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Identifying the support needs of newly qualified professional nurses: A multiple stakeholder needs assessment

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ABSTRACT

When entering practice, newly qualified professional nurses may feel incompetent or be perceived as such. Newly qualified professional nurses may benefit from nurse residency programmes, guided by trained facilitators. Such programmes help to build competence, give nurses opportunities to learn and feel supported, prevent attrition, and develop nurses who are able to render quality care. Residency programmes that are developed using a person-centered approach have proven to be successful, and require multiple stakeholder involvement through collaboration, inclusion, and participation. Needs assessments are crucial in programme development. In this article we report on the support needs of newly qualified professional nurses during remunerated community service. The identified needs may be used to develop a Person-centered Nurse Residency Programme for the South African context.

This qualitative study used an interpretive description approach. Data were collected from different stakeholders using multiple methods and was analysed during a consensus workshop. Stakeholder needs were categorised under four domains adopted and adapted from a recognised framework that directs person-centered practice. The four domains included learning outcomes of newly qualified professional nurses, prerequisites of the facilitator, learning environment and learning processes. The underlying themes in the domains indicated overlapping elements that influence the development of competencies across the different categories. Basic needs and competencies were identified as essential to the development of extended competencies.

1. Introduction

Despite their extensive training as students, newly qualified professional nurses are often perceived as being incompetent (Faraz, 2016; Magano, 2016; Lekhuleni et al., 2014). Nurses' incompetence has been associated with too much emphasis on technical skill development during training which compromises extended competency development (Wolters Kluwer, 2019; Laari & Dube, 2017). During training, nurses spend minimal time in practice and may learn irrelevant subject matter (Daffron et al., 2015), which ultimately results in a theory–practice gap (Greenway et al., 2018). On entering the workforce, newly qualified professional nurses seem unable to cope with increased workloads (Sönmez & Yildirim, 2016), increased time pressures (Bjerknes & Bjørk, 2012) and negative relationships among staff (Department of Health [DoH], 2011). Newly qualified nurses may also experience a lack of support while transitioning from student to professional nurse (Commission on Collegiate Nursing Education [CCNE], 2015; Bjerknes & Bjørk, 2012).

Newly qualified professional nurses who are unable to balance the challenges of the work environment with their obligation to provide quality care may suffer from reality shock (Kramer, 1974) – a detrimental occurrence that may cause burn-out and eventually lead to attrition (Webster et al., 2019). When transitioning from training to the workforce, nurses who have the opportunity to learn during the transition period and receive support may experience greater job satisfaction, be more competent, render quality care and experience greater commitment to the nursing profession (CCNE, 2015).

The support offered during residency programmes should be person-centered (Parsons & Beauchamp, 2012) and consider the needs of the learner as described in the South African Qualifications Authority's

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"design down/deliver up" approach (South African Qualifications Authority, 2005). Successful residency programmes are usually developed and implemented by multiple stakeholders (Nagabhushana & Hegde, 2016; Bratt, 2013) for a specific context, which increases buy-in (Bratt, 2013). In South Africa, newly qualified professional nurses have to complete one year of remunerated community service following their training. Community service can be completed at any public healthcare institution. These healthcare institutions are characterised by high workloads and lack of mentorship support for newly qualified professionals. We are unaware of a multiple-stakeholder person-centered needs assessment for a residency programme aimed at newly qualified South African professional nurses. In this article, we describe the support needs of newly qualified professional nurses from the perspectives of multiple stakeholders.

2. Method

This qualitative study used an interpretive descriptive approach. We infused a person-centered approach throughout this study in two ways. Firstly, the authors used a person-centered approach to guide their interactions with stakeholders, resonating with their own values and beliefs of valuing and treating others with respect (McCormack & McCance, 2017). Secondly, practice development is underpinned by person-centeredness (Shaw, 2013) and the authors applied the elements of collaboration, inclusion, and participation throughout the research process. Using these principles created a shared vision, based on multiple stakeholder views, for effectively supporting newly qualified professional nurses in remunerated community service (Manley et al., 2013).

3. Population and stakeholder analysis

A tertiary hospital in Gauteng served as a point of entry in this study. The population was established through literature, personal experience, and expert consultation (Thorne, 2016; Schmeer, [n.d.]). Stakeholders included newly qualified professional nurses, who had completed remunerated community service in a hospital setting between 2013 and 2016 and experienced professional nurses that were either professional nurses with more than five years' experience in practice, clinical facilitators, nurse educators, or nursing managers. Additionally, we identified expert stakeholders from the Nursing Education Association, the Gauteng Department of Health, and the South African Nursing Council [SANC].

4. Data collection

Data were collected during a focus group meeting and through two self-administered questionnaires with open-ended questions to enhance credibility and validate conclusions (Polit & Beck, 2017). The focus group meeting was held with a purposive sample of six (6) newly qualified professional nurses. A further 28 newly qualified professional nurses completed the first questionnaire. A purposive sample of 17 experienced professional nurses completed the second questionnaire (see Table 1). Data from a convenience sample of 10 international articles reporting on the experiences and competency of newly qualified professional nurses and 10 South African articles reporting on the experiences and competency of newly qualified professional nurses during remunerated community service were collected.

