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Exploring support for newly appointed unit managers in a public academic hospital in Tshwane district in Gauteng province

Submitted in fulfilment of the requirements for the degree
MNurs (Nursing Management)

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DECLARATION

Student Number: 18379673

I **Thembisile Felicty Mazibuko,** do hereby declare that **Exploring support for newly appointed unit managers in a public academic hospital in Gauteng province** is my work and that all sources that have been used or quoted have been indicated and acknowledged using complete references and that this work has not been submitted for any other degree at any other institution.

Name Thembisile Felicity Mazibuko

Date 17.12.2023

ABSTRACT

Transition to a new position frequently results in anxiety and feelings of inadequacy. Newly appointed unit managers often experience a lack of organisational support in their leadership roles, leaving them feeling inefficient in their positions. There is a need for organisations to provide support through sustainable support strategies. A sustainable, ongoing support programme for newly appointed unit managers would improve job satisfaction and reduce staff turnover. Newly appointed unit managers who are confident in their work influence junior nurses' confidence, which enhances quality patient care provision.

The study aimed to explore the support needs of newly appointed unit managers, what the support should entail, and develop a support practice guideline for newly appointed unit managers in a designated public hospital.

A descriptive qualitative research design was used. The population included inexperienced unit managers who have been in the position for less than one year and experienced unit managers who have been in the position for more than one year in the designated public academic hospital in Gauteng province. Purposive sampling was used to select participants. Data was collected using focus group discussions and analysed through content analysis.

The study could enhance support for newly appointed unit managers in their leadership roles, which could ultimately improve staff retention. Organisational support for newly appointed unit managers should enhance job satisfaction and create a productive environment for those with whom the managers work.

The results showed that there is a lack of awareness towards strategic initiatives of employee support, and this includes orientation, induction and mentoring. Finally, the researcher made some recommendations to assist in the support of newly appointed unit managers. These include the creation of a therapeutic environment and, the implementation of support systems (peer, social and managerial support), with a continuous professional development programme to acquire competencies to support these newly appointed unit managers.

KEYWORDS: Newly appointed**,** Nursing, Public academic hospital, Support, Unit manager

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Abbreviation/acronym	
CPD	Continuing professional development
FGD	Focus group discussion
PICD	Participant information and consent document

CHAPTER 1 INTRODUCTION

1.1 INTRODUCTION AND BACKGROUND

Promoting or appointing an employee into a management position for the first time is a significant step in their career (Graham, 2020:52). However, this promotion also comes with higher responsibilities, which can be a tough transition. According to Cabral (2019:77), the newly appointed unit managers may be experienced in their field, shifting into a leadership role requires a unique set of skills and considerations, including support from within the organisation. It is, therefore, key to identify and understand the required support, for newly appointed unit managers to thrive in their work. Newly appointed unit managers are often expected to perform, based on their technical skills, without focus on the support required to meet and maintain achievement of those expectations.

Improving the quality of health care delivery is a global priority (Armstrong, Rispel & Penn-Kekana, 2015:01). Nursing unit managers (sometimes referred to as 'charge nurses' or 'operational managers') are responsible for the management of nursing care to patients, all nursing staff within the unit, and the resources associated with health care delivery in the unit (Armstrong, Rispel & Penn-Kekana, 2015:2). For newly appointed unit managers to be effective, they should know what is expected of them in their role within the organisation. Consequently, management is a much-needed skill required in nursing to ensure the provision of nursing care that meets the needs of patients and their families. However, a lack of support for newly appointed unit managers can lead to poor performance.

With this in mind, Sherman and Saifman (2018:355) point out that, soon, half of the nursing workforce will be millennials and will assume leadership positions. Organisations will therefore have to learn how to effectively recruit, train, transition and retain these emerging nurse leaders. Newly appointed unit managers, who do not feel fully prepared, experience a sense of vulnerability during the transition period. Weinstock (2011:211) refers to '*hidden challenges inherent in professional advancement'* such as identity, boundaries, loneliness and support challenges. These challenges lead the new leaders (unit managers) to question who they are and where they belong now. Loneliness occurs when they realise that their new position has left them

without their familiar support system. In addition, they do not feel as confident and secure in doing their new tasks as they did in their previous position which exacerbates anxiety.

The study will highlight newly appointed unit managers' work activities. Every new role creates a change in work tasks, leadership hierarchy, productivity demands, and shifts in all relationships, including one's relationship with oneself (Weinstock, 2011:211). According to Graham (2020:55), newly appointed unit managers may be skilled clinicians and experts in their fields, but many come to a management role unprepared and lacking practical experience. Ongoing and sustainable support of newly appointed unit managers might result in job satisfaction and a reduction in employee turnover. This support includes the provision of information, coaching and mentoring, and tailor-made leadership development programmes (Sherman & Saifman, 2018:356). Al-Dweik, Al-Daken, Abu-Snieneh and Ahmad (2016:180) found, that hospital managers and decision-makers should work towards implementing an empowerment environment to enhance nurses' productivity, provide high-quality patient care and achieve positive health outcomes. Disempowered nurses were more ineffective, less satisfied with their jobs, more vulnerable to burnout, and left the job or profession (Al-Dweik et al., 2016:170).

The need for social transformation in South Africa is intrinsically linked to the transformation of corporate South Africa (Terblanche, Albertyn & van Coller-Peter, 2018:2). For South Africa to grow economically, strong leadership is necessary to ensure that organisations remain sustainable during this transformation. However, there is a need for skilled senior leaders and leadership development. Since leaders who transition into senior positions face many personal and systemic challenges, appropriate support and development strategies are essential (Terblanche et al., 2018:4). It is critical to note that, any change in leadership, presents a form of transformation, hence, newly appointed unit managers need to be supported within the organisation, to reduce professional isolation and counter negative perceptions, all networks should be maintained (Cabral, 2019:75).

1.2 PROBLEM STATEMENT

Professional nurses experienced stress and anxiety with the new role when they were appointed as unit managers as they were not all 'ready now' unit managers. Bartz, Kritsonis and Karnes (2019:2) indicated that newly-appointed leaders "experienced an initial psychological reaction" to their new role with accompanying responsibilities and accountability. However, the researcher observed that newly appointed unit managers were not supported in their management roles,

while they had the role of supporting and mentoring their subordinates. Graham (2020:56) states that, when newly appointed unit managers are supported, their work becomes easier, more satisfying and productive environment is created for those with whom these newly appointed unit managers work. Furthermore, it improves their job satisfaction and retention due to increased enthusiasm and focus on work (Chinomona, Popola & Imuezerua, 2017:30). Newly appointed managers were vulnerable and besides having to learn new skills and organisational structures, they were confronted with issues of self-esteem, self-consciousness and self-criticism while having to find their own leadership style (Weinstock, 2011:211). Graham (2020:54) emphasised the importance of support and guidance early in leadership development by means of peer support, mentorship, and coaching with feedback.

In the hospital where the researcher works, she observed that newly appointed unit managers were not adequately supported when they assumed their leadership and management positions, and were often faced with additional managerial challenges, despite being skilled clinicians and experts in their field. In an informal conversation, unit managers mentioned that they mostly self-managed their transition which led to frustration and heightened anxiety due to the pressure to perform in their new role.

The researcher's observations and literature review motivated her to conduct the study to explore the support needs of newly appointed unit managers and develop guidelines for support.

1.3 RESEARCH QUESTION

The study therefore intends to answer the research question:
What support system should be available for newly appointed unit managers in the designated public academic hospital?

1.4 AIM AND OBJECTIVES

The aim of the study was to explore the support needs of newly appointed unit managers in the designated public academic hospital.

In order to achieve the aim, the objectives were to

- Explore what the support for newly appointed unit managers should entail.
- Identify key critical support areas for newly appointed unit managers to thrive.

1.5 DEFINITIONS OF KEY CONCEPTS

For this study, the following key terms are used as defined below:

Support: Dyess, Prestia and Smith (2015:105) refer to support as "the way in which nurse leaders are sustained to successfully achieve their responsibilities amidst a vast array of challenges". In this study, support will refer to how newly appointed unit managers are sustained to successfully achieve their responsibilities despite the challenges they encounter.

Unit manager: Nursing unit managers have direct managerial responsibility, and are responsible for planning, organising and directing, ensuring that the highest quality and standard of nursing care is provided to clients and patients through the supervision of nursing staff in different wards and departments (Adatara et al., 2016:1). Nursing unit managers ensure quality, safety and quality care in the wards within the organisation by correlating patient care activities (Armstrong, Rispel & Penn-Kekana, 2015:2). This definition will be adopted for unit managers in this study. They will include newly appointed unit managers and those who have already gained experience in their role as unit managers, for over a minimum of one year.

Academic Hospital: It is a tertiary care hospital that provides specialist-level and intensive care services. It provides sub-specialities of specialties and it may provide training to health care service providers. It receives referrals from regional hospitals not limited to provincial boundaries and has between 400 and 800 beds (Regulations Relating to Categories of Hospitals, No. R. 185, 2012:5). For this study, the researcher adopted this definition.

1.6 PARADIGM AND PHILOSOPHICAL ASSUMPTIONS

According to Polit and Beck (2012:11), a paradigm is a way of looking at natural phenomena that encompasses a set of philosophical assumptions and guides a researcher's approach to inquiry. Polit and Beck (2012:15) state that paradigms are lenses that help to sharpen the researcher's focus on a phenomenon. The researcher based the study on constructivism. The constructivist or naturalistic paradigm holds that there are multiple interpretations of reality and that the goal of the research is to understand how individuals construct reality within their context (Polit & Beck 2012:12; Adom, Yeboah & Ankrah, 2016:2). In this study the researcher allowed the participants to reflect on their views and feelings.

1.6.1 Epistemological assumptions

Epistemology is concerned with the nature of knowledge, its possibility, scope and general basis. Epistemology refers to the way individuals understand reality from what they know and what is

observed through interaction with the environment (Botma, Greef, Mulaudzi & Wright, 2010:40; Kivunja & Kuyini, 2017:27). The researcher interacted with the participants during the focus group in this study, to obtain data on what the participants understood about what support for newly appointed unit managers is.

1.6.2 Ontological assumptions

Ontology is the study of being or reality. Ontological assumptions are concerned with the reality that is being investigated. Researchers investigate participants' thoughts, interpretations and meanings of their world (Ahmed, 2008:2). In this study, the researcher examined and gained an understanding of the research phenomenon from the participant's point of view. In this study, the researcher considers that the newly appointed unit managers within the designated hospital speak to numerous realities and these realities could be studied through interaction between the researcher and the newly employed unit managers in the designated hospital. The phrases or words of the participants were utilised to define their actuality.

1.6.3 Methodological assumptions

Methodology is a strategy or plan of action linking methods to outcomes and governing the choice and use of methods and the research process (Ahmed, 2008:5). Methodological assumptions refer to how the researcher will gain knowledge from the participants (Polit & Beck, 2012:725). In this study, the researcher selected a qualitative research design to explore the participants' experiences and portray the phenomenon under study (Polit & Beck, 2012:725). The researcher was actively involved in collecting data. After identifying what support is available for newly appointed unit managers during their transitioning period, the researcher explored what the support should entail.

1.7 DELINEATION

The study was conducted in only one public hospital in one province, namely Gauteng. The researcher only interviewed the indicated population. For this study, the term, population, included newly appointed unit managers who have been appointed for less than one year, and experienced unit managers who have been appointed in their position for more than one year in the designated hospital. The aim of using experienced unit managers was to get comprehensive views about the currently available support for newly appointed unit managers and to get their input on what support is needed.

1.8 SIGNIFICANCE OF THE STUDY

The study might enhance support for newly appointed unit managers, which improves their self-esteem and ultimately improves job satisfaction and staff retention. Unit managers who are confident in their work also influence their junior nurses to be more confident, which should result in quality patient care. Quality patient care will boost the image of the organisation and regain the trust of the community it serves. Identification of key support areas will benefit newly appointed unit managers, their support staff and the hospital at large, in that, it will lead to a more efficient management of units and service delivery.

The study will also be a source of information for improving the effectiveness of the newly appointed unit managers and support staff general. Furthermore, the findings will strive to re-orient the thinking and identify several issues as being particularly important to the relationship between the performance of the hospital, and how newly appointed unit managers are being supported.

1.9 RESEARCH DESIGN AND METHODOLOGY

The researcher used a qualitative descriptive research design. According to Cowell (2018:334), qualitative descriptive studies have as their goal, a comprehensive summary of events, about those events. The researcher regards a qualitative descriptive research design as appropriate due to the subjective nature of the problem and the participants' different perspectives (Bradshaw, Atkinson & Doody, 2017:2). The purpose of descriptive studies is to observe, describe, and document aspects of a situation, as they naturally occur and sometimes to serve as a starting point for hypothesis generation or theory development (Polit & Beck, 2017: 206). The population consisted of ten (10) newly appointed unit managers, of which five (5) have been in their position for less than one (1) year, and another five (5), have been in their position for more than one (1) year in the selected hospital.

Purposive sampling was used in this research, and according to Derrick, Mukherjee, Nyumba and Wilson (2018:23), purposive sampling is recommended for focus group discussions, which rely on the ability and capacity of participants to provide relevant information.

1.10 CONTEXT

The study was conducted in one public academic hospital in Tshwane District in Gauteng Province. The hospital has 1,652 beds and a nursing staff of 1,951. Of these, 96 are in

management positions (1 senior nursing manager; 5 nursing managers; 20 area managers, and 70 unit managers); 777 are professional nurses, 631 are enrolled nurses, and 447 are nursing auxiliaries. The hospital has six departments, four specialist departments, and eight outpatient departments.

1.11 ETHICAL CONSIDERATIONS

Ethics deals with matters of right and wrong. When humans are used as study participants, care must be taken to ensure that their well-being and rights are protected (Polit & Beck, 2017:748). Accordingly, the researcher obtained permission to conduct the study and upheld the principles of beneficence and justice.

1.11.1 Permission

The researcher requested and obtained written approval from the Research Ethics Committee of the Faculty of Health Sciences, at the University of Pretoria and permission from the hospital management where the study was conducted (see Annexure C).

1.11.2 Beneficence

The principle of beneficence refers to the researcher's duty to minimise harm and maximise benefits to the participants (Polit & Beck, 2017:139). Participants should not be subjected to unnecessary risks of harm or discomfort, and their participation must be essential to achieving societal aims that could not otherwise be realised (Polit & Beck, 2017:139). The researcher described the study, the participants' responsibilities, and the likely risks and benefits fully (Polit & Beck, 2017:140). Participants had the right to withdraw from the study without any negative consequences and could choose not to answer questions during the study.

1.11.3 Justice

The principle of justice upholds participants' right to fair treatment and their right to privacy (Polit & Beck, 2017:141). The researcher selected the participants purposefully based on the relevance of their information and experience, treated them fairly, and was not discriminatory towards them. The researcher informed the participants that the information they provide will remain confidential and will be reported in such a way that their identity will not be revealed.

1.12 OUTLINE OF THE DISSERTATION

The study consists of five chapters, presented as follows:

Chapter 1: Orientation of the study

This chapter is an introduction to the study. It discusses the background, problem statement, research question, aim and objectives, definition of key concepts, paradigm and philosophical assumptions, delineation, significance of the study, research design, context and ethical considerations.

Chapter 2: Literature review

This chapter focuses essentially on literature relevant to support for newly appointed unit managers in the work environment, the importance of supporting unit managers at work, support structures for unit managers, the consequences of limited support at work, and the benefits of support.

Chapter 3: Research design and methods

This chapter provides a discussion of the aim and objectives of the study, research design, methods, data collection and organisation, and trustworthiness.

Chapter 4: Data analysis, interpretation and discussion

In this chapter, the findings were analysed and interpreted. Literature was used to support the findings.

Chapter 5: Limitations, conclusion and recommendations

Limitations, conclusions and recommendations are discussed in this chapter.

1.13 SUMMARY

The overview of the study was outlined in this chapter, concerning the introduction and background, problem statement, research questions, the significance of the study, research design, research methods, context, ethical considerations, and trustworthiness. In the next chapter, the researcher focuses on the literature reviewed.

CHAPTER 2 LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses essentially on literature relevant to the support for newly appointed unit managers in the work environment. The previous chapter introduced the research and outlined the key objectives, research design and methodology. Nyamupfukudza (2018:6), defines a literature review, as an investigation into what is known by recognised scholars and researchers about a topic. It is further defined as an analysis of scientific material about a particular topic that requires the reviewer to read each of the studies meticulously, evaluate the study purpose, decide the propriety and quality of the scientific methods, explore the analysis of the questions and answers posed by the authors, collate the findings across the studies and write an objective synthesis of the findings (Garrard, 2020: 4).

A literature review, is a written reasoning that supports a thesis position, by building a case from reliable evidence, attained from previous research (Machi & McEvoy, 2021). As scientific inquiries, literature reviews should be authentic, valid and repeatable (Xiao & Wtson, 2019: 93). It is conducted to gain an understanding of the topic, identify what has been done on it, acknowledge how it has been researched, and identify the main issues to be addressed (Hart, 2018: 3). The purpose of the literature review in this study is to examine diverse approaches to address the same problem (Booth et al., 2021).

The researcher included national and international studies from medical and health science as well as from management and leadership fields. Only articles written in English were included and unpublished articles were excluded. Electronic search engines such as Google Scholar and electronic databases such as EBSCOhost, PubMed and Access Medicine were searched. Keywords used were “support for newly appointed unit managers,” “how to support newly appointed unit managers,” “support in the workplace,” and “consequences of inadequate support”.

Only material relevant to the topic was extracted (Xiao & Watson, 2019:93). To narrow the scope of the review, only articles published in the past 12 years (2010 - 2022) were included to explore the importance of supporting newly appointed unit managers in the work environment, the consequences of inadequate support, and the nature of support.

