for concern. These lecturers need strong motivation

and encouragement from their colleagues to help them realize that accompaniment of students is one of their responsibilities. A high percentage 86.4% (n=57), of newly registered nurses acknowledged the role played by clinical nurses in their development when they agreed and strongly agreed with the statement that professional nurses in the clinical area contribute a great deal towards their development. It is important to ensure that all professional nurses participate fully in the education of students.

The newly registered nurses felt that their managerial skills were inadequate. This contributed greatly to their feeling of inadequacy and incompetence. They need regular feedback on their quality of performance during their development. This would enable them to timeously identify areas that need improvement. Nurse educators and clinical nurses should work together to enhance development of managerial skills in nursing students. They should be encouraged to take the lead in planning, decision-making and problem solving in the ward situation. Continuous evaluation could then be carried out on leadership and managerial skills.

The shortage of staff and high bed occupancy caused a lot of frustration. Due to this shortage it was difficult for the experienced professional nurses to guide and supervise the newly registered nurses sufficiently. It became even more difficult and frustrating when equipment, which was supposed to be used for patient care, could not be availed as indicated by a response of 36.8% (n=7) of newly registered nurses who were expected to function optimally and provide quality care. Due to shortage of staff, newly registered nurses were expected to perform beyond their Scope of Practice. Nurse-patient ratio must be according to the requirements, and equipment and supplies be availed to ensure quality care and competency.

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

Orientation programmes were sometimes neglected due to shortages of staff, as indicated by a response of 9.1% (n=2). Some of the orientation programmes were too short as indicated by a response of 22.7% (n=5), while others placed too much emphasis on routine work as indicated by a response of 40.9% (n=9). Orientation programmes that are periodically reviewed and updated to suit the needs of the service and new appointees could enhance quality performance. The clinical areas need careful screening to root out factors that may be affecting the performance of new graduates as has been revealed by the study.

As beginners, new graduates need time to adjust and develop in professional maturity. Nursing as a career and profession is also a job and its practitioners need to survive and therefore remunerated according to the demands and risks that are associated to their work. Dissatisfactions that were cited by the newly registered nurses regarding their salaries need careful consideration to prevent the exodus into other professions and countries, resulting in acute staff shortages.

Professional nurses' responses

Newly registered nurses are not always competent in nursing procedures as indicated by an overwhelming response of 71.5% (n=108). However, this depends on the individual nurses. It is recommended that the nursing schools and the clinical managers discuss the possibilities to enhance the quality of accompaniment of students during clinical exposure. This could be facilitated through the use of preceptors.

Newly registered nurses failed to apply theoretical knowledge to practice as indicated by 33.1% (n=50) respondents. They therefore needed guidance and supervision. Learning opportunities should be created on a continuous basis. This will allow the students the opportunity to explain the events that occur in a clinical situation using the theoretical foundation and will eventually result in a critical analytical ability to apply the theory in the clinical setting.

Some of the newly registered nurses 33.1% (n=50), looked down upon professional nurses without a degree in nursing. Newly registered nurses who obtained a nursing degree were seen to be more competent than nurses who obtained a nursing diploma as indicated by 74.% (n=113) respondents.

Professional nurses need to be made aware that both university and college students train under the same regulations. University students spend an equal amount of time in the clinical area, over a period of four years, but this is broken into frequent short periods because of the extensive amount of theory they receive. They can therefore stay for a prolonged period in the clinical situation only during vacation. All students complete the number of hours prescribed by the South African Nursing Council for clinical exposure before registration as professional nurses. According to the perceptions of the professional nurses, the competency of newly registered nurses may be affected by the lack of equipment and supplies.

It is alarming that the professional nurses experienced incompetencies with regard to the performance of certain aspects of the Scope of Practice of the Registered Nurse (SANC Regulation 2598 of 1984 as amended), while the newly registered nurses indicated their near to perfect competence with the same aspects. Due to the lack of experience the newly registered nurses probably did not realise their poor performances. Emphasis should be given to the application of the Scope of Practice.

Limitations of the study

- The study was limited to the North West Province only and thus cannot be generalized to other provinces or the whole country.
- Only newly registered nurses (1998-2001) with a basic degree and diploma in nursing were included in the study. The research, therefore was not representative of all categories of nurses.

- The authenticity of information obtained from the newly registered nurses regarding their competency may not have been prepared to acknowledge their own shortcomings.

Recommendations regarding future research

There is a need to conduct future research in the following:

- A study on the student-posts and their effects on the type of candidate attracted to the nursing profession, irrespective of whether is it only for the salary or for the love of caring. Re-appraisal of the present allocation and accompaniment strategies of student nurses in the clinical setting so as to enhance the quality of learning in clinical practice.
- In-depth study to analyse the effect of shortage of staff and lack of equipment as well as supplies on the practice and performance of newly registered nurses and the provision of quality care to patients.
- Study on nurse-patient and student- teacher or student-professional nurse ratios to investigate their effect on the competency of the newly registered nurse.

Conclusive statements

The study has reaffirmed the findings of the previous studies regarding the performance of newly registered nurses and revealed that there are multi-faceted issues that impact on the clinical competency of these nurses. However, the results are confined to the institutions in the North West Province only. Further research is indicated to establish if these problems also exist at national level. It is evident that the quality of clinical exposure plays a prominent role in the development of learners into nursing professionals. Nursing skills alone cannot ensure quality care of clients without the application of theory. Facilitation of this theory to practice remains, therefore, an essential component of nursing education.

The researchers are confident that the study will contribute to the development of newly registered nurses and initiate changes in nursing education that will benefit the consumer of health care through improvements in clinical practice.

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