5. Preliminary data analysis

The first author (Y.H.) preliminarily, and qualitatively analysed data from each source to extract initial concepts that represented the entire sample (Thorne, 2016). From the preliminary data, we compiled four datasheets. To formally analyse the data, we held a consensus workshop with multiple stakeholders to identify the support needs of newly qualified professional nurses in remunerated community service. Stakeholders were divided into four groups, each receiving one datasheet to analyse, using a participatory approach.

6. Ethical considerations

This study was approved by the Hospital and the Faculty of Health Sciences Research Ethics Committee (344/2016). The researchers explained the purpose of the study in detail, after which the participants voluntarily gave written consent by completing a Participant Information and Informed Consent Document. Participants were informed that they could withdraw from the study at any time without any repercussions and that their data would only be used for the purpose of research. Anonymity could only be guaranteed for participants who completed the self-administered questionnaires, which were placed in a sealed envelope after completion. The rest of the participants were encouraged to maintain confidentiality and not discuss any information with individuals not involved in the study.

Table 1
Demographic data of experienced professional nurses that completed the second self-administered questionnaire.

Participant number	Years qualified	Qualifications							Work experience			
		Nursing Diploma	Bachelor's Degree	Health Services Management	Health Sciences Education	Post-graduate Specialty	Master's Degree	PhD	Professional Nurse	Nursing Manager	Clinical Facilitator	Nurse Educator
1	7		x		x	x	x		x	x		
2	20	x	x		x	x	x		x	x		
3	11		x	x					x	x	x	
4	25		x	x	x	x	x	x	x	x		x
5	30	x	x		x	x			x		x	x
6	10		x	x	x	x	x		x			
7	20		x			x			x	x		
8	9		x						x			
9	25	x	x	x	x				x		x	
10	18	x	x	x	x	x	x		x	x	x	x
11	22	x	x	x	x	x	x	Student	x	x	x	x
12	19	x	x	x	x	x	x		x	x	x	x
13	21	x				x			x			
14	16	x				x			x			
15	15		x			x			x	x	x	x
16	16	x	x	x	x	x			x	x	x	x
17	20		x			x			x	x		

7. Theoretical framework

We used the *Person-centred Practice Framework* as the theoretical framework in this study. The framework was originally developed to guide healthcare practitioners in working with the patient's beliefs and values, authentically engaging with a patient, being sympathetically present, sharing decision-making and providing holistic care. The Framework consists of four domains: *"prerequisites", "care environment", "person-centred processes"* and *"person-centred outcomes"*, each with underlying constructs (McCance & McCormack, 2017). The Framework suggests that for patients and staff to reach positive outcomes, certain prerequisites should be met, and the care environment be attended to before effective care can be rendered through person-centered processes (Lynch et al., 2018).

8. Participatory data analysis

We recruited participants for the consensus workshop by e-mailing invitations to all the participants involved in the needs assessment, by displaying posters in wards, e-mailing invitations to tertiary education institutions that offer a four-year nursing programme, and e-mailing experts from the Nursing Education Association, the Gauteng Department of Health and the SANC. Potential participants were requested to extend the invitation to other potentially interested individuals.

The second author (Y.B.) facilitated the workshop with 17 stakeholders, comprising of newly qualified professional nurses and experienced professional nurses (see Table 2). None of the experts who were invited attended the workshop. Workshop participants were divided into four smaller groups, each consisting of stakeholders from different backgrounds. After an ice-breaker activity, the participants established the ground rules. Each small group received one of the compiled datasheets and strips of coloured paper (one colour per group). Participants read the documents and based on their interpretation thereof, wrote key terms on the strips of paper in preparation for a sticky wall activity (Taylor & Drake, 2014). One group stuck their strips of paper onto a whiteboard for all participants to see. The other groups added their strips of paper to the whiteboard, clustering similar words and adding new words.

After a brief explanation of McCormacks' person-centered model, the participants allocated the key terms under pre-categories adopted from the *Person-centred Practice Framework* (McCance & McCormack, 2017). The framework was adapted to suit the educational context. The pre-categories provided structure and guidance ensuring that the authors were off to a "*flying start*" (Perry & Jensen, 2001).

Data were decluttered by forming 'clusters' of related needs. Participants scrutinised each cluster to determine if any of the needs in the cluster could describe the cluster as a 'whole'. In some cases, participants were able to identify such a need and the need was used to form a theme. If a need could not be used to form a theme, the group interpreted the needs and created a new theme. The group made consensus adjustments on the final categories and themes presented in Table 3.

9. Credibility

Thorne's (2016) credibility indicators for interpretive description studies include epistemological integrity, representative credibility, analytic logic, and interpretive authority. Epistemological integrity was ensured by aligning the research question with the epistemological stance of nursing and preparing the data for analysis to form concepts that represented the whole sample. Representative credibility was attained by ensuring that participants represented the population, setting inclusion criteria and by using a sample of newly qualified professional nurses that had similar experiences of working in a hospital setting, as well as through methodological triangulation. Analytic logic was evident in the reflexive writing style used in the study and interpretive authority was obtained by collaborating with workshop

Table 2
Demographic data of the workshop participants.