2.2 THE NEWLY APPOINTED UNIT MANAGER'S WORK ENVIRONMENT

The working environment is described as a safe physical working atmosphere (Bibi et al., 2017: 380). Massoudi and Hamdi (2017:35) described the work environment as the location where a task is completed. There are two types of work environment: Physical and non-physical work environments, the physical work environment is all physical conditions that are around the workplace that can affect the performance of employees both directly and indirectly. In the non-physical work environment, all the conditions that occur are related to work relationships, both with supervisor relationships and with co-workers' relationships or relationships with subordinates (Putri, Ekowati and Mukafi, 2019:134). The work environment conceptual framework includes: work organisation and the culture of the organisation, values and beliefs, and attitudes and daily demonstrated practices in the organisation, which affect the mental and physical well-being of the employees (Gómez-García et al., 2016:2). Consequently, the workplace environment quality will have a significant impact on worker's motivation and efficiency.

A work environment can be healthy or unhealthy depending on the expectations of employees from the employer. It is one of the deciding factors as to whether the employee stays with the organisation and an important factor that affects employee retention (Bibi et al., 2017:380). A healthy workplace is defined by Lindberg and Vingard (2012:14) as an organisation that optimises the integration of worker goals for well-being and company objectives for productivity and profitability. Productivity and retention, employee health, quality of service delivery and employee health can be affected by unhealthy and unsafe work conditions (Gómez-García et al., 2016:1). Due to working environment features, such as stress and high physical work demand, due to psychosocial job features results in non-communicable diseases, thus stimulating, safe, enjoyable and satisfying working conditions are meant to support health-promoting activities, it is suggested that health promotion need not just be behaviour change but also a supportive environment (Jørgensen et al., 2016:1).

The health of the employees has been the focus; thus, a desired work environment can be defined as work environments that in both the short and long term do not result in work-related morbidity and add to the well-being of the individual (Lindberg & Vingård, 2012:3033). Employees encounter working conditions problems related to physical and environmental factors in many organisations (Massoudi & Hamdi, 2017:35). Organisational support can play a vital role in ensuring that newly appointed unit managers have less stress at work, thus promoting their health and preventing illnesses caused by unhealthy environment. Individuals working under disadvantaged conditions

may have low performance and encounter occupational health diseases causing high absenteeism and turnover (Massoudi & Hamdi, 2017:35).

Employee performance can be affected by the work environment, it can have positive or negative effects on a defined job outcome like commitment, involvement and intent to stay in an organisation (Putri et al., 2019:133). With the presence of a conducive and comfortable work environment, enthusiasm from employees in work will be created and it will improve performance and work discipline in each job, comfortable work environment, adequate facilities, and good employee relations (Putri et al., 2019:132). A supportive and conducive work environment may result in newly appointed unit managers feeling comfortable and more effective in their workplace.

There are certain job outcomes like involvement, commitment and intention to stay in an organisation due to positive or negative effects of the work environment (Bibi et al., 2017:380). An unhealthy work environment might negatively influence newly appointed unit managers due to feelings of incompetency and job dissatisfaction, resulting in high turnover. However, employees feel comfortable at work when the working environment is good (Putri et al., 2019:133). Whilst feelings of discomfort in the working environment may result in a high absenteeism rate, employees feel good about coming to work when they are in a positive work environment and this motivates and sustains them throughout the day (Massoudi & Hamdi, 2017:37).

“These days’ employees may have a large number of working alternatives, thus the environment in the workplace becomes a critical factor for accepting and/or keeping the jobs. The quality of the environment in the workplace may simply determine the level of employee’s motivation, subsequent performance and productivity” (Massoudi & Hamdi, 2017:35). Healthy and safe working environments are ensured when newly appointed unit managers are supported by their employer or the organisation. A healthy work environment should start with optimistic interpersonal relationships and respect between nursing staff and nurse managers (Putra et al., 2021:91). The vital role of the nurse manager in recognising a good work environment can require, managing, creating and if necessary, rebuilding a caring culture at work (Putra et al., 2021:91).

2.3 THE IMPORTANCE OF SUPPORTING UNIT MANAGERS AT WORK

Support is assisting nurse leaders to achieve their responsibilities despite vast challenges (Dyess, Prestia & Smith 2015:105). This support includes the provision of information, coaching and mentoring, and tailor-made leadership development programmes (Sherman & Saifman,

2018:356). Adequate support results in effective decision-making, which impacts the performance and perceptions of nurse managers, generating an environment where they feel valued and appreciated (Chisengantambu, Robenson & Evans, 2018). Furthermore, it improves their job satisfaction and retention due to increased enthusiasm and focus on work (Chinomona, Popola & Imuezerua, 2017:30). Cochran Jr. (2019:1) describes job satisfaction as the passion that one has about their job or work and the satisfaction of an emotional state of mind obtained from positive job experience. Ongoing and sustainable support of newly appointed unit managers might result in job satisfaction and a reduction in employee turnover, while a lack of support might generate feelings of inadequateness, ineffectiveness and job dissatisfaction.

Hence, a supportive workplace is highly valued by workers and makes a significant contribution to their productivity and effectiveness. According to Armstrong, Rispel, & Penn-Kekana, (2015:2), the creation of an enabling practice environment, supportive executive management, and continuing professional development are needed, to enable nursing managers to lead and oversee the provision of consistent and high-quality patient care in South Africa hospitals. Investing in professionally developing nursing unit managers is another way of supporting leadership development, particularly person-centred leadership, consequently, there is little information to inform the ongoing development of nursing managers to support their role as the keystone in our health care units (Wilson, Paterson & Kornman, 2013:54). There is increased job satisfaction in an organisation during leadership development, improved workplace culture and team effectiveness, and better health service delivery and patient outcome (Wilson, Paterson & Komman, 2013:54).

Nurse unit managers carry out direct patient care with staff members and assist in the managerial work of unit managers (Shimakazi, Ota & Niimi, 2020:195). These roles demand quality service for the customer and the organisation. An increase in service quality and customer satisfaction is increased by creating the right climate which in turn increases worker satisfaction (Cochran Jr. 2019:4). Good leadership, and management of quality patient care are needed to realise sustainability, which also requires knowledgeable, well-educated and engaged staff (Salmela et al., 2017: 872). Additional supervisory support, including staff recognition policies, interventions at an institutional organisational level, and provision of more breaks, may prove helpful to a more supportive work environment establishment, preventing stress on a primary level (Sarafis et al., 2016:8). Provision of reasonable and favourable conditions of employment, is part of manager's support (Wassem et al., 2019:1). When nurse leaders are supported in the transition period from

a professional nurse working in the clinical field to a nurse leader, it is not only their perceived sense of value that increases but also their commitment to the organisation (Graham, 2020:58).

Newly appointed unit managers need to be supported within the organisation and to reduce professional isolation and negative perception, networks should be maintained (Cabral, 2019:75). In situations where employees are supported by the organisation, employees experience job security so they are satisfied with their job and do not leave the work (Rasooli & Abedini, 2017:3). The feelings of fatigue can be supplemented by job satisfaction due to the increase in enthusiasm and desire for the team to succeed (Cochran Jr., 2019:14). Additionally, it enhances their job satisfaction and retention due to an increased passion and focus on work (Chinomona, Popola & Imuezerua, 2017:30).

The performance of employees is influenced by several factors, including, managerial support, employee retention, monetary and nonmonetary benefits, and training and support programmes of an organisation for career development that ultimately lead to firm profitability through higher employee performance (Wassen et al., 2019:2). Thus, for leadership to be effective, nurse leaders should know what is expected of them in their roles within the organisation. Adatara et al. (2016:2), state that, management and leadership training facilitate the effective performance of nursing unit managers' roles, organisational dedication, success, and high self-esteem.

2.4 SUPPORT FOR UNIT MANAGERS

Nursing Unit Managers are faced with increasing pressures of efficient unit management, despite the challenging environment, where support to managers is muted. Figure 2.1 provides an illustration of the components for support.

To ensure long-term placement or appointment of unit managers, healthcare facilities need to ensure that, the focus is on the following three components:

Forms of support – a work environment contributes to the outcome of a unit manager's job, it can either affect performance positively or negatively. An environment that displays a good sense of belonging, will have a positive impact on the health status of the staff. A healthy workplace is defined by Lindberg and Vingard (2012) as any organisation that optimises the integration of worker goals for well-being and company objectives for profitability and productivity. Thus, affecting staff turnover.

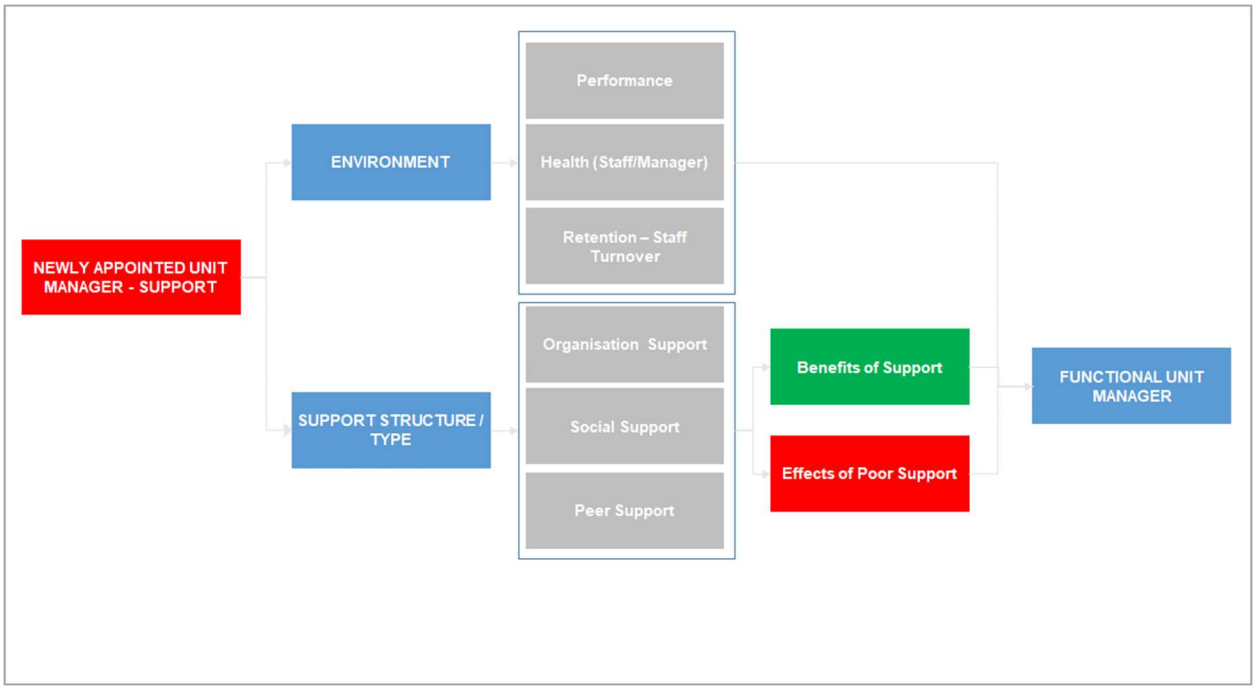

Figure 2.1 Diagrammatical depiction of the components for support (Adopted from Greenwood: 2020)

Support structure – the support structure encompasses the overall well-being of employees, and the support should be viewed from three levels (organisational, social and peer). Organisations need to build confidence with employees on their wellbeing and appreciation towards their contribution. Peer support is the platform afforded to two or more people, to give support to one another, around a shared problem or issue, this is more beneficial to newly appointed managers, to be able to handle pressures that are presented by the new role. Social support is an informal way, which allows a community of employees to share freely their experiences and coping mechanisms. According to Alusbaie et al. (2019:492), the feeling of being supported is related to lower levels of mental health problems.

The support afforded to newly appointed unit managers has a huge benefit to both the organisation and the employee. According to previous studies, this support leads to increased levels of job satisfaction. Support is not only fundamental to the functional well-being of the organisation but to the emotional well-being of employees as well (Chisengantambu et al., 2017:193). Dyess, Prestia and Smith (2015:105) refer to support as “the way in which nurse leaders are sustained to successfully achieve their responsibilities amidst a vast array of challenges.” Support promotes a culture of organisation where employees feel part of the

organisation. The sources of support can include supervisors (organisation), mentors (social), and colleagues (peers) (Chisengantambu et al., 2017:193).

2.4.1 Organisational support

Organisational support can be described, as the confidence that employees generate about how much the organisation they work for appreciate their contribution and cares about their wellbeing. It is one of the most meaningful resources and very important for employees, to meet their emotional needs, such as being respected, accepted, approved and valued (Durson, 2015:136). (Chisengantambu et al. (2017: 193), state that organisational support can positively affect relationships between employees, communication, work performance and innovative behaviour. Recognised organisational support, can be linked to a positive relationship with employee performance as well (Michael et al., 2005:173). According to Chinomona, Popoola and Imuezerua (2017: 30), employees are likely to become committed to an organisation when they feel that the organisation is committed to them and supports them. Organisations need to support their employees to achieve their competitive goal of having the best human resources (Chinomona et al., 2017:29).

In situations where employees are supported by the organisation, employees experience job security so they are satisfied with their jobs and do not leave the work (Rasooli & Abedini, 2017:3). Organisational support has a remarkable influence on employee job satisfaction (Chinomona et al., 2017: 32). “As the employees feel the support of the supervisors in their activities and their ventures are cared for and appreciated, their trust in their organisations and supervisors will increase, leading to improved commitment, resulting in striving more for their organisation to reach its goals and aims” (Durson, 2015: 137).

When some nurse managers report learning through trial and error, others report assistance and support from their organisation (Warshawsky, Caramanica & Crame, 2020: 254-255). This support will enable them to display helpful behaviour within their workplace. When employees recognise support from their organisations they try to share their knowledge and information with peers (Chinomona et al., 2017:30). Employees develop positive attitudes and feel committed to an organisation when the organisation demonstrates its commitment to employees (Chinomona et al., 2017:30). Getting organisational support during the transition enables them to spend their time and energy understanding matters that they can affect (Terblanche et al., 2018:2).

One of the internal constructs influencing the support of organisations and employees is what others regard as a change in the psychological contract between the organisation and employee. Such understanding could contribute to increasing the job satisfaction of this group, which could allow them in turn to fully support the nursing workforce and achieve the goals of the organisation (Paliadelis, 2008:256). Al-Dweik et al. (2016: 173) further cited that empowerment and support must be given, by nursing directors, supervisors, co-workers, and the general manager of the hospital. Therefore, it is necessary to have support and empowerment from nursing directors, supervisors, and co-workers and make a significant contribution to their productivity and effectiveness (Al-Dweik et al., 2016:173).

Adatara et al. (2016:2), state that, previous studies disclosed that certain factors such as organisational support, acknowledgement of nurses' performance, monetary and non-monetary motivations, management and leadership training facilitate the effective performance of nursing unit managers' role, organisational dedication, successfulness, and high self-esteem. Organisations must give support to leaders when they transition into senior leadership roles, for South Africa to attain demographically representative senior leadership (Terblanche et al., 2018:2).

Organisational support includes practising programmes that support the newly appointed unit managers, including transition implementation by hospitals, to incorporate those with prior experience, throughout the first year of transition and a mentorship programme of support after the first year should be considered (Schmitt & Schiffman, 2019: 1). The organisational support for newly appointed unit managers gives a culture of caring and support within the organisation, thus encouraging experienced unit managers to support newly appointed unit managers.

2.4.2 Peer support

Heisler (2010:1), defines peer support, as support from a person who has similar characteristics and experiential knowledge of a specific behaviour as the target population. A peer is defined by Doull et al. (2017:2) as an individual who shares common or similar characteristics with the targeted individual or a group, allowing them to connect to, and affirm with, that individual on a level that a non-peer would not be able to, further added that the main objective of peer support based on the sharing of experience and information, mutual counselling and exchange among peers.

Support from peers is derived from the idea that people who share identical experiences can give help, information, validation and empathy (Myrick & Del Vecchio, 2016:197). Peer supporters could be newly appointed unit managers experiencing inadequate support at work. Herries et al., (2015) added that peer support occurs when people who have similar issues or things, give each other emotional support, advice and reassurance, and that peers can help us to make sense of complex information, and to determine if it is useful for our particular needs. During peer support, newly appointed unit managers would share their experiences and give each other support regarding the support they receive in their new role.

According to Doull et al. (2017:2), among others, appraisal support includes encouraging inspiring constant and enthusiasm for resolving problems, assertion of a peer's feelings and behaviours, and optimism that frustrations can be dealt with. While informational support involves giving factual information and advice, suggestions, alternative actions, and feedback relevant to the issue that the peer is dealing with are important.

According to Agarwal, Brooks and Greenberg (2020:58), studies suggest that peer supporters can have a positive effect on the individuals they provide support to, and the organisations where they work. The positive effect on supported newly appointed unit managers could have a positive effect on the organisation as well, as it may result in improved feelings of job satisfaction and feelings of adequacy. Individuals' attitudes and their well-being can be improved by peer support toward work and is correlated to more positive attitudes toward mental and physical health, decreased negative coping strategies and increased positive coping strategies (e.g., exercise) (Agarwal et al., 2020:58).

Peer support takes place when two or more people give support to one another around a shared problem or issue and work together to resolve the issue effectively (Assia, 2020:10). Newly appointed unit managers could give each other support around the issues affecting them due to inadequate support. Sharing could be supportive through the offering of advice and help with problem-solving (MacLellan, Surey, Abubakar & Stagg, 2015:10). Provision of peer support, provides, dynamic engagement in health decision-making is encouraged, with an intermediate outcome of developed knowledge and ability (Harris et al., 2015:41). Participation of newly appointed unit managers in decision making could improve service delivery and the image of the profession, resulting in improved confidence in their new role as unit managers.

Psychological resilience may be supported if there is peer support at work by providing social support and enhancing coping skills (Agarwal et al., 2020:57). Peer support has been established to improve physical, emotional and psychological health and promote behaviour change, as it is turning into an increasing vital strategy in a healthcare environment (Doull et al., 2017:2).

Person-centred recovery is promoted by peer support by enabling contact between people with lived experiences to foster a sense of connectedness by communicating shared experiences (Ibrahim et al., 2020:285). This support is given by individuals who have the experiential knowledge to help others (Myrick & Del Vecchio, 2016:198). The experiences that the newly appointed unit managers have would enable them to support one another during their transition, it would assist them in being more confident in their new role of being unit managers.

Thus, in addition to peer support, it may often be of value for supporters to simply be available to those they help, by providing emotional support, promoting self-management and behaviour change. Nevertheless, supporters also face challenges including dealing with emotional distress and no response from those they are supporting (Fisher et al., 2014:364-375). There is considerable evidence for the feasibility, reach and sustainability of both the effectiveness and the cost-effectiveness of peer support (Fisher et al., 2015:1523).

Stratford et al. (2017:4) identified six (6) peer support guiding values, which are **(a) Equity:** To consider the people they support as equal to them in terms of dignity and human worth. **(b) Hope:** Includes communicating, illustrating, and instilling hope in others. **(c) Trust:** It's about working hard to gain and maintain the trust of the people they support. Consecutively they also show trust in the people they support. **(d) Respect:** Believing in the value of people they support as fellow human beings, and showing deep respect. **(e) Understanding and acceptance:** Striving to accept and understand the people they support without judging and criticizing them. **(f) Shared experiences and shared responsibility:** It's based on the belief that conquering difficulty becomes possible through the combination of personal effort, with the support of caring and sympathetic others.

Peer supporters use the lessons they have learned and the strengths they have gained through their conquering of difficulty to encourage, motivate, role model and mentor others who encounter similar challenges (Stratford et al., 2017:4). The support of newly appointed unit managers from their peers could give courage to face their challenges since they learn from peers who have

experienced those adversities. Unit managers are also social beings; hence social support is vital during their transition to the new position.

2.4.3 Social support

Social support emanates from a web of people drawn from family, friends and community (Alsubaie, Stain, Webster & Wadman, 2019:485). At work, social support includes beneficial communication from the supervisor and colleagues, trust and respect and the provision of care (Sigursteinsdottir & Karlsdottir, 2022:1). Social support is the process of interacting with others to gain information, emotion, belonging, self-esteem, identity and security (Yeh et al., 2020:3). Social support, and social interaction, in which resources are received from others, has proven to be a very important factor in managing stress (Mikkola, Suutala & Parviainen, 2018:1). Newly appointed unit managers can get support from interaction with others.

Such support comprises mainly of listening and providing employees a platform for the release of difficult emotions, as social support in the workplace can contribute to employees' improved well-being (Sigursteinsdottir & Karlsdotti, 2022:2). Transitioning to a new position is stressful and demanding, and might be contributing to the development of mental health problems. Mental health problems including depressive symptoms are determined by lack of social support, whilst social support appears to act as a buffer against stressful events and promote mental health (Alsubaie et al., 2019:485).

The link between social support and depression has been identified in previous studies (Milgrom et al., 2019:1). Social support helps increase one's perception of personal control over one's life experiences, manage uncertainty and help one toward goals. It provides advantages other than stress management (Mikkola, Suutala & Parviainen, 2018:2). Higher job satisfaction, self-confidence, emotional support needs for respect and workplace expectations of the employee is increased by social support (Sigursteinsdottir & Karlsdotti, 2022:1).

As part of social support, helping individuals to feel appreciated and connected with social networks, provides a positive role on quality of life and mental health. This feeling of being supported is related to lower levels of mental health problems and therefore acts as a protective factor against depression (Alsubaie, Stain, Webster & Wadman, 2019:492).

According to the reviewed literature, a conducive environment created to allow social support has an impact or influence on how newly appointed managers conduct themselves or execute their actions.

2.5 CONSEQUENCES OF LIMITED SUPPORT AT WORK

Limited support of newly appointed unit managers may result in job dissatisfaction and high turnover. It has been suggested that the lack of support is leading to the inability of targets to cope (Branch, Ramsay & Barker, 2008:2). Newly appointed unit managers become overwhelmed and are expected to accomplish multiple tasks in a short time. They are responsible for finding solutions to their problems, due to the impossibility of getting organisational support (Talavera 2018:11). Sherman and Saifman (2018) indicated that, although they may seem confident about their abilities, there is a fear of failure when assuming new roles with complex responsibilities.

According to Moore (2016:99), nurse managers often set the tone for the workplace and can greatly affect staff nurse satisfaction and retention. If unit managers are supported by top management, they can provide the same support to nursing staff thus improving job satisfaction and retention. Newly appointed unit managers are expected to model their way, to inspire, enable and encourage nurses, positively impacting job satisfaction, commitment and increased productivity (Duffield & Franks, 2001:89). Lack of employee job satisfaction leads to unwillingness to assist others and would be more reluctant to voluntarily help a co-worker (Cochran Jr., 2019:14). According to Mosier et al. (2019:331) there is an absent or weak pipeline as a result of nurse leader turn over, and a gap can appear that put key performance indicators and patient safety at risk.

With a complex and constantly changing work situation for the first-line nurse managers (Karlberg Traav et al., 2017:634), frontline nurse leaders have often fallen into their roles with little or no leadership development or mentoring (Sherman & Saifman, 2019: 355). The role of the nurse manager is challenging, draining and stressful, it has unfavourable outcomes on the health of the individual and the well-being, and productivity of an organisation (Labrague et al., 2017). Stress that is caused by the unit manager's role can impact negatively on the organisational climate, staff satisfaction, retention and performance outcome (El Haddad et al., 2019).

In today’s organisations' leaders are required “to take action, to get people moving and to vitalize the workforce in an ever-changing environment” (Sullivan, 2017:1). Changing into new career positions may come with challenges to employees in organisations that could at times lead to

derailment of management (Terblanche et al., 2018:1). These changing environments can affect the performance of a unit manager if the support is not efficient. Inefficiencies of unit managers may result in medical errors. Due to increased medical errors, the importance of providing the right work environment and empowerment to the nurses and good leadership by nurse managers for their motivation and high level of performance is demonstrated. Negative effects may cause delayed or poor service delivery, errors in patient care and even leaving the organisation (Alharbi, 2017:4516).

Armstrong, Rispel, and Penn-Kekana (2015:2), state that, continuing professional development, the creation of an enabling practice environment and supportive executive management, are needed, to qualify nursing managers to lead and supervise the provision of consistent and high-quality patient care in these South African hospitals. Supportive behaviour from supervisors should consequently be more closely related to perceived organisational support than supportive behaviour from co-workers and teammates, who would be perceived as less representative of the organisation (Kurtessis et al., 2017:1860).

To maximise efficiencies, organisations should revisit support processes and strengthen them (Chisengantambu et al., 2018). There is a vast difference in job knowledge between being a professional nurse and being a unit manager. Hence support from the organisation is vital to ensure smooth transition to the new position of being a unit manager. Support that connects stakeholders, encourages a collaborative dialogue around existing practice and enhances transition (Graham, 2020:55).

2.6 BENEFITS OF SUPPORT

“Job satisfaction is a concept related to workplace well-being, which includes attitudes towards work and is both a subjective and emotional response of employees to their work” (Sigursteinsdottir & Karlsdottir, 2022:2). According to Kupietzky (2023) employee satisfaction is a critical component of organisational success, but especially in the public health industry where there is a strong relationship or correlation between employee satisfaction and patient satisfaction. It has been proven or demonstrated that, when employees are happy, they are more productive and more likely to provide quality care.

Corning (2023), states that job satisfaction has been recognised as an essential factor in public hospital staff preservation. Quality of care, patient satisfaction, and turnover of health professionals are affected by the job satisfaction of health care professionals. On the other hand,

job dissatisfaction can affect the poor patient-to-provider ratio, longer waiting time and staff burnout. Healthcare organisations need to address employee satisfaction and its consequences. But where to start? Corning (2023), believes six strategies are key to ensuring that, unit managers benefit or realise the outcome of employees' support.
These strategies are indicated in Table 2.1.

Table 2.1 Support Strategies (source Corning, 2023)

Service	Description
Succession Planning	Succession planning is not only important for the long-term success of an organisation, but it also improves overall job satisfaction. Having a comprehensive strategy for building a strong leadership pipeline is directly tied to improved employee satisfaction, engagement and commitment.
Recognise your Strongest Players	In healthcare, it's crucial for nurses, unit managers and other on-the-floor care providers to feel acknowledged and appreciated. So be sure to recognise nurses and other staff for good work. One caveat: a culture of recognition does require better performance management process
Prioritise Learning Development	Employees who have access to "meaningful learning and development opportunities " are typically very engaged. Additionally, research has found that solid development opportunities can lower employee turnover
Deliver Feedback	Building a highly engaged workforce means delivering more frequent, actionable feedback that's tied to actionable learning opportunities. It's also important to deliver feedback early in an employee's tenure.
Early Engagement	An employee's first day is likely to be his or her most engaged day on the job. Have new unit managers hit the ground running by networking early with coworkers to drive home your organization's high expectations for ongoing engagement. It's also important to make new hires feel welcome in their new community
Alignment - Goals	Set your employees up for achieving these goals by providing the necessary resources, whether it's a mentorship program or training sessions for specific skills. Connecting employees' personal passion for their work with the organization's goals leads to stronger employee loyalty and better performance.

According to literature by Kupietzky (2023), It's important to understand these benefits, to create a healthier and happier workplace, benefits of a satisfied worker include the following: reduced absenteeism or tardiness, increased productivity, fewer accidents or errors, decreased health complaints, less difficulty concentrating or making decisions, reduced memory problems, positive attitude towards work, and engagement with work tasks.

2.7 SUMMARY

The researcher has explored the theoretical background of the research topic, and it has indicated or outlined various supports available in healthcare, for nurse managers. The support varies from organisational level to peer level, and this has laid the foundation for the research strategy to be outlined.

Chapter three discusses the research methodology and procedures used for information collection and analysis.

CHAPTER 3 RESEARCH DESIGN AND METHODS

"If you don't like something change it, if you can't change it, change the way you think about it".

Mary Engelbreit

3.1 INTRODUCTION

Chapter 2 laid out a thorough literature review of relevant topics as they appeal to this study. A literature review focused on the importance of supporting unit managers at work, support structures for unit managers and its components which are organisational support, peer support and social support, also focused on the work environment for the newly appointed unit managers. Chapter 3 consists of a comprehensive discussion of the research design and research methods used in this study.

3.2 AIM AND OBJECTIVES OF THE STUDY

The study aimed to explore the support needs of newly appointed unit managers, and the objectives to explore what the support should entail, and to identify key critical support areas for nurses to thrive. The idea of qualitative research as a reflective process (Agee, 2009:431) allowed the researcher to change the second objective to "m*ake recommendations for the development of guidelines to support newly appointed unit managers.* The justification for this was twofold: 1) the time frame allowed for completing a master's study, and 2) the impact COVID-19 had on this time frame.

3.2 RESEARCH DESIGN

According to Polit and Beck (2017:743), a research design is referred to as an 'all-inclusive plan for addressing a research question, including specifications for intensifying the study's integrity'. Williams (2019), states that it is the set of methods and procedures used in collecting and analysing measures of the variables described in the research problem.

The main basis of a research design is to convert a research problem or a problem statement into data, for analysis, to provide relevant answers to research questions at a minimum cost and it determine the type of analysis that is to be done, to get the desired results (Asenahabi, 2019: 78).

According to Polit and Beck (2017: 56), a research design specifies, how often data will be collected, what type of differentiation will be made and where the study will take place. This study follows a qualitative research design.

3.2.1 Qualitative research design

William (2019), states that the word qualitative entails an importance on the quality of systems, processes and meanings that are not analytically examined or measured (if measured at all) in terms of amount, quality, frequency or intensity. Qualitative research design is a design for a qualitative research project, which includes the formulation of a research question and who to combine in the research (sampling), it also spells out which kind of methodological approach shall be taken, what or who to compare for which extent etc. (Flick, 2022:7).

The researcher used a qualitative research design to explore the support needs of the newly appointed unit managers, explore what the support should entail, and identify key support critical areas for nurses to thrive. Qualitative research methods not only collect the data but also assist researchers in figuring out the process behind observed results by taking into consideration the thoughts, feelings and expressions of the participants (Gundumogula, 2020:299). A qualitative research design was used because it permitted to identify the support of newly appointed unit managers, explore what the support should entail, and develop a support practice guideline for newly appointed unit managers.

3.2.2 Descriptive research design

The researcher used a descriptive qualitative research design. According to Polit and Beck (2017:206), the purpose of descriptive studies is to observe, describe, and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development. The goal of descriptive research is to describe a phenomenon and its characteristics (Hossein, 2015:129). Descriptive studies aim at interpreting accurately the attributes of a particular group or situation (Mishra & Alok, 2022:26).

The researcher regards a descriptive qualitative research design as appropriate because of the subjective nature of the problem and the participants' different perspectives (Bradshaw, Atkinson & Doody, 2017:2). A descriptive qualitative research method was chosen for this study, highlighting the interpretation of the participants' experiences (Larsen et al., 2021:311). In this study, the researcher described the support needs for newly appointed unit managers at a designated public hospital.

3.3 METHODS

A research methodology, is a way to methodically solve the research problem, and may be known as a science of studying how research is done scientifically (Patel & Patel, 2019:48). It is an approach, used to structure a study, gather and analyse information systematically (Polit & Beck, 2017: 743). Research methods are discussed, using the following headings: context, population, sampling, data collection, data analysis, trustworthiness, and ethical considerations.

3.3.1. Context

The study was conducted in one public hospital in Tshwane District in Gauteng Province. The hospital has 1,652 beds and a nursing staff of 1,951. Of these, 96 are in management positions (1 senior nursing manager; 5 nursing managers; 20 area managers, and 70 unit managers).

3.3.2 Population

Polit and Beck (2017: 56) define population as individuals or objects with familiar, defining characteristics. The population can be described as all people or items that one wishes to understand (Rahi, 2017:3). The population consisted of ten (10) newly appointed unit managers, of which five (5) have been in their position for less than one (1) year, and another five (5), have been in their position for more than one (1) year in the selected hospital. Currently, there are 96 nurse leaders (comprising unit managers, assistant managers and the nursing director), of which 10 are newly appointed unit managers with less than one year of experience.

3.3.3 Sampling

According to Rahi (2017:3), sampling is the process of selecting part of the population for investigation, a process of selecting a sample of units from a data set to measure the characteristics, beliefs and attitudes of the people. Purposive or judgmental sampling is an approach in which particular settings, persons or events are selected purposely to provide important information that cannot be attained from other choices (Taherdoost, 2016:23).

Purposive sampling is described by Thomas (2022:2) as a way of selecting the number of sets of components so that the object makes more or less the same estimation or per cent as the population for those personal attributes that are presently the subject of data gathering. The researcher used purposive sampling based on her judgement of participants who could provide the best information for the study objectives (Etikan & Bala, 2017:1). Purposive sampling is recommended for focus group discussions, which rely on the ability and capacity of participants

to provide relevant information (Derrick, Mukherjee, Nyumba & Wilson, 2018:23). The advantages and disadvantages are discussed in this study for the purposive study.

The advantages and disadvantages of purposive sampling, according to Thomas (2022:3) are discussed in Table 3.1.

Table 3.1 Purposive Sampling

Advantages	Disadvantages
To help, several qualitative research methods have been designed: • Researchers can utilise a range of qualitative studies while focusing on purposive sampling.	**This strategy is greatly subject to investigator bias:** • Researchers are susceptible to bias during purposeful sampling, nonetheless the technique employed to collect data.
Purposive sampling could be split up into several stages: • It can require researchers to go through several locations, which each depends on previous ones. This plan is favourable since it gives a researcher a bigger pool of nonprobability sampling options to pick from.	**Purposeful sampling can influence the data of surveys:** • Behaviour may change when one hears that they have been chosen for research. The behaviour and attitude can either impede or help an investigation.
It saves a deal of time by facilitating data collection: • Purposeful sampling's utility allows researchers to save some time & expense while gathering data.	**This can be ineffectual if carried out to a vast population:** • The whole sampling is applied in cases where only a few people or units show the desired characteristics.

Nonetheless, purposive sampling is the most frequently used sampling option in a qualitative study (Kalu, 2019:2527). The researcher invited all the newly appointed unit managers (less than one year in their position) and experienced unit managers to participate in the focus group discussions (FGDs). The purpose of inviting experienced unit managers was to get a

comprehensive view of the support that is available for newly appointed unit managers and their input on what support should be available to newly appointed unit managers.

The number of participants in the FGDs ranged between six to ten people per group (Liamputtong, 2011:42, 45). To maintain interest and active discussion between participants, and provide participants with an opportunity to actively participate, the researcher divided the group into five participants per group. The researcher conducted two FGDs (e-FGDs) on a video-conferencing application.

Inclusion criteria for the study:

- Newly appointed unit managers, who have been, in the management position for less than one year.
- Experienced unit managers, who have been, in the management position for more than one year.

Exclusion criteria:

Nurses who are in management positions other than that of a unit manager.

3.4 DATA COLLECTION AND ORGANISATION

Data collection is defined by Polit and Beck (2017:725) as the collection of information to address a research problem, it is a focal point in qualitative research (Rivaz, Shokrollahi & Ebadi, 2019:1). The researcher planned to conduct two focus group discussions (FGDs) with newly appointed unit managers and experienced unit managers to explore the issue of support for newly appointed unit managers. Due to the coronavirus disease 2019 (COVID-19) pandemic, restrictions on social interaction and travel have affected how researchers approach fieldwork and data collection (Menary et al., 2021:1).

The researcher conducted two e-FGDs to collect rich data about the support provided to newly appointed unit managers and recommendations on what support should be available for newly appointed unit managers in the designated hospital. COVID-19, caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is highly contractible, with high mortality in susceptible individuals and no known disease-specific treatment or vaccine (Mbunge, 2020:1010).

The COVID-19 pandemic forced the government to implement unprecedented measures to control the rapid spread of the disease including strict lockdowns, and prohibiting all organised

and social gatherings including non-essential gatherings (Pillay et al., 2020: 671). COVID-19 has hindered the ability of qualitative researchers to take part in face-to-face environments, compelling many to shift to online forms of data collection (Lanten & Laestadius, 2021:1).