Participant number	Employed by		Years experience				Qualifications							
	Government-owned Healthcare Institution	Private Healthcare Institution	Professional Nurse	Nursing Manager	Clinical Facilitator	Nurse Educator	Other	Nursing Diploma	Bachelor's Degree	Health Sciences Education	Health Services Management	Post-graduate Specialty	Master's Degree	PhD
1		x	6					x				ICU		
2	x		4	1	5	5	5	x	x	x	x		x	x
3		x	12	8					x				x	
4	x		30		5	20		x	x	x	x	ICU	x	x
5	x		10	5	2	5			x				x	x
6	x		21						x	x	x	Paeds		
7	x		26		10				x	x	x			
8		x	9		10	4	5yrs Flight nurse	x		x		Trauma	x	
9	x		22	8				x						
10	x		10			20		x	x	x			x	
11	x		3						x					
12	x		9			16		x	x	x	x	Neonatology&Paeds	x	x
13	x		1						x					
14	x		33		21			x		x		ICU		
15	x		5						x					
16	x			5				x	x	x	x			
17	x		10			20			x	x	x	ICU/Trauma	x	x

Table 3
Summary of categories and themes identified during a needs assessment of newly qualified professional nurses.

CATEGORY	THEME
Learning outcomes of newly qualified professional nurses	Theory-practice integration
	Effective problem-solving skills
	Effective conflict management skills
	Effective management skills
Prerequisites of the facilitator	Professional competence
	Clarity of beliefs and values
	Effective interpersonal skills
	Effective time management skills
	Willingness to act as a facilitator
Learning environment	Workplace environment conducive to learning
	Supportive organisational systems
Learning processes	Interprofessional collaboration
	Communication
	Apply ethico-legal principles

participants to interpret the data.

10. Findings and Discussion

Consistent with the interpretive description approach, only demographic data that had a direct impact on the outcome of this study were collected and are reported on in this article (Thorne, 2016). Table 1 shows the demographic data of the experienced professional nurse participants that completed the second self-administered questionnaire, indicating the number of years qualified as a professional nurse, qualifications and work experience. Table 2 shows the demographic data of the workshop participants, indicating if they were employed in the government- or private sector, their years of experience in different positions, and qualifications obtained. Most of the participants were employed in the government sector and were currently in an educational role, as either a nurse educator or a clinical facilitator. This meant that they still had regular interaction with newly qualified professional nurses in remunerated community service, and therefore especially had current and relevant inputs into the study, thereby improving the credibility of the findings.

The themes were organised under four categories as summarised in Table 3. The four categories include learning outcomes of newly qualified professional nurses, prerequisites of the facilitator, learning environment and learning processes. Each category further comprised of related themes.

11. Learning outcomes of newly qualified professional nurses

Our needs analysis identified four learning outcomes that should be achieved by newly qualified professional nurses after completing the nurse residency programme. Newly qualified professional nurses should be able to better integrate theory and practice, develop effective problem-solving skills, manage conflict and be able to effectively manage in a nursing setting.

In nursing, a theory–practice gap exists when nurses are unable to think critically and lack clinical skills (Greenway et al., 2018). In this study, addressing the theory–practice gap specifically referred to the need to develop foundational knowledge and psychomotor skills. Theory-practice integration requires that nurses be able to transfer learning to the workplace environment, resulting in the implementation of evidence-based practice and quality care (Breit, 2015). In the nursing workplace, the theory–practice gap could potentially be narrowed through active learning (Daffron et al., 2015). Through active learning, students gain understanding of their learning and develop critical thinking skills (Kusumoto, 2018), leading to competence (Botma & Hugo, 2017).

In South Africa, there is a need to develop effective problem-solving skills to manage patient care problems, despite the fact that newly qualified professional nurses should already be competent in following the nursing process (Hopper & Williams, 2015). Problem-solving skills are essential when working with an interprofessional team (Hills, 2012) and when fulfilling a management role (Kearney-Nunnery, 2016). To solve problems effectively, nurses require cognitive thinking skills (Hesse et al., 2015), communication skills (Durmaz et al., 2018) and knowledge of legislation to ensure safe care (Singh & Mathuray, 2018).

Multiple stakeholders identified the need to be able to cope with conflict. Conflict is caused by stressors such as high workloads and lack of role-clarity (Almost et al., 2016), which are synonymous with the South African healthcare context (Govender et al., 2017; Department of Health, 2011). To effectively manage conflict, nurses need to know the conflict management process (Spaho, 2013) and require communication skills (Almost et al., 2016). Conflict resolution results in quality care, increased work satisfaction and less stress (Johansen, 2012).

Staff shortages in the South African healthcare system often result in newly qualified professional nurses being the most senior staff member on a shift. Newly qualified professional nurses should be able to manage and take leadership. To do so, they are required to know different management functions (Chartered Management Institute, 2012), Standard Operating Procedures of the healthcare institution (South African Department of Public Service and Administration, 2013), legislation such as the Nursing Act 