The online focus group is defined as a two-sided qualitative group discussion, incorporating a selected group of individuals who gave consent and volunteered to participate in a facilitated, prearranged, online discussion to explore a specific topic for research (Lijadi & Van Schalkwyk, 2015:2). Online qualitative methods, can be described as versions of traditional methods using internet venues instead of face to face interaction such as online interviews and online focus groups (Lobe, Morgan & Hoffman, 2020:2).

The following advantages and disadvantages of virtual focus groups are discussed by Marques et al. (2021: 920-921) in Table 3.2.

Table 3.2 Virtual Focus Groups

ADVANTAGES	DISADVANTAGES
• Individuals may be more likely to participate because of the flexibility of the virtual focus group	• Some participants are not technologically experienced
• Participants are more relaxed, thus resulting in more involvement	• Potential to troubleshoot technological issues for participants
• Participants with transportation access can participate from their locations	• Limited number of participants per group

The preparation for the e-FGD was discussed in the preparatory phase.

3.4.1 Preparatory phase

The hospital management was contacted for permission to conduct e-FGDs with the unit managers in the designated hospital (see Annexure C). The researcher reached out to prospective individual participants and provided them with information and consent documents (See Annexure B) before the meeting. Participants were informed of study procedures, risks and benefits and requested to provide written consent to take part in the e-FGDs and for audio recording of the discussions (Hennink, Bonnie, Kaiser, & Weber, 2019:1486). The fundamental methods of data collection during a focus group discussion include audio and tape recording, note-taking and participant observation (Nyumba, Wilson, Derrick & Mukherjee, 2018:23). The researcher scheduled appointments for e-FGDs with the participants after they had agreed to

participate in the study. The days for the e-FGD sessions were scheduled according to participants' availability. The appointment was scheduled for days when unit managers were on duty as they work on weekdays to avoid compromising their rest days. However, the time was scheduled after consultation with management to minimize service interruption. The link for the Microsoft Teams meeting was sent by the supervisor for a virtual connection. Initially, evidence on the use of Microsoft Teams meetings for online focus groups indicates that it is a competent method for online focus groups (Keemink et al., 2022:6).

The next step is to identify a suitable venue for the discussion, taking into consideration participants' comfort, access to the venue, and levels of distraction (Nyumba, Wilson, Derrick & Mukherjee, 2018:23). The venue was booked within the designated hospital; with the permission of management the nurse's boardroom was prepared for the group discussion. It had an interactive screen with a camera and a speaker to enable the participants, facilitator and researcher to interact. The venue had access to the internet via Wi-Fi. The participants and researcher participated in the e-FGD from the boardroom while the facilitator facilitated the groups virtually due to COVID-19 restrictions. The researcher bought bottled water and sweets for each participant as refreshments. This was done a day before the scheduled focus group discussion, as part of preparation.

For the safety of the participants, the following guidelines were followed to curb the spread of COVID-19 during the discussion:

- the discussion took place in an open room (well-ventilated), big enough to accommodate 30 people, for social distancing of 1.5 meters will be ensured
- there was a screening of all the participants before the discussion, performed by the researcher
- there was a hand washing facility and sanitizers
- everyone was wearing a surgical mask during the discussion

3.4.2 e-FOCUS GROUP DISCUSSION

The e-FGD was conducted in the English language since all participants understood the language. Two e-FGDs were scheduled for two hours per group. Nevertheless, regarding the number of focus group discussion meetings, it is vital to consider the duration of the meetings, participants are most likely to suffer from fatigue when discussions are longer hence the rule of thumb is one to two hours (Nyumba, Wilson, Derrick & Mukherjee, 2018:23). Each group had 5

participants. The first group was named group 1 and the second group was named group 2. Group 1 consisted of newly appointed unit managers with less than one year's experience, and group 2 newly appointed unit managers with more than one year's experience.

The e-FGDs were conducted on the 28 September 2021. Group 1 started the discussion from 08h36 until 09h40, group 2 started the discussion from 10h00 until 11h00. In between the two groups, there was a 20-minute break to allow group 2 to settle down. The individuals were no longer coming to a physical location to participate in focus groups during the COVID-19 (Lathen & Laestadius, 2021: 3) hence the supervisor facilitated the e-FGDs virtually. The researcher could not facilitate the group discussion since she is a unit manager in the same designated hospital. The focus group should be introduced by the facilitator (Co-supervisor) just as they would an in-person session (Santhosh, Rojas & Lyons, 2021: 180). During the discussion, the facilitator introduced herself, the researcher and the group. Ground rules were agreed upon by the facilitator, researcher and each group.

Group 1 set the following ground rules: listening when the other person talks, giving each other a chance to speak, not interrupting each other, being non-judgmental, and not gossiping if they leave the session. Group 2 set the following ground rules: switch off all phones, time management, speak loudly so that everybody can hear, and have a way of showing when you want to speak such as raising a hand, listening, respect, being non-judgmental and can't be wrong – say what you want to say.

The facilitator verified with the participants if they had signed the consent and completed the demographic data. The permission to record the focus group or structured interview should be obtained by the facilitator and attendees should be provided with the opportunity to leave the meeting if they do not consent to the recording (Santhosh, Rojas, & Lyons, 2021:180). During the e-FGD, the facilitator asked the participants if they gave permission to be recorded by the researcher, and reassured them of confidentiality by using pseudo names (numbers 1 to 5).

To break the ice, the facilitator asked the participants to each tell the group about something they like that is not known by others. An open-ended question was asked by the facilitator, to the participants ***"What is your experience with regards to the support needs of the newly appointed unit managers and what the support should entail?"*** (see Annexure D). The facilitator further asked probing questions to get comprehensive and reflective information from a responder (Polit & Beck, 2017: 740).

According to Gill and Baillie (2018:671), a relaxed, interested manner will also help participants to feel relaxed and promote honest discourse (Gill & Baillie, 2018:671). The facilitator managed existing relationships and created a relaxed and comfortable environment for unfamiliar participants. A researcher observed the participants' non-verbal interaction and the group dynamics during the discussion. The observer typically observes actions, group dynamics, seating arrangements, non-verbal cues and speaking order, which is vital for transcription and analysis (Gill & Baillie, 2018:671).

The researcher audio-recorded the e-FGD with the participants' consent using an App called Otta from a cell phone and a normal cell phone recording to ensure that no data gets lost. The essential methods of data collection during a focus group discussion comprise audio recording, note-taking and participant observation (Nyumba, Wilson, Derrick & Mukherjee, 2018:23). Data saturation was reached when themes and categories in the data were repeated and redundant, no new information could be obtained by further data collection (Polit & Beck, 2017: 60).

Participants were allowed to provide additional information by asking for "any input on what support needs newly appointed unit managers should entail". A few minutes should be spent rounding up and reflecting on the discussion, at the end of the focus group (Gill & Baillie, 2018:672). The facilitator thanked each group and the researcher for being a good host, and further asked the participants about their experience during the e-FGD by saying "First before we say goodbye I want to go around in the circle. Tell me what you liked the least and what you liked the most of this session. Think about that, then you can share" The participants shared their experiences in each group. Group 1's discussion lasted for 54 minutes and Group 2's discussion lasted for 1 hour. The facilitator further explained that the researcher will share the results once all the inputs have been analysed. Participants were offered refreshments after the discussions.

The facilitator used an interview guide for the FGDs (see Annexure D: Interview guide for FGDs). The participants were asked the following questions:

- What are the limitations and needs of a newly appointed unit manager in the designated hospital?
- What should support entail in the designated hospital?
- What support practice guideline do you think is needed for newly appointed unit managers in the designated hospital?

The recorded data was transcribed verbatim and checked for correctness.

3.5 DATA ANALYSIS

Polit and Beck (2017:725) refer to data analysis as the systematic organisation and synthesis of research data. The researcher analysed the data using Bengtsson's (2016:11–13) four stages: decontextualisation, recontextualisation, categorisation, and compilation.

3.5.1 Decontextualisation

Before the data can be divided into smaller meaning units, the researcher had to familiarise herself with the data and read through the transcribed text to get a sense of the whole, or "what is going on?" A code was assigned to each identified meaning unit, and this code was interpreted about the context. This process was repeated to ensure that all meaning units were clear (Bengtsson, 2016:12).

3.5.2 Recontextualisation

The final list of meaning units was read again together with the original text to ensure all content had been covered concerning the aim. The researcher used different colours to distinguish each meaning unit. The researcher checked for any unmarked text afterwards and had to decide if it should be included if it provided answers to the research question (Bengtsson, 2016:12).

3.5.3 Categorisation

During this stage, the extended meaning units were condensed without losing the content of the unit. With this process themes and categories were identified. All categories were rooted in the data from which they originated (Bengtsson, 2016:12).

3.5.4 Compilation

In this stage, the writing-up process began. In this study, the researcher followed a manifest analysis where the words of the participants were used and she often referred back to the original text. In Chapter Four, the researcher shows the themes and categories in a table format (see Table 4.2) to allow the reader a quick overview of the analysis. Finally, the researcher checked how the findings corresponded with existing literature.

3.6 TRUSTWORTHINESS

Trustworthiness is "the degree of confidence that qualitative researchers have in their data and analyses, assessed using the criteria of credibility, dependability, confirmability, transferability and authenticity" (Polit & Beck, 2017:747).

3.6.1 Credibility

Credibility can be described or defined, as a criterion for evaluating integrity and quality in qualitative studies, referring to the confidence in the truth of the data and interpretations of them (Polit & Beck, 2017:724). According to Polit and Beck (2017:559), credibility refers to assurance of the truth of the data and interpretations of them. The researcher transcribed the e-FGD recordings verbatim. Verbatim transcription of the recordings, is regarded as a critical step in preparing for data analysis, and researchers need to ensure that transcriptions are accurate and that they validly reflect the interview experience (Polit & Beck, 2017:531). In this study, the researcher read the transcript line by line to ensure that all codes are identified.

3.6.2 Dependability

Dependability refers to a criterion for evaluating trustworthiness in qualitative studies, also referring to the stability of data over time and conditions, analogous to reliability in quantitative research (Polit & Beck, 2017:726). In this study, the researcher used an audio recorder to ensure dependability and that data is not lost. The research findings will remain unchanged should the study be repeated in different settings with different participants.

3.6.3 Confirmability

Confirmability is a criterion for integrity in qualitative research and refers to the objectivity of the findings; that is, the potential for congruence between two or more independent people about the data's accuracy, relevance, or meaning (Polit & Beck, 2017:559-560). The researcher listened to the voices attached to the number given to the participant, to ensure that the voice was from the relevant participant. In this study, the researcher remained objective and wrote notes and reviewed them with the supervisor and co-supervisor to ensure that there was agreement between the researcher and supervisors.

3.6.4 Transferability

Transferability is the extent to which findings can be transferred or have applicability in other settings or groups (Polit & Beck, 2017:560). In this study, transferability was not intended, as the study was conducted in one selected hospital in one province of South Africa. The researcher will provide sufficient descriptions, however, and the findings should be assessed with caution for applicability to other settings.

3.6.5 Authenticity

Authenticity is the degree, to which researchers fairly and faithfully show a range of realities (Polit & Beck, 2017:560). Authenticity expresses the tone of the participants' lived experiences and fairly describes their experiences so that it is a truthful picture of their perceptions and experiences. When a text achieves an authenticity level, readers are better able to understand the lives being portrayed "in the round", with some sense of the mood, feeling, experience, language and context of those lives (Polit & Beck, 2017:560). The researcher will remain open and thorough, keep field notes and transcribe audio-taped data to ensure that the opinions of the participants regarding the support needs of newly appointed unit managers are understood.

3.7 SUMMARY

In this chapter, an overview of the research design was presented, as well as the methods that directed the scientific activities of the study, the population and sampling, data collection and trustworthiness. Data analysis will be discussed in chapter 4.

CHAPTER 4 DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

In the previous chapter, the research design, why it was chosen and how the data was collected, the types of data gathering methods available, and methods used in this research and why, were outlined, thus laying a foundation for data analysis. The data analysis and findings are discussed in this chapter. The analysis evaluated and developed the empirical findings using the theoretical framework. This provided a foundation for the conclusion (presented in Chapter 5), where findings are put in the context of the research problems, the main problem, and the theoretical framework. In analysing the primary data, a structured methodological approach was followed. The data has been mostly qualitative, and it also contained elements of an inductive and deductive approach. Anderson (2018) recommends a deductive approach in the analysis of qualitative data.

4.2 DATA ANALYSIS

Merriam (2019), states that when presenting the result of qualitative research, the researcher should select quotes that are poignant and/or most representative of the research findings. Open-ended questions formed the basis of this study and encouraged the respondents to fully express themselves.

4.2.1 Demographic data of participants

In Table 4.1, demographic data for the newly appointed unit managers in the designated hospital is indicated.

Table 4.1**:** Demographic data

Age	No of Participants	Gender	Years of Service	No of Participants
20 - 30	-	F	<1	5
31 - 40	-	F	3 - 5	5
41 - 50	7	F	6 -10	-
51 - 60	3	F	>10	-
>61	-	F		

F = Female, No = Number

All participants were females in this study, one male participant pulled out of the group discussion due to other work commitments. The full age spectrum was not covered, as the majority of the age group was between 41-50 years. Years of experience were balanced, 5 were <1 year of experience and 5 were more than one year of experience. The purpose of inviting experienced unit managers was to get a comprehensive view of the support that is currently available for newly appointed unit managers and input on what support should be available for them.

4.2.2 Themes and categories

Themes were derived from the analysis. Table 4.2 indicates themes and categories that came from the data collected during the FGDs.

Table 4.2: Themes and categories

Theme	Category
1. Forms of support	a. Peer support b. Organisational support c. Social support
2. Support needs identified	a. Orientation to new role b. Mentoring c. Collaboration within the organisation d. Accessibility to higher management
3. Support areas for newly appointed unit managers to thrive	a. Communication b. Conflict management c. Problem-solving d. Change management e. Delegation f. Coping strategies

4.3 DISCUSSION AND FINDINGS

Deductive approaches involve using a structure or predetermined framework to analyse, Yin (2018). Essentially, the researcher imposes their structure or theories on the data and then uses these to analyse the interview transcripts. Themes and categories are discussed, along with verbatim quotes from two e-FGDs. Transcriptions are used to make sure that participants' voices are heard, not those of a researcher. To maintain confidentiality, participants were not addressed by their names but by the given numbers in each group; this number is indicated at the end of

each quote in brackets. Quotes that are 40 or more words appear in a block format without quotation marks. As the quotes are verbatim, they are presented as they are and the syntax has not been corrected. Interjections have been used to clarify certain expressions or words.

4.4 THEME 1: FORMS OF SUPPORT

A supportive workplace is highly valued by workers and makes a significant contribution to their productivity and effectiveness. According to Armstrong, et al. (2020:2), the creation of an enabling practice environment, supportive executive management, and continuing professional development is needed, to enable nursing managers to lead and oversee the provision of consistent and high-quality patient care in South African hospitals.

In today's work environment, where stress and burnout are increasingly common, employee wellness has become a crucial aspect of organisational success. One innovative approach to enhancing workplace wellness is the integration of support systems. This strategy not only improves the well-being of employees but also cultivates a more supportive, engaged, and productive workforce.

Participants understand the various forms of support, which include peer, social and organisational, in the workplace and the importance of adequate support systems in the work environment, especially for starting in a new role. This feedback from participants, about support's influence on newly appointed unit manager's performance, according to Haffer (2022), employees who are satisfied with their work environment are more likely to have a positive output. He also states that workplace support is crucial since staff can work more efficiently doing their jobs in a nice workplace, which leads to higher employee performance and organisational output.

Three categories have been identified in this theme: lack of confidence in the new role, insufficient orientation to the new role, and inadequate support systems.

Category a: Peer support

Starting in a new role and meeting with new team members, can always create a level of uncertainty, employees often find solace in sharing their concerns with colleagues who empathise and understand the unique pressures of their work environment.

When they lack of leadership education and mentoring support during their transition, they become frustrated with the role or they can easily make mistakes (Sherman & Saifman, 2018:

355). Transitioning into new career positions may present challenges to employees in organisations and could at times cause derailment of management (Terblanche, et al., 2018:1). Nonetheless, they are adjusting to high-performance expectations, and they are seeking acceptance into nursing's tradition-bound and hierarchical culture physical demands of unpredictable or inflexible work environments (Duchscher & Windey, 2018:230).

The following quotes from participants indicate their lack of confidence in the new role. One participant verbalised frustration with being in a new environment with a new team and different procedures and equipment that you are not familiar with:

> *…Let me say you become frustrated. Yeah, you see this new team is unlike maybe you become a unit manager in the unit that you were working. Now there are different people in this new team, different procedures, different equipment, you know, you need proper orientation, somebody must take you through to add on induction.* (FGD 1:NO1).

"…Sometimes you have information, but you are not sure that you can execute whatever that you need to execute the right way." (FGD 2: NO2).

"At some stage, you feel like you are failing. And whereas again you don't even have that shoulder to cry on…" (FGD1:NO5).

> *...because you go to the ward you don't know anything where to start, what to start. It becomes overwhelming already. They said first impressions last then the subordinates will think "Hey, this manager is always asking even the smaller things… Where is the number for quality? When do I refer this person if she's got a problem?* (FGD1:NO2).

Another participant highlighted the issue of probation before one can be expected to submit reports:

> *I was going to say I think they should put the new unit manager on probation, probably at least two months after two months, that's when they will be expecting you to submit your report, but then for the first two months, familiarize yourself with the environment and everything first, because you can start on the 15th if they want a report on the 30th. You don't know the stuff you don't know a lot about that particular unit. So, I think probation will also help. (FGD2: NO4).*

It is evident that the majority if not all participants, based on the responses, believe that, the key to a successful transition and full confidence in the new role, is strengthened by the allowed

probation period and support offered by peers. This is supported by Orientation is important because it lays a foundation for the new employee's entire career with the department. First impressions are important since they establish the basis for everything that follows. Without orientation, a new employee sometimes feels uncomfortable in his/her new position and takes longer to reach his/her full potential

Category b: Organisational support

Organisational support can be defined as an employee's understanding of the affirmation and assistance services offered by their organisation. These supports can be offered in many ways, such as freedom of creativity in their work or an ample amount of vacation days for health or leisure. Organisational support relies on both how the business treats each employee and how the employee perceives the support. Organisational support is important because employees are more effective during work when they receive appreciation. The more an employee receives praise or recognition for what they do, the more likely they may react well to management changes and organisational needs

Orientation and socialisation to the role may also be minimal, but nurse managers have noted the need for not only early socialisation and development in the role but also sustained activities that would continue to promote growth (Moore, Sublett & Leahy, 2015:99). An often-overlooked initiative that can add value and create an effective workforce educated in organisational goals is a new employee orientation programme (Shimannarayana, 2016:620). The transition to a new role can be daunting because of the multitude of challenges that may arise during orientation (Garcia 2017: 164).

The following quotes from participants indicate their need for sufficient orientation to their new role as unit managers:

> *First week, the first two weeks, managers need to be orientated, taught all the skills, know how to refer, know how to communicate with all the multidisciplinary teams before she goes to the ward, because you go to the ward you don't know anything where to start, what to start."* (FGD 1:NO2).

The participant further added:

> *First things first, from the very first two weeks they must take you on orientation, full orientation and induction. When you go to the ward, you are fine, you've got confident you know how to*

access it, you need proper orientation; somebody must take you through to add on induction. (FGD 1:NO1).

"I agree with them and I want to add that they need to have a proper orientation that is part of orientation for you to have a mentorship…" (FGD 2:NO3).

This participant suggested orientation and mentoring, and how long it should last:

I agree with all of them. They talked about orientation, mentoring, and also not doing some duties for two months. So, I think also orientation should stipulate how long should it last. And then also the mentoring. How long do we want these mentors to stay with the new manager until we say the manager can do it? (FGD 2: NO5).

The facilitator asked a follow-up question as to how long should orientation last and one participant indicated *"I think the two months that she talked about number four that she shouldn't be writing the reports. The mentor should be there…If that is possible …of course, sometimes it might not be possible, especially in public hospitals."* (FGD 2: NO5).

"But then for the first two months, familiarize yourself with the environment and everything first... Yeah [yes], you get used to the environment first yes." (FGD2:NO4).

Category C: Social support

Dyess, Prestia and Smith (2015:105) refer to support as "the way in which nurse leaders are sustained to successfully achieve their responsibilities amidst a vast array of challenges." The level of motivation to solve organisational problems and to share knowledge increases when managers feel supported. Support is essential not only to the functional well-being of the organisation but also to the emotional well-being of employees (Chisengantambu et al., 2018:193).

The opposite is also likely: an anticipated lack of support causes a stronger likelihood of adverse outcomes, including poor work performance, high staff turnover, absenteeism, low morale, burnout, anxiety, and depression. Limited managerial or supervisory support brings about poor job satisfaction and a lack of role clarity due to insufficient knowledge regarding job goals and requirements, which in turn affects job performance adversely (Chisengantambu et al., 2018:194).

The following quotes from participants indicate inadequate support in their new role as unit managers:

Yes, as a newly appointed manager. They must also understand that you are a human being, they mustn't push deadlines. They will phone you at eleven and say you were supposed to submit something that they've never taught you about. At some stage, you feel like you are failing. And whereas again you don't even have that shoulder to cry on and the senior managers, assistant managers now they must just give themselves time to come down to orientate the operational managers because I believe is their duty to orientate the operational manager. (FGD1:NO5).

In the following quote, the participant that the support should also come from senior managers, they should reinforce the position of newly appointed unit manager to the staff.

Sometimes the manager may be younger than the staff, it can happen that she's younger than the staff. The senior manager who is senior to her I think has a duty to reinforce especially in the awards to reinforce the position of the manager among the people. The manager must not feel that she's alone at all. But the senior manager must be there not actually to take his side but to actually help the staff to be able to be accepting of the manager. As my colleagues have said sometimes the staff might have more experience in the wards, more than the manager so the senior manager who is senior to him or her must be able to come and reinforce her position. That means that the relationship between the two of them must be that way. (FGD1:NO4).

The accessibility of social support has been suggested to alleviate the resulting tension in such work situations. In managers, social support has been associated with fewer symptoms of burnout, reduced stress, higher self-rated health, less sickness, and absence, and lower physiological stress (Lundqvist, Fogelberg Eriksson, & Ekberg, 2018: 354).

4.4.1 THEME 2: SUPPORT NEEDS IDENTIFIED

Supervisors who recognise being supported by senior managers automatically treat their subordinates positively (Chisengantambu et al., 2018:194). Advocacy in supporting nursing staff was recommended as crucial to benevolent leadership in a large worldwide survey of nursing managers (Pattison & Corser, 2023: 944). The following categories have been identified: orientation to a new role, mentoring, collaboration within the organisation, and accessibility to higher management.

Category a: Orientation to a new role

New employee orientation is traditionally called induction or organisational socialisation (Shimannarayana, 2016: 620–621). Amid the fast global workforce changes, value orientation and induction programmes have been fully acknowledged as a means of enhancing the job effectiveness of especially new employees (Walbe, 2020:127). Orientation has positive impacts on the novice charge nurse, unit, organisation, and patients (Zafke, 2020: 3).

Employees attending the orientation training had significantly higher levels of affective organisational commitment than non-attendees (Shimannarayana, 2016: 621). Employee orientation is targeted at the particularity of individual jobs and critical information about the organisation's general culture, objectives, processes, and structures. Hence, successful employee orientation will help employees recognise both particular needs relating to their job role as well as general requirements regarding acceptable or unacceptable role behaviours (Raub, Borzillo, Perretten & Schmitt, 2021:2).

Walbe (2020) describes the benefits of a thorough induction as: staff feel accelerated success and effectiveness; improved personal and professional well-being; welcome and valued; heightened job satisfaction; greater self-confidence; and enhanced commitment to students, school, and profession. Structured orientation and onboarding processes are critical for developing competency, employee satisfaction, and engaging newly hired employees (Garcia et al., 2017:163).

The following quotes from participants indicate their need for orientation in their new role as unit managers:

> *Before the manager can work in the unit, the first day when they say come on the first, orientation must be arranged induction must be arranged, induction must be arranged. Actually, she mustn't even go to the ward before orientation, before induction. What are you going to do there? First week, the first two weeks, managers need to be orientated and taught all the skills, know how to refer, know how to communicate with all the multidisciplinary teams before they go to the ward because you go to the ward you don't know anything where to start, what to start.* (FGD1:NO 2).

Induction, in this induction, job description and about the daily duties expected of you. Such as reports that you need to compile, staff establishment utilisation, how much do you have, and how to go about it, leave bookings and all other staff. (FGD 1: NO 3).

Yes, part of the induction, remember you are from a different department or a field of the profession and you are now introduced into a new department that you don't know at all, I'll make an example with myself I am an ICU nurse, now I'm taken to the ward, I have never worked in a ward, so now I think somebody must come and introduce you to the culture of the ward, how do they work, what is it that you must do. Now you are working with all the categories, you are used to working with professional nurses only, how do you delegate duties, what is it that they can do, what is it that they can't do. Because now yes we have scope of practice, but due to shortage, they are sometimes delegated other duties. So they must just take you through how to utilise them, how to delegate them and give you support as well. (FGD1: NO5).

The other thing ma'am I think I heard another partner saying that you're from a different… maybe you've been in patient care now you are going to be a leader, got to lead these people in a different department as she said, even the procedures that are done in this wards. I've been in another ward or in another department for example no 5 that has been in a teaching department, now she's going to lead. Now this is another department, the records are different from the ones that are used in the ICU. The equipment, how to use them, you see such things. (FGD1:N01).

"And the senior managers, assistant managers now they must just give themselves time to come down to orientate the operational managers because I believe is their duty to orientate operational managers." (FGD 1:NO5).

And I think what is also important is the short course. If they can be maybe a three-day or a five-day course for the new manager to know what to expect in the in their position can say you were taught to this and then there should be some sort of books or manuals, where you can go and refer. If you meet a problem. I think if, in that case each unit should have some booklets, when we have a challenge as a manager you go and open that in management this should be done this way. I think that would be a support for newly appointed managers. (FGD2:NO1).

*"I agree with them, and I want to add that they need to have a proper orientation that is part of orientation for you to have a mentorship. (*FGD 2:NO 3).

> *You see this new team is unlike maybe you become a unit manager in the unit that you were working. Now there are different people in this new team, different procedures, different equipment, you know, you need proper orientation, somebody must take you through to add on induction. That is another conflict that you can come across and become frustrated. You need a proper orientation."* (FGD1:N01).

*"Because as no 1 talked about their strength and weaknesses, that's where you come in. Those who are weak, you support them, you also guide and support." (*FGD2: NO5).

> *And I think what is also important is the short course. If they can be maybe a three-day or a five-day course for the new manager to know what to expect in the in their position can say you were taught to this and then there should be some sort of books or manuals, where you can go and refer. If you meet a problem. I think if, in that case or each unit should have some booklets, when we have a challenge as a manager you go and open that in management this should be done this way. I think that would be a support for newly appointed managers*. (FGD2:NO1).

Category b: Mentoring

Mentoring is a relationship where the mentor and mentee come from similar professional and educational backgrounds. A mentor gives specific guidance and advice on job skill formation. Mentorship promotes nurse retention and nursing competencies in nursing (Shelton et al., 2010: 10). Additionally, a mentor-mentee relationship is a crucial factor in determining the success of job performance outcomes and professional development (Andrews & Cook, 2020: 9).

Mentoring can be used as a key factor in disseminating knowledge on a one-to-one basis (Talavera, 2018:72). According to Korkis et al. (2019), mentoring aims to encourage mentees, build trust, and improve quality outcomes. It is an effective technique to increase nurse accountability in nursing practice and care. The basis of mentoring is guiding, helping, challenging, and supporting the mentee personally and professionally (Andersen & Watkins, 2018). (Mackey, 2022) described mentoring as the main reason for healthy work environments and aspiring nursing careers.

In the following quote, the participants indicate the need to be mentored during their transition to their new position as unit managers:

> *Yeah, I can also say it like, they are all managers that have been working they've been working, like here at (name of the institution) we are working with the corridors, there is Paeds [paediatric] corridor, there is surgical corridor they can give you we call a buddy, a mentor, somebody who can mentor you that says I can give you three months that someone can mentor you for three months. (*FGD I: NO 2).

> *I think the other thing to support this new manager, is if there were sisters that were there for many years in that ward, I think they should also support you. Maybe show you, guide, how things are being done. Yes, how we order even the procedures because I come from the other department, this is a new department because as a unit manager, as an operational manager, you are a professional nurse one of the things is the teaching function. You also have to teach the procedures and the skills, they must show you… So, I think the professional nurses who were working there, even the Enrolled nurses, they have been working there for a long time, they've got this experience, and they can also teach you not just because they are subordinates. They can also show you and support you.* (FGD 1:NO1).

*"Okay I think that this person may need somebody who can be there as a mentor to guide on a daily basis until he can gain confidence that I can do this on my own." (*FGD 2: NO2).

"Mentorship is very much important so that the person should know where you started, what were your challenges when we started, as the new manager." (FGD 2: NO1).

> *I agree with them, and I want to add that they need to have a proper orientation that is part of orientation for you to have a mentorship, they must delegate somebody who's going to be with you all the time. (F*GD 2:NO3).

"For you to have a mentorship, they must delegate somebody who's going to be with you all the time. To support you, to give you information." (FDG 2: NO3).

> *I think the other thing to support this new manager, is if there were sisters that were there for many years in that ward, I think they should also support you. Maybe show you, guide, how things are being done. Yes, how we order even the procedures because I come from the other department, this is a new department because as a unit manager. So, I think the professional*

nurses who were working there, even the Enrolled nurses. They have been working there for a long time, they've got this experience, and they can also teach you not just because they are subordinates. They can also show you and support you. (FGD1:NO1).

Category c: Collaboration within the organisation

The exercise of collaboration intensifies professional development, learning, and sharing of ideas to attain the best possible results in a unit; it also helps us understand each other's expertise, practice, and skills (Chance, 2016: 432). Successful collaboration involves positive communication practices, planning, scheduling, and the quest for common goals and objectives (Chance, 2016:435).

Collaboration is among some of the important strategies being used for organisational conflict management, as well as competition, bargaining, avoidance, and compromising. A collaboration strategy aims to satisfy the needs of the parties concerned, especially when the members have communally significant goals (John-Eke & Akintokunbo, 2020:306).

Nurse unit managers and their employees are more connected in their roles in a collaboration. They work closely together in operating healthcare activities (Chance, 2016:434).

In the following quote, the participants indicate the importance of collaboration with a multidisciplinary team during their transition to their new position as unit managers:

*She needs to be taught the referral system if you have to refer patients in the ward if you have to refer, so the referral system, the communication system, and how to contact them. And they should know that you are there now as a manager if there is anything that needs to be communicated, how to go about communicating those things. (*FGD 1:NO3).

"Okay. Um, multidisciplinary team, we are referring to maybe the radiographer, the dietitian, let me say the dietician. I have to teach the staff to follow the orders of the dietician to prevent complications." (FGD2:NO3).

…you should know your role as a nurse in the unit you need to go there and assist you need to go then advocate for the patient. That will be your role. And then when their instructions you need you know your role is to carry them out so that this good working relationship between you and other members of the team. We should know what is expected of you to do during ward rounds, or during the consultation with other multidisciplinary teams when they come to

*your unit, know that they are there respect them know that they are there for a time, assist them when they need to have that will, that you should know that is your role as a nurse…if there are visitors assist them. (*FGD2: NO1)

*Okay, in the induction also includes the fact that the manager must have a proper way of being introduced to the multi-team that surrounds her. She must know where to get the stock, and which document to use to order these. She must be able to know how to gain access to other departments like quality or whatever. She must be given good terms of reference for all departments. (*FGD1:NO4).

*"We should know what, what, what is expected of you do during ward rounds, or during the consultation from other multidisciplinary teams when they come to your unit." (*FGD2:NO1*).*

*"How to write a monthly report as a manager." (*FGD2: NO1).

*"She must know where to get the stock, which document to use to order these" (*FGD1:NO4).

Category d: Accessibility to higher management

An effective leader isn't just some figurehead whose picture they may see on a wall or website. Effective leader gets to know their employees and are available to help overcome unexpected challenges, acknowledge their employees' efforts, provide additional guidance when needed, and be the ultimate authority they turn to should they have a question or concern. You can't be any of these things if you're not accessible (Ryan, 2020).

Active leadership accessibility is the more difficult of the two types of leadership accessibility: active or passive. With active accessibility, you purposely go out and seek out your employees, engaging them in conversations and learning about what's going on in their slice of the organisation first-hand. Your employees do not need to schedule time to see and talk to you; you initiate the scheduling of time with them (Ryan, 2020). Passive leadership accessibility is the easiest of the two types of accessibility. This type often comes in the form of an "open door policy," allowing employees to seek out leaders when they have a concern or a question. Although this will free up the time that you would have to devote to active accessibility, there are significant trade-offs that make it the least effective accessibility effort. (Ryan, 2020).

In the following quote, the participants indicate the need to have access to higher management during their new role as unit managers:

*She must be able to know how to gain access to other departments like quality or whatever. She must be given good terms of reference for all departments. and she must also have direct access to her immediate supervisor who must always be available to help her should she run into problems. She must not just be left alone to see to finish. (*FGD1: NO4).

*"And the senior managers, assistant managers now they must just give themselves time to come down to orientate the operational managers because I believe is their duty to orientate operational managers." (*FGD1:NO5).

The manager must not feel that she's alone at all. But the senior manager must be there not actually to take his side but to actually help the staff to be able to be accepting of the manager, a senior manager who is senior to him or her must be able to come and reinforce her position. That means that the relationship between the two of them must be that way. *(*FGD1:NO4).

It is interesting to note that participants are more focused on top management accessibility while neglecting to highlight the importance of accessibility by their team members. It is also important to note that the more experience participants have, the more they are inwardly looking, with little reference to senior management accessibility but more on peers' support.

4.4.2 THEME 3: SUPPORT AREAS FOR NEWLY APPOINTED MANAGERS TO THRIVE

A professional nurse, demonstrates effective communication with supervisors, other health professionals and **support** services personnel and junior colleagues, including more complex issues. This can be achieved through enhancement or support to nurses to improve on key focus areas of their jobs

Taking into consideration the importance and difficulty of the role, numerous nursing unit managers have no training before assuming the role of leadership experience (Talavera, 2018: 54). As newly appointed unit managers, they require competencies to be successful in their new role. It is noted that when nursing leadership competencies are taught adequately, it results in a significant impact on nurse unit managers' skills (Talavera, 2018: 59).

The following categories have been identified: communication, conflict management, problem-solving, change management, delegation, and coping strategies.

Category a: Communication

Communication is one of the crucial successes of organisations (Sias & Shin, 2019:229). Any step taken at workplaces is highly dependent on communication; whether it is peer-level transfer of information, one business organisation to another, or superior-subordinate, every connection is communication-bound (Tripathy, 2018:1). Communication is the vital key to ensuring that the work goes smoothly. The agreement between the members of the company cannot be accomplished without proper communication between them while working. At times, people in an organisation may experience communication problems because the message lacks clarity for both the sender and the receiver (Sias & Shin, 2019:228–29).

In the following quote, the participants indicate the importance of communication as one of their competencies during their new role as unit managers. One participant explained how important it is to introduce new ideas through communication by saying:

> *I think I would have identified a gap in any area. And because I'll be new in the area and just observe how they do their thing. And then, because I think I have a solution, to introduce the new idea that I think this should be done this way, and explain communicating to them, explain to them why I think the way they are doing things is not the acceptance of the correct way, and then give them time to absorb. (*FGD 2:NO1).

"You should also communicate with your staff; communication is very important". FGD 2:NO 5)

"*You need good communication skills, listening skills…"* (FGD 1:NO3).

The participant explained the need to know communication systems, and how to refer patients as a manager:

> *She needs to be taught the referral system if you have to refer patients in the ward if you have to refer, so the referral system, the communication system, how to contact them. And they should know that you are there now as a manager if there is anything that needs to be communicated, how to go about communicating those things.* (FGD1:NO3).

"To support you, to give you information about the forms, and where to refer, you on everything that you need to know as a manager." (FGD 2:NO2).

Participants explained the need to use a leadership style that is appropriate for a situation for effective communication:

"Okay, the most important thing is that, as a unit manager. You need to assess the situation and then apply the appropriate leadership style. Don't generalize that one style can be effective for all situations." (FGD 2:NO2).

Interdependence leads to partnerships between departments and members working in the organisation; personality conflicts because of diversity among individuals; and poor communication, which creates discord and misunderstanding among management and staff (John-Eke & Akintokunbo, 2020:305).

The above quotes from the participant's discussion reaffirm the fact that communication is crucial at every stage of the newly appointed manager's roles and responsibilities to ensure that information is conveyed concisely in all directions.

Category b: Conflict management

The focus of every organisation in society is to create a very conducive environment where employees can carry out their duties effectively without any negative influence that could hinder the achievement of individual and organisational goals. (John-Eke & Akintokunbo, 2020:300).

Conflict is inevitable among humans, be it at home, church, or in an organisation, especially when there is an interaction between two or more individuals, groups, or organisations. John-Eke and Akintokunbo (2020:301) assert that this kind of conflict may occur from a lack of mutual agreement, differences in group goals, limited resources, poor communication channels, overlapping responsibilities, struggle for recognition, etc.; hence, the management of conflict by managers will determine if it will lead to a functional or dysfunctional outcome (John-Eke & Akintokunbo, 2020:302).

Participants discussions revealed that one of the key causes of conflict in hospitals relates to the availability of resources, as confirmed by the following:

> *I think is mostly staff issues in terms of discipline. Discipline is the first…And you also have a shortage of stuff, isn't it, isn't it? I don't know about other hospitals but in the public hospitals, there's definitely a shortage of staff. And on top of that….* (FGD2:NO5).

"Okay, the most important thing is that, as a unit manager. You need to assess the situation and then apply the appropriate leadership style. Don't generalize that one style can be effective for all situations." (FDG2:NO2).

The above quotes were further supported by Participant Two from FGD Two who was saying *"Guide and teach your staff as a leader.*

It is evident from the discussion that unit managers must have the management skills necessary to ensure that interpersonal and professional conflicts don't decrease productivity or negatively impact patient safety or outcomes. Discussions revealed that unit managers must have the management skills necessary to ensure that interpersonal and professional conflicts don't decrease productivity or negatively impact patient safety or outcomes.

Category c: Problem-solving

Pickerell (2014) notes that when nursing leadership competencies are taught effectively, there is a considerable impact on NUMs' skills. No matter what the size of their organisation, unit managers call on their problem-solving skills every day. These talents come in handy when settling staff disputes and handling a healthcare crisis. Unit managers also rely on their problem-solving skills after identifying areas of weakness within their organisations. After using analytical skills to assess hospital processes and procedures, it takes problem-solving know-how to correct and improve the facility. Problem-solving is a skill with many facets, including remaining objective, engaging creativity, and calling on the right open-minded people for support. Practising all of these can help unit managers become expert problem solvers (Shelly, 2019).

Participants indicated that problem-solving goes hand in hand with collaboration and teamwork; it cannot be made to be one person's responsibility. Quotes on problem-solving from participants include the following:

> *I think if maybe you can be given an opportunity to sit and talk and share ideas and share their struggles maybe I can I can find a solution or maybe a way of dealing with things from another colleague.* (FGD 1:NO 5).

> *If you meet a problem. I think if, in that case, each unit should have some booklets, when we have a challenge as a manager you go and open that in management this should be done this way. I think that would be a support for newly appointed managers.* (FGD 2:NO1).

"Okay, the most important thing is that, as a unit manager. You need to assess the situation and then apply the appropriate leadership style. Don't generalise that one style can be effective for all situations." (FGD2:N02).

> *Be confident and then be fair, coming to problem-solving you must be fair. And you're yes must be your yes, but no must be your no. You must be approachable. Yeah, approachable. The staff must not fear you. One of your characteristics as a manager, you must be assertive. You must be assertive. You must be confident. Remember you are new in the new unit. The younger ones or the older ones can take advantage. Be assertive, be confident* (FGD 1:NO1).

One of the key issues to problem-solving is handling conflict and some aspects of individual disciplinary issues. One of the participants reaffirmed this, by saying *"I think is mostly staff issues in terms of discipline; discipline is the first"* and then added, *"Conflict management"* (FGD 2: NO 5).

Category d: Change management

One of the key concerns in healthcare management is the management of change. The ability to change, adapt, and evolve is the only sustainable competitive advantage in today's healthcare environment. Managing change effectively requires a system of actors, all moving in unison and fulfilling different roles. One actor vital to organisational change success but neglected both in research and in practice is the first-line manager (Emmanuel, 2017).

The unit managers represent the hospital unit's interests and consult with senior management if the staff has questions or concerns. They recommend changes and improvements and offer the unit's opinion regarding proposed changes or decisions under consideration by the facility's leadership staff (Chance, 2016).

Discussions and quotes from group discussions were very clear about the importance of change management to allow newly appointed unit managers to function effectively.

> *You must be taught how to introduce change to the people because you cannot just say we have changed, you must have a way a technique to technique to get them to gel into the change that you are introducing. So, I think we need to be taught how to introduce change.* (FGD 1: NO5).

...to introduce the new idea that I think this should be done this way, and explain communicating to them, explain to them why I think the way they are doing things is not the acceptance of the correct way, and then give them time to absorb or to look at it together to see if what I come up with, is it right or wrong, and then, not trying to be fast or push them quickly introduced whatever that I have slowly, with few staff members to can see if they accept it and it can work because sometimes they can resist change, but if you introduce it slowly and then communicating, every step of the way they are they have fears or they're, how they feel about the matter. I think I would do it that way. (FGD2:NO1).

Change management is a team effort, it's a process that includes all members who are expected to operate in a certain environment, and it is supported by the following quote, from the participants

I think about bringing change in the unit you should involve your team from the beginning. Explain to them that I was thinking of doing 1, 2, 3 so that they should have bought into whatever you want to do so that there's no resistance. (FGD 2:NO 5).

To fully understand where change is required and to utilise team members effectively, one needs to identify gaps within the unit and know the strengths and weaknesses of their team members. Participants' quotes from the discussions support this view

"Because as no 1 talked about their strength and weaknesses, that's where you come in. Those who are weak, you support them, you also guide and support." (FGD 2: NO 5).

I think I would have identified a gap in any area. And because I'll be new in the area and just observe how they do their thing. And then, because I think I have a solution, to introduce the new idea that I think this should be done this way, and explain communicating to them, explain to them why I think the way they are doing things is not the acceptance of the correct way, and then give them time to absorb or to look at it together to see if what I come up with, is it right or wrong, and then, not trying to be fast or push them quickly introduced whatever that I had slowly, with few staff members to can see if they accept it and it can work, because sometimes they can resist change, but if you introduce it slowly and then communicating, every step of the way they are they have fears or they're, how they feel about the matter. I think I would do it that way. (FGD 2: NO 1).

Category e: Delegation

Managers oversee registered and licenced practical nurses, nursing aides, support staff, and medical clerks. They set work schedules, delegate assignments, and evaluate employee job performance. In addition, they discipline employees who do not fulfil their job requirements or provide inadequate patient care. They also establish employee policies and procedures.

Delegation in nursing is important because it maintains accountability while assigning tasks to staff members. Often, the person delegated to accomplish a task may have other duties, and the delegated task can be outside their normal responsibilities. When delegating in nursing, there are some procedures to keep in mind. (Barnes, 2019:39).

Delegation can help nurses effectively manage their many responsibilities. It's a method for making their caseload more manageable while still ensuring patients receive the care they need. When used effectively, delegation can help save nurses time and provide other benefits (Barnes, 2019:39).

The following quotes from participants prove how strongly they feel about delegation and how it could assist a new unit manager in fully understanding and building stronger teams.

> *…Now you are working with all the categories, you are used to working with professional nurses only, how do you delegate duties, what is it that they can do, and what is it that they can't do? Because now yes, we have scope of practice, but due to shortage, they are sometimes delegated other duties. So, they must just take you through how to utilise them, how to delegate them and give you support as well.* (FGD 1:NO5).

> *When delegating stuff, you would know this one can cope or has more knowledge, or is more experienced, in dealing with this kind of situation. So, you would delegate those with experience, not forgetting them to teach or to mentor the ones that don't, they don't know but putting them first knowing that they can cope or they'll do well in a certain situation. And then also appraising them after they have done a good job.* (FGD 2: NO1).

To be effective in your leadership and to be able to delegate responsibilities accordingly, unit managers need to understand different leadership styles and be able to use them effectively, as this forms the basis of effective leadership skills.

Participants believe that developing key managerial skills, as indicated by the below quotes, is critical to the success of newly appointed unit managers, especially with key responsibilities like delegation.

> *Okay. Not sure how to put it. I think also they can be taught about managerial skills … can choose her own method that she thinks can work for her like an autocratic, democratic one must learn the unit that you are working in and apply the correct strategy that can work for you. If someone in your unit is autocratic automatically it is not going to apply to my unit, I will check which one can I apply in my unit democratic or what then I think they must also be taught about managerial skills.* (FGD 1: NO 2).

Category f: Coping strategies

According to Barnes (2019:39), burnout occurs when professionals use ineffective coping strategies to try to protect themselves from work-related stress. The dimensions of 'overload', 'lack of development', and 'neglect', belonging to the 'frenetic', 'under-challenged', and 'worn-out' subtypes, respectively, comprise a brief typological definition of burnout.

Based on their experience, participants highlighted the need to assist or expose new unit managers to coping mechanisms. The following comments were made to support the importance of coping strategies.

"I think she must be taught the coping mechanism under pressure so she must be able to cope with that huge amount of stuff, different stuff". (FGD 2: NO3).

So, I think coping mechanism if we can, if they can, maybe, arrange, like the workshops where they can take this poor unit manager to the workshop, even the old ones maybe they can help, ya [yes]." (FGD2: N03).

> *Yes. Yes, yes. I think the other thing to know is that we need to be given an open debriefing session. Given in must be given an opportunity to say how you feel, how is the world treating you How are you coping in the ward. Because if they allow you to say that then they will see a cap that you need support in this, sometimes you might not be able to say, please come and help me with 123 but if they allow you to talk, they give you that space maybe in a week and just an hour or two, you just talk voice or verbalize your feelings in the coping in the unit then they will be able to come in and support you.* (FGD1, NO5).

Participants believe that creating a platform where new unit managers are allowed to share their ideas and challenges with colleagues could assist with dealing with stress. The following comments were made to illustrate the point:

> *I think if maybe you can you can be given an opportunity to sit and talk and share ideas and share their struggles* **maybe I can** *find a solution or maybe a way of dealing with things from another colleague you.* (FGD 2:NO2).

> *The coping mechanism, they must also teach you the strategies on how to cope. Because in some instances, we find that a new unit manager, you are appointed in a ward that you were not working in. And already there were those that were groomed that in future they will manage that unit when you go there as a new manager, you will get resistance. You find that in everything that you do, you're always writing the patient incident reports, because nurses there, they feel that now you are invading their territory because they were groomed that they were going to run that unit.* (FGD1; NO2).

> *I think. I don't know how to put it but I think she must be taught the coping mechanism under pressure, because here she is, she was working with a patient, and then now she's working with a whole team, and 27 patients, and 14 staff, so she must be able to cope with that huge amount of stuff, different stuff. So, I think coping mechanism if we can, if they can, maybe, arrange, like the workshops where they can take this poor unit manager to the workshop, even the old ones maybe they can help, ya [yes].* (FGD 2; NO3).

One of the key focuses of the discussion is that new unit managers need to build or forge trust-based relationships across disparate departments to allow them to rally teams behind short- and long-term organisational goals. Managers oversee registered and licenced practical nurses, nursing aides, support staff, and medical clerks. They set work schedules, delegate assignments, and evaluate employee job performance. In addition, they discipline employees who do not fulfil their job requirements or provide inadequate patient care. The participants' quotes correlate with the view of Chance (2016), who revealed that managers also practice strong communication skills and diplomacy, and they can take the lead in any situation. According to Chance (2016), treating subordinates with consideration, fairness, and respect is the highest achievement for which nurse unit managers can strive, since they know that subordinates are in direct contact with them. Managers do not gain respect easily but can obtain it by judging subordinates fairly in evaluations.

4.5 Summary

In chapter four, the qualitative responses from participants involved in this research were presented and analysed, including a detailed discussion of themes and categories. In the subsequent chapter, these outcomes will be linked to the research objectives of the study as presented in this chapter. Conclusions and recommendations are presented in Chapter 5.

CHAPTER 5 LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The culmination of understanding gained from the literature review presented in Chapter 2 and the representation of findings in the previous chapter will now be discussed in the context of the research objectives and the research topic. This has aided the researcher in deriving appropriate conclusions from the research as well as coming up with recommendations. Recommendations were made based on the research objectives, the findings, and the conclusion that emerged from the study based on the responses from the participants.

5.2. CONCLUSION

The aim of the study, which was to explore the support needs of newly appointed unit managers, explore what the support should entail, and make recommendations on how to support newly appointed unit managers in a designated public hospital has been met. Two focus group discussions were used to obtain insight into what unit managers understand about the support required for newly appointed managers at a designated public hospital. Focus group interviews were analysed and identified themes, as described below.

5.2.1. Forms of support

Provision of the required support (a form of support) is critical and it was found to be very important, in the lives of unit managers, because it is believed that, employees are more effective during work when they receive appreciation and support, this can be in the form of peer, social and organisational. Perceived unrealistic demands to immediately start delivering without proper support in the workplace, are a source of frustration for unit managers and only confirm the need for the provision of support or the creation enabling environment.

5.2.2 Support needs identified

Formal and informal training is highlighted as a critical component, in ensuring that, newly appointed unit managers adapt to or settle quickly in their new environment. Another key issue raised is that mentoring is critical and the role it plays in ensuring that newly appointed unit managers are guided and supported through the initial stages of their appointment. In addition, participants indicated that support in the form of mentoring improves confidence and allows new appointees to show their skills within a reasonable time, thus improving productivity levels.

5.2.3 Support areas for newly appointed unit managers to thrive

Participants discussed key areas for nurses to thrive at work for new unit managers, provision of support in these areas, is critical in ensuring that, new appointees settle as quickly as possible in their new areas of responsibility. It is believed that communication, conflict management and how one, resolves problems, are key components of effective leadership.

From the study, it is evident that, besides technical competencies, leadership skill encompasses all other related key areas, in ensuring that, newly appointed unit manager's teams, successfully embrace new ways of doing things. Lack of non-exposure or support in these areas will influence the performance of newly appointed unit managers.

5.3. RECOMMENDATIONS

Based on the main findings, recommendations were formulated based on the understanding of newly appointed managers regarding strategies required to support new appointees in a designated public hospital. The researcher made the following recommendations, related to support strategies for newly appointed managers:

5.3.1 Orientation, induction, and mentoring

All participants agreed that orientation, induction, and mentoring are critical forms of support, for the successful placement of newly appointed unit managers, but there seem to be pockets of areas where this is understood and embraced. The indication is that there is no awareness of a formal orientation, induction, or mentoring programme. It is recommended that:

- An orientation programme should be planned and executed before newly appointed unit managers resume their roles as unit managers. This orientation should include information about the institution, the different services rendered by the institution, different departments, and their functions, e.g., where to get stock, medication, etc. The programme should include all the departments in the institution; different departments should inform the newly appointed unit manager about their departments and their functions, for example, the infection prevention and control department.
- An induction should be provided to the newly appointed unit managers about the institutional policies and standard operating procedures (SOPs). The values of the institution should form part of the induction so that newly appointed unit managers have an idea of what the institution believes to be important. SOPs and policies are developed

timeously, and where there is a need, the induction should be continuous. During this onboarding period, newly appointed unit managers should be encouraged to surround themselves with experts who understand the essence of what is required to be functionally competent in the workplace.

- A structured functional mentoring programme will be implemented for newly appointed managers, in which a mentor supports a mentee to gain competence and experience. The main focus should be on ensuring the transfer of knowledge and skills; the mentor should preferably be a subject-matter expert. In this way, the mentor can help the mentee through accelerated learning.

5.3.2 Therapeutic Environment

The common issue raised during the FCG discussion is that the structure or environment setting does not allow or provide for a therapeutic environment in that the basic tools required to perform their duties are a challenge. It is therefore recommended that:

- The structure of the unit should allow them to have an office with the necessary equipment for them to do their job, for example, telephones, internet, stationery, etc. Human and material resources should be available to enable the newly appointed managers to manage the unit and the staff efficiently.
- They should have an environment where they are free to voice their concerns without being judged. The senior managers should have an open-door policy to enable newly appointed managers to have access to them in case they need help.

5.3.2 Support Systems

Support systems have been identified as one of the barriers by respondents during focus group discussion sessions. The continuous change or movement in the wards tends to affect the ability of newly appointed managers to effectively manage and discuss issues in a formal environment, thus affecting collaboration. The following recommendations regarding the support of the newly appointed unit managers are suggested:

- **Meetings:** Formulating a unit manager forum, including both newly appointed and unit managers who have been employed for more than a year, to discuss issues of concern; for the novice to learn from veterans. The meeting should be a platform to share ideas and support one another. Feedback meetings with senior managers should encourage

newly appointed unit managers to give feedback on their experiences, challenges, and accomplishments.

- **Managerial Support:** This kind of support is an essential component of a productive and healthy working environment. The managerial support should be in the form of educational sessions and training programmes. The support should be in the form of identifying supervisors who will display behaviours of approachability, safety, care, etc., and then creating a regular check-in space with newly appointed unit managers.
- **Social Support:** Transitioning to a new role can be demanding and stressful. A social support platform should be encouraged and supported for newly appointed unit managers; the social support should come from both supervisors and colleagues. According to studies, this is one of the most effective ways to manage stress. To ensure effectiveness, leadership should regularly check on how unit managers are taking up this, and more importantly, it should be built into the review session.
- **Peer Support:** Learners respect the views of their peers, who might be just one or two steps ahead of them in terms of experience or proficiency. A formal peer support programme for newly appointed unit managers should be formulated to explore collaboration opportunities with other unit managers in the same network, which will allow for greater contextual understanding. The keys to this programme are accessibility and availability. However, this should be voluntary and should be made available.

5.3.3 Professional Development

Professional development in nursing has been an essential part of its development. The institution should create a platform or environment that will allow newly appointed nurse unit managers to acquire the competencies and coping strategies they identified as requirements to be effective nurse unit managers. The professional development programme to support nurses should be provided in the form of:

- Formal in-house training workshops.
- Role plays, in the form of interactive, on-the-job training. It should be well implemented in the institutions to enable the newly appointed unit managers to acquire the necessary competencies and specific coping strategies.

5.4 LIMITATIONS

The study was done only in one designated academic hospital in Gauteng province; therefore, generalisation of the research findings to other settings might not be possible, and if the findings are used, they should be done so with caution. Furthermore, only two focus groups could be conducted with a small number of participants due to time constraints as a result of COVID-19.

5.5 FINAL CONCLUSION

Although new leaders may be skilled clinicians and experts in their fields, many come to a management role unprepared and lacking practical experience. To ensure that these newly appointed unit managers remain in their positions it was imperative to identify the support needs of newly appointed unit managers in the designated public hospital. Although it was a small-scale study in one hospital only, it provides insight into the importance that organisations recognise the challenges these newly appointed unit managers experience and that guidelines are developed to provide them with the needed support to ensure they are satisfied in their jobs and prevent them from being vulnerable to burnout and leave their jobs.

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ANNEXURES

ANNEXURE A: DECLARATION OF PLAGIARISM: UNIVERSITY OF PRETORIA

The department of Health sciences places a great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation.

While academic staff teaches you about referencing techniques and how to avoid plagiarism, you have a responsibility in this regard. If you are at any stage uncertain as to what is required, you should speak to your lecture before any written work is submitted.

You are guilty of plagiarism, if you copy something from another author`s work (e.g., a book, an article or a website) without acknowledging the source and pass it off as your own. In effect you are stealing something that belongs to someone else. This s not only the case when you copy work word for word (Verbatim), but when you submit someone else `s work in a slightly altered form (paraphrase) or use a line of argument without acknowledging it. You are not allowed to use work previously produced by another student. You are also not allowed to let anybody copy your work with the intention of passing it off as his/her work

Students who commit plagiarism will not be given any credit for plagiarized work. The matter may also be referred to the Disciplinary Committee (students) for a ruling. Plagiarism is regarded as a serious contravention of the University rules and can lead to expulsion from the University

The declaration which follows must accompany all written work submitted while you are a student of the Department of Health Sciences. No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Mazibuko Thembisile Felicity

Student Number: 18379673

ANNEXURE B: INFORMED CONSENT DOCUMENT FOR FOCUS GROUP DISCUSSION

Study title: EXPLORING SUPPORT FOR NEWLY APPOINTED UNIT MANAGERS

Principal Investigator: Ms TF Mazibuko

Supervisor: Prof R Leech

Institution: University of Pretoria

DAYTIME AND AFTER HOURS TELEPHONE NUMBER(S):

Daytime number/s: 0735460952/ (012) 529-3205

After hours' number: 0735460952

Date and time of informed consent discussion:

			:	
date	**Month**	**year**	**Time**	

Dear Prospective Participant

Dear Mr. / Mrs.....

You are invited to volunteer for a research study. I am doing this research for Master's Degree purposes at the University of Pretoria. This document gives you information in this document is provided to help you decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this document, do not hesitate to ask the investigator. You should not agree to take part unless you are completely happy about what we will be discussing during the focus group discussion.

The aim of this study is to develop guidelines for the newly appointed unit managers in the designated hospital.

Part of the study will be a focus group discussion. A focus group discussion is where a few people – usually about 6 or 10 – get together with the researcher to discuss a specific topic. The discussion will be arranged at a time that is convenient to you and will take place in a Public Hospital in Tshwane Gauteng Province.

If you agree to participate, you will be asked to participate in a focus group discussion which will be scheduled for 1-2 hours per group. Safety of the participants will be ensured with Covid 19 protocol as follows:

- the discussion will take place in an open room (well ventilated), big enough to accommodate 30 people, for social distancing of 1.5 meters will be ensured
- there will be screening before the discussion
- there will be hand washing facility and sanitizers
- everyone will wear a surgical mask during the discussion

You and the other participants will be asked some questions about the support newly appointed unit managers require during their transition period. We will not ask any questions about your personal experience. With your permission, the discussions will be audio recorded to ensure that no information is missed.

We do not think that taking part in the study will cause any physical or emotional discomfort or risk. You do not have to share any knowledge you are not comfortable with. During the focus group discussion, you may find that some questions are sensitive; for instance, questions about: what is happening in the hospital regarding support of newly appointed nurse leaders? If questions feel too personal or make you uncomfortable, you do not have to answer them. If you need psychological support or counselling during or after the focus group discussion, I will be able to refer you to Occupational Health Service in the organisation (OHS)

You will not benefit directly by being part of this study but your participation is important for us to better understand what the support for newly appointed nurse leaders should entail in the designated hospital. The information you give will may help the researcher to gain insight in the current reality of what support is available for newly appointed nurse leaders in the designated hospital.

You will not be paid to take part in the study. There are no costs involved for you to be part of the study. The decision to take part in the study is yours and yours alone. You do not have to take

part if you do not want to. You can also stop at any time during the interview without giving a reason. If you refuse to take part in the study, this will not affect you in any way.

This study was submitted to the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been given by that committee. The study will follow the Declaration of Helsinki (last update: October 2013), which guides doctors on how to do research in people. The researcher can give you a copy of the Declaration if you wish to read it.

If you have any questions concerning this study, you should contact the researcher (T Mazibuko 0735460952) or my supervisor Prof Leech (012 3563161).

CONFIDENTIALITY

We will not record your name anywhere and no one will be able to connect you to the answers you give. Your answers will be linked to a fictitious code number or a pseudonym (another name) and we will refer to you in this way in the data, any publication, report or other research output.
All records from this study will be regarded as confidential. Results will be published in medical journals or presented at conferences in such a way that it will not possible for people to know that you were part of the study.

The researcher will however give ethical assurance that the data will be reported anonymously and that no names or other directly identifying information will be used. Audio-recordings of the FG discussion will be kept on a password-protected computer and only the researcher and supervisors will be able to listen to the recordings or read the typed version of the recordings.
Confidentiality cannot be assured due to the nature of FGD. Before commencing the FGD, the researcher will emphasise the importance of respecting the privacy of fellow participants. Ground rules will be negotiated and participants will be asked not to use any names during the discussion and not to repeat what has been discussed with others. Once the FGD has ended, the researcher will again discuss the importance of confidentiality and emphasise the participants' role in ensuring confidentiality of fellow participants

The records from your participation may be reviewed by people responsible for making sure that research is done properly, including members of the Research Ethics Committee. All of these people are required to keep your identity confidential. Otherwise, records that identify you will be

available only to people working on the study, unless you give permission for other people to see the records.

All hard copy information will be kept in a locked facility in the Department of Nursing Sciences at the University of Pretoria, for a minimum of 15 years and only the research team will have access to this information.

- I confirm that the person requesting my consent to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalized in any way should I wish to discontinue with the study and my withdrawal will not affect my treatment and care.
- I have received a signed copy of this informed consent agreement.

Participant's name (Please print)	Date
Participant's signature	Date
Researcher's name (Please print)	Date
Researcher's signature	Date

I understand that the focus group discussion will be audiotaped. I give consent that it may be audio recorded.

YES

NO

Participant's name (Please print)	Date
Participant's signature or thumbprint	Date

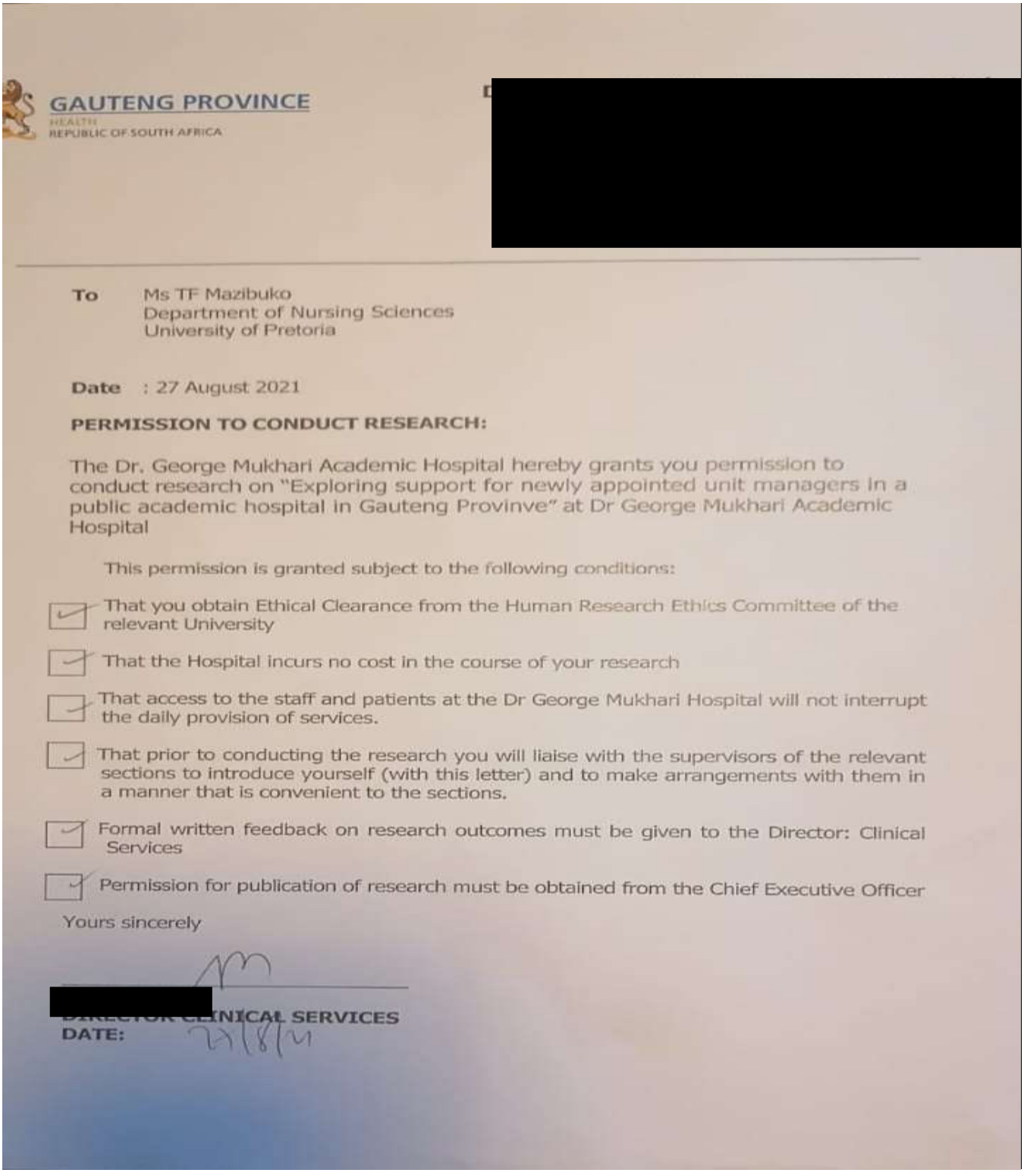
Investigator's name (Please print) Date

Investigator's signature Date

Name of the person who witnessed
the informed consent (Please print) Date

Signature of the witness Date

ANNEXURE C: LETTER OF PERMISSION



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

[redacted]

To Ms TF Mazibuko
Department of Nursing Sciences
University of Pretoria

Date : 27 August 2021

PERMISSION TO CONDUCT RESEARCH:

The Dr. George Mukhari Academic Hospital hereby grants you permission to conduct research on "Exploring support for newly appointed unit managers in a public academic hospital in Gauteng Provinve" at Dr George Mukhari Academic Hospital

This permission is granted subject to the following conditions:

- ☑ That you obtain Ethical Clearance from the Human Research Ethics Committee of the relevant University
- ☑ That the Hospital incurs no cost in the course of your research
- ☑ That access to the staff and patients at the Dr George Mukhari Hospital will not interrupt the daily provision of services.
- ☑ That prior to conducting the research you will liaise with the supervisors of the relevant sections to introduce yourself (with this letter) and to make arrangements with them in a manner that is convenient to the sections.
- ☑ Formal written feedback on research outcomes must be given to the Director: Clinical Services
- ☑ Permission for publication of research must be obtained from the Chief Executive Officer

Yours sincerely

[redacted]
DIRECTOR CLINICAL SERVICES
DATE: 27/8/21

ANNEXURE D: INTERVIEW GUIDE AND RANKING SHEET

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

INTERVIEW GUIDE FOCUS GROUP DISCUSSION

The facilitator will use the interview guide for the FGD. The participants will be asked the following questions:

- What are limitations and needs for newly appointed unit manager in the designated hospital?
- What should support entail in the designated hospital?
- What support practice guideline do you think is needed for newly appointed unit managers in the designated public hospital?

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

SECTION A - Personal information

Please do not write your name on this form to keep the information you provide anonymous. This will ensure that the information cannot be linked to you as a person.

Gender Male Female

Age 20 – 30 31 – 40 41 - 50 51 - 60 61>

Category leader Newly appointed nurse leader Experienced nurse leader

Qualifications

Years as leader at designated hospital <1 year 3 – 5 6 – 10 >10

SECTION B - Ranking

List your preferred ideas for the support to be available to newly appointed nurse leaders during their transition period. Allocate a number between one and five to each idea where five is the number assigned to the most important idea, and one to the least important idea.

IDEA	RANKING

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

ANNEXURE E: PERSONAL INFORMATION AND RANKING SHEET

SECTION A - Personal information

Please do not write your name on this form to keep the information you provide anonymous. This will ensure that the information cannot be linked to you as a person.

Gender: Male / Female

Age: 20 – 30 / 31 – 40 / 41 - 50 / 51 - 60 / 61>

Category leader: Newly appointed unit manager / Experienced unit manager

Qualifications: General nursing, Diploma in Midwifery, Diploma in Education, Diploma in Community Nursing, Critical Care Diploma, BCur (Education + Administ

Years as manager at designated hospital: <1 year / 3 – 5 / 6 – 10 / >10

SECTION B – Ranking

List your preferred ideas for the support to be available to newly appointed unit managers during their transition period. Allocate a number between one and five to each idea where five is the number assigned to the most important idea, and one to the least important idea.

IDEA	RANKING
Leader not to be left alone to run the department in the first 2 weeks. Close assistance by higher and experienced manager. Resources and information to be easily accessible	1
Nurse leaders to be allocated/appointed in areas of practice they are mostly familiar with and passionate about.	4
Nurse leader to have access to her supervisor to ask questions without judgement or exposure.	3
Frequent meetings with other new nurse leaders for support and sharing of ideas.	5
Mistakes made in the early period of her appointment not to be allowed to tarnish her reputation. Sub-ordinates long in the unit to be strongly encouraged to respect her	2

5

ANNEXURE E: ETHICS LETTERS

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.
- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001782 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

Faculty of Health Sciences **Research Ethics Committee**

29 July 2021

Approval Certificate
New Application

Dear Mrs TF Mazibuko

Ethics Reference No.: 325/2021
Title: Exploring support for newly appointed unit managers in a public academic hospital in Gauteng Province

The **New Application** as supported by documents received between 2021-06-29 and 2021-07-28 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2021-07-28 as resolved by its quorate meeting.

Please note the following about your ethics approval:
- Ethics Approval is valid for 1 year and needs to be renewed annually by 2022-07-29.
- Please remember to use your protocol number (325/2021) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

On behalf of the FHS REC, Professor Werdie (CW) Van Staden
MBChB, MMed(Psych), MD, FCPsych(SA), FTCL, UPLM
***Chairperson**: Faculty of Health Sciences Research Ethics Committee*

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 46 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2016 (Department of Health)

Research Ethics Committee
Room 1 69, Level 1, Tswelopele Building
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Fakulteit Gesondheidswetenskappe
Lefapha la Litsebenzi tse Maphelo

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Faculty of Health Sciences **Research Ethics Committee**

13 July 2023

Approval Certificate
Annual Renewal

Dear Mrs TF Mazibuko,

Ethics Reference No.: 325/2021 – Line 2
Title: Exploring support for newly appointed unit managers in a public academic hospital in Gauteng Province

The **Annual Renewal** as supported by documents received between 2023-06-21 and 2023-07-12 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2023-07-12 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Renewal of ethics approval is valid for 1 year, subsequent annual renewal will become due on 2024-07-13.
- Please remember to use your protocol number (325/2021) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

On behalf of the FHS REC, Professor C Kotzé
MBChB, DMH, MMed(Psych), FCPsych, Phd
***Acting Chairperson**: Faculty of Health Sciences Research Ethics Committee*

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

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ANNEXURE F: TRANSCRIPT FOCUS GROUP DISCUSSION

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Department of Nursing Science

School of Health Care Sciences

Faculty of Health Science
University of Pretoria

EXPLORING SUPPORT FOR NEWLY APPOINTED UNIT MANAGERS IN A PUBLIC ACADEMIC HOSPITAL IN GAUTENG PROVINCE

FOCUS FROUP DISCUSSION

GROUP 2

Newly appointed unit managers less than one years' experience

DATE: 28/09/2021

TIME: 10H00-11H00

1.Thembi introduce the session

"Good morning, thank you for giving us some of your valuable time – we really appreciate your presence. My name is Thembi Mazibuko, as I have introduced myself when you were giving the consent, I am conducting a research study. Today I have Prof Tanya Heyns with me, on virtual. She will be facilitating the focus group discussion"

2.FACILITATOR:

"Morning,

"So, this morning we are asking you to share based on your experiences, what are the support needs of newly appointed unit managers and what the support should entail".

Did you signed informed consent and filled in the form about your demographic information?"

Group 2:

'Yes, we did"

FACILITATOR:

"Before we get going let us agree about some ground rules for our session."

Group 2

- Switch off the phones
- Time management
- Speak loudly so that everybody can hear
- Have a way of showing when you want to speak – raise hand
- Listen
- Respect
- Non-judgemental
- You can't be wrong – say what you want to say

FACILITATOR:

"*Think about something that your colleagues do not know about you and share it in the group"*

FACILITATOR:

"For few minutes, think about what you do every day easy and difficult things so that your minds can be refreshed about what we do every day, the easy things and the difficult things. I will only give you 4 minutes, so that Sr Thembi can record the session. Is everybody okay with that?"

PARTICIPANTS:

"Yes"

FACILITATOR:

"So just remember I will never name a name, I will be referring to you as number 1, 2, 3, 4 and 5, so that your information is confidential. Alright, so now we're going to start our group discussion. Now the question that I've got, think about when you started as a unit manager in the ward. Now, in your opinion, what do you think are the support needs so that newly qualified unit managers, who is newly appointed manager so that she functions optimally?"

FACILITATOR:

"So were just going to brainstorm, you cannot be wrong, you can say anything you want. So who want to start with what is important, raise your hand and then lift your mask and we will listen. Who want to be brave and start? Number 2, you look as if you want to start"

PARTICIPANTS:

"Laughing"

FACILITATOR:

"That's great guys…well done"

NO 2

"Okay I think that, this person may need somebody who can be there as a mentor to guide on a daily basis until he can gain confidence that I can do this on my own. Not meaning that he does, he or she doesn't know what to do. See that's because it's the new environment. Sometimes you have information, but you are not sure that you can execute whatever that you need to execute the right way."

FACILITATOR:

"Right, so say it must be a dedicated person? A mentor"

NO 2

"Yes mam"

FACILITATOR:

"*We can say number one must mentor number 2, like that?"*

PARTICIPANTS:

"Yes, mam"

FACILITATOR:

"That's good gesture, anyone has anything to add? remember you can add more to what she says. Yes, the party animal number 1"

PARTICIPANTS:

"Laughing"

NO 1

"I thing, like number two has said, mentorship is very much important so that the person should know where you started, what were your challenges when we started, as the new manager. And then we

should have somehow, a report of how you were and where you are at a certain stage. And I think what is also important is the short course. If they can be maybe a three-day or a five-day course for the new manager to know what to expect in the in their position can say you were taught to this and then there should be some sort of books or manuals, where you can go and refer. If you meet a problem. I think if, in that case or each unit should have some booklets, when we have a challenge as a manager you go and open that in management this should be done this way. I think that would be a support for newly appointed managers."

FACILITATOR:

"That's a very nice. So, you're talking about two things you're talking first about the introduction session about what is your, what are you are you going to do now, but also that you can refer to maybe how to refer a patient from this ward to this ward and how to fill in this type of forms, how to do this, the things you do on a daily basis."

NO 1:

"How to write a monthly report as a manager."

FACILITATOR:

"That's really nice. Well done, number 3"

NO 3

"Just to add on what number one and number two said, I agree with them, and I want to add that they need to have a proper orientation that is part of orientation to for you to have a mentorship, they must delegate somebody who's going to be with you all the time. To support you, to give you information about the forms, and where to refer to refer you on everything that you need to know as a manager."

FACILITATOR:

"I just want to understand you correctly, so I'm starting as a unit manager in the ward. Do you mean there must be somebody by my side for the first few days?"

NO 2:

"Yes, "

FACILITATOR:

"This person was coming with me, show me the ropes, maybe a few days after the orientation."

NO 2:

"Yes, as part of the orientation"

FACILITATOR:

"….as part of orientation, ok anybody else? Number 4 I see you are sitting there, I can see you want to say something."

NO 4:

"I was going to say I think they should put the new unit manager on probation, probably at least two months after two months, that's when they will be expecting you to submit your report, but then for the first two months, familiarize yourself with the environment and everything first, because you can start on the 15th if they want a report on the 30th. You don't know the stuff you don't know a lot about that particular unit. So, I think probation will also help."

FACILITATOR:

"So you're not saying that…you are saying that they must still work as unit manager. They must only be expected to do the end of the month staff in two months?"

PARTICIPANTS:

"Yeah, yes"

NO 4:

"Yeah, you get used to the to the environment first yes."

FACILITATOR:

"Ok yeah I mean, I understand that. Yes, anybody else. Number five yes."

NO 5:

"I agree with all of them. They talked about orientation, mentoring, and also not doing some duties for two months. So, I think also orientation we should stipulate how long should it last. And then also the mentoring. How long do we want this mentors to stay with the new manager until we say the manager can do it?"

FACILITATOR:

"Ok so, how long do you suggest there should be orientation?"

NO 5:

"I think the two months that she talked about number four that she shouldn't be writing the reports. The mentor should be there."

NO 4:

"To support them…you don't even know them you don't know their strength…."

NO 5:

"If that is possible…of course, sometimes it might not be possible especially in public hospitals."

FACILITATOR:

"How long should that mentor be there? At least 2-3 months, to supportive, to write everything that you need to write. So that you know how, but before that…no one said maybe you need 2-3 days' orientation about what is expected. And that she's got this manuals..."

PARTICIPANTS:
"Yes"

FACILITATOR:

"I understand, for three months. That's a very good suggestion. Ok, so now I'm thinking about things that you struggled with and I should teacher her, what are the things that you're on a daily basis struggling with that I should specifically focus on what do you think?
What is it that you are struggling with in your unit, that you know you colleagues are struggling with? Yes, number 5"

NO 5:

"I think is mostly staff issues in terms of discipline. Discipline is the first"

FACILITATOR:

So, discipline is definitely we should number 5, ok. And what else?

NO 5:

"And you also have shortage of stuff, isn't it, isn't it? I don't know about other hospitals but in the public hospitals, there's definitely a shortage of staff. And on top of that…."

FACILITATOR:

"……so, what do you think this unit manager… what is she, what does she need to know when she's dealing with shortage of staff?
What skills does she need to know? What must I teacher her…? Because that is the reality. So how are we going to deal with this? Yes, no 3 what must I teach her?"

NO 3:

"I Think. I don't know how to put it but I think she must be taught on the coping mechanism under pressure, because here she is she was working with a patient, and then now she's working with a whole team, and 27 patients, and 14 staff, so she must be able to cope with that huge amount of stuff, different stuff. So, I think coping mechanism if we can, if they can, maybe, arrange, like the workshops where they can take this poor unit managers to the workshop, even the old ones maybe they can help, ya [yes]."

FACILITATOR:

"Ok, that's a very good idea. You teach him how to cope with stress on the daily basis, so that you don't have this person who is burnt out etc. …that's a very nice suggestion…so what else? So, it's difficult for you guys to cope with the staff shortages, discipline. So, what is the important role of a manager that I need to now, remember I'm not just a managing the unit, I'm also leading it. So, what is it that I need to teach him? Okay let me put it like this, do you need to know anything about your team you are working with?"

PARTICIPANTS:

"Yes"

FACILITATOR:

"So, what do we need to know about that team? Yes number 1"

NO 1

"I think the team, one has already said, there are strength and weaknesses."

FACILITATOR:

"Oh, nice, yes. How can we use it as a unit manager?"

NO 1:

"When delegating stuff, you would know this one can cope or has more knowledge, or is more experienced, dealing with this kind of situation. So you would delegate those with experience, not forgetting them to teach or to mentor these the ones that don't, they don't know but putting them first knowing that they can cope or they'll do well in a certain situation. And then also appraising them after they have done a good job."

FACILITATOR:

"Oh. I like that...appraising them. How to give feedback, good and bad ne? And appraising? What else? Working in a team, you have to know their strengths, their weaknesses, you have to know how

delegation works, what their competencies are. Their strengths and weaknesses …and the you have to appraise them. So what else do I need to teach this unit manager, yes no 2"

NO 2:

"Ok the most important thing is that, as a unit manager. You need to assess the situation and then apply the appropriate leadership style. Don't generalize that once style can be effective for all situations."

FACILITATOR:

"Yes, that is good so I have to know what types of styles they are, and choose the type of style, ok anything else? Yes number 5."

NO 5:

"You should also communicate with your staff; communication is very important."

FACILITATOR:

"But what about communication, so I have to be able to communicate and resolve conflict in the unit."

NO 5:

"Conflict management"

FACILITATOR:

So, I need to teach them communicating skills? Ok what else? We have spoken talked about our team as a nurse? Now do you have a wider team that you should speak about? That I have to teach her about?"

THEMBI:

"Can you repeat that Prof?"

PARTICIPATION:

"We all working in a team, as nursing managers, but do we work with other teams? do we work with other disciplines?"

PARTICIPANTS:

"Yes"

FACILITATOR:

"To actually teach her how to work with those disciplines? What should I teach her about? Yes, number3 I will come to you now number 1. Number 3…"

NO 3:

"Okay. Uhm, multidisciplinary team, we are referring to maybe the radiographer, the dietitian, let me say the dietician. She will come to the unit and prescribe something for a patient, then I must make sure that as a unit manager, I teach the staff to follow the correct menu for the patient prescribed menu, I don't know if I'm answering you correctly."

FACILITATOR:

"Yes, it's good, its good"

NO 3:

"I have to teach the staff to follow the orders of the dietician to prevent complications."

FACILITATOR:

"Do you think we must know our role in the team?"

PARTICIPANTS:

"Yes"

FACILITATOR:

"Why? Yes, no one?"

NO 1:

"As a team member, you should know your role to know your limits. If, like you, your junior nurse, or your nurse and as number three has said the dietician comes you should know your role as a nurse in the unit you need to go there and assist you need to go then advocate for the patient. That will be your role. And then when their instructions you need you know your role is to carry them out so that this good working relationship between you and other members of the team. We should know what, what, what is expected of you do during ward rounds, or during the consultation from other multidisciplinary teams when they come to your unit, know that they are there respect them know that they are there for time, assist them when they need to have that will, that you should know that is your role as a nurse…if there are visitors assist them."

FACILITATOR:

"Ya [yes], and what is the role of unit manager in all of this?"

NO 1:

"Supervision"

FACILITATOR:

"Ya [yes], they need to be supervised. And what else? As a leader what is expected of you, number 5"

NO 5:

"Guide and teach your staff as a leader."

FACILITATOR:

"Because they have to be guided to change."

NO 5:

"Because as no 1 talked about their strength and weaknesses, that's where you come in. Those who are weak, you support them, you also guide and support."

FACILITATOR:

"Do you think we need to change our practice sometimes? To be more evidence base?"

PARTICIPANTS:

"Yes"

FACILITATOR:

"So, we need to teach the unit manager how to do that, how to bring about change. Because none of us really know how ne? Ok anything else that we should teach her? Thembi is there anything you would like to ask? Because I think we've got a lot of information now."

THEMBI:

"Yeah [yes] we do? Thank you very much prof. Should I ask or add..."

FACILITATOR:

"No, you should ask"

PARTICIPANTS:

"Laughing"

THEMBI:

"Okay. Oh, with a, like, I want to go back to your last question Prof. That if we were to bring about change in the unit, or you come from a different unit you need to come to this unit. Now, how can you go out to bring that change because you obviously you've got experience somewhere else and you're coming to this other environment, how to go about you shaped in the change in your unit, how would you do it as a new unit manager. How would you start how to do to bring about the change?"

FACILITATOR:

"Yes, number 1"

NO 1:
I think I would have identified a gap in any area. And because I'll be new in the area and just observe how they do their thing. And then, because I think I have a solution, to introduce the new idea that I think this should be done this way, and explain communicating to them, explain to them why I think the way they are doing things is not the acceptance of the correct way, and then give them time to absorb or to look at it together to see if what I come up with, is it right or wrong. And then, not trying to be fast or push them quickly introduced whatever that I have slowly, with few staff members to can see if they accept it and it can work, because sometimes they can resist change, but if you introduce it slowly and then communicating, every step of the way they are they have fears or they're, how they feel about the matter. I think I would do it that way."

FACILITATOR:

"I like what you said, I even like what you said about to work with them. Because remember it's not always about me as a leader, and that I have to come up with solutions. How do I do that, and how do i work with them to bring about change, that is excellent. Okay, so we've got the introduction, we already done that, having somebody to work with, showing them the ropes for at least 2-3 months, what to do. We made sure that they are given off, a little bit gives of snag in the first two months so that they can get used to it. And then we want to continuously help them to develop, maybe how to bring about change anything else. Yes, number 5."

NO 5:

"I think about bringing change in the unit you should involve your team from the beginning. Explain to them that I was thinking of doing 1, 2, 3 so, that they should have buying into whatever you want to do, so that there's no resistance."

FACILITATOR:

"Yes, yes, well done, you want to collaborate and include them and participate, but we have to teach this new unit manager that ne? That sounds great. I think we thought more or less what we wanted and I think you said such valuable input so that we really can use that. So, if it's okay with you and I'm going to close the session now Thembi is that fine"

THEMBI:

"That's fine Prof. Thank you very much"

FACILITATOR:

"Okay, but lastly but not least, mostly. What did you like most or least and what do you not like about today? And what did you like most. What did you not like about today. Anybody yes number 5"

NO 5:

"I didn't not like talking about myself. But I gained a lot of information. The information was very important."

FACILITATOR:

"Well-done, you learned from your colleagues, yes number 3."

NO 3:

Really want to appreciate his time because sometimes you feel like you are alone, to be experiencing this thing and you don't even have a channel to communicate this thing, and only to realize that no, these things are over. I gained a lot and thank you again.

FACILITATOR:

"Ok, yes number 1, what did you not like and what did you like most?"

NO 1:

"I liked everything. But what I like to do I like there's nothing that I did not like. But what I liked most, you know, I know all of the staff members, but I've never said with them on the table. So, this is the first time I sit and talk with them on a table so is something that I, I really like, because we only meet on passages, during the day"

PARTICIPANTS:

"Laughing"

FACILITATO*R:*

"Ok, number 2"

NO 2:

"The answer is that it's a learning curve. I learned a lot, and that the, the environment or the atmosphere was relaxing an I thought will be able to do this. But you made it easy for me to do it"

FACILITATOR:

"Ok. Thank you very much, number 4"

NO 4:

"What I did not like is that you are there far from us …"

PARTICIPANTS:

"Laughing"

NO 4:

"But what I like is all alone thought it was only me, like she was saying I was even looking for a job, but after today I feel like ok, so we are many so we can support each other. So I feel much better, this session was really very nice. Thank you very much"

FACILITATOR:

"So, there's nothing I didn't like, one thing I do like is that you shared and I really appreciate that. And I do hope that you guys can sit around the table and share with each other. What your struggles are and maybe one of can have a solution and you start sharing and making it better, and that will help all of you and I really hope that in the future. So, Thembi my last words, over to you"

THEMBI:

"Thank you very much Prof. And thanks, my colleagues for coming in for having this invite. I have learnt a lot from you and we I concur with everything that you have said that sometimes you feel like you are alone in your little corner and you're only struggling, is the only one struggling, but today you have learned that yeah, most of us are going through the same thing, and we can help each other. With this i think this is the beginning of a long journey that you can develop this support, and really maintain it, going forward, so that other managers that comes after us. They can also benefit, they don't feel frustrated, as we are frustrated now. So, thank you very much and thank you thank you thank you so much. You've been great as always, thank you"

FACILITATOR:

"Thank you very much, bye everybody:"

PARTICIPANTS:

"Bye"

ANNEXURE G: FIELD NOTES

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Department of Nursing Science

School of Health Care Sciences

Faculty of Health Science

University of Pretoria

EXPLORING SUPPORT FOR NEWLY APPOINTED UNIT MANAGERS IN A PUBLIC ACADEMIC HOSPITAL IN GAUTENG PROVINCE

Notes – Focus Group Discussion 2

DATE: 28/09/2021

TIME: 10H00-11H00

VENUE: [redacted] (Nurse's Boardroom)

Facilitator: Prof Tanya Heyns

Researcher: Ms T.F (Thembi) Mazibuko

Less than 1-year experience

Introduction

- Introduction and ground rules outlined

- Consent – confirmed (forms signed) and recording
- Icebreaker – What colleagues do not know about you

Support required for unit managers

Approach – Based on easy and difficult thing you do - daily

- (No.2) – A dedicated person to support is required (Mentor). To assist navigate the new environment
- (No.1) – Mentorship, including a report on the status. A short course for new unit managers for laying foundations.
- (No.1) – Possible books like reference manuals
- (No.3) – Structured or proper orientation. To also introduce mentorship
- (No.3) – Dedicated person for first few days, as part of orientation
- (No.4) – Probation (only expect full delivery or performance after this period, about 2-3 months
- (No.5) – Orientation (allow 2 months), where possible
- (Facilitator) – 3 months' support sounds fair. Other key challenges?
- (No.5) – Support on staff issues (staff discipline), including shortage

Skills Required

- (No.3) – Coping strategies (working under pressure)
- (No.1) – Strength and weakness (ability to identify that from the team)
- (No.1) – Staff delegation (between experienced and non-experienced). Giving feedback
- (No.2) – Different leadership styles
- (No.5) – Good communication skills and conflict management
- (No.3) – Multidisciplinary team, how to manage it. (following or sticking to orders by staff)
- (No.1) – Understanding different roles or ability to identify and distinguish it
- (No.1&5) – Supervision and provision of guidance
- (Facilitator) – Change management skills and collaboration skills
- (No.1) – Observation first, before introducing a change, and provide proper timing
- (No.5) – Outline timing for change roll out
- (Facilitator) – Items covered (introduction, mentorship, probation period)

Closing

- (No.5) – Learned a lot, especially talking about my experiences
- (No.3) – Learned that, I'm not alone
- (No.1) – Great to sit around the table with my colleagues, eye opening, its first time
- (No.2) – Liked the relaxed nature of the setting, very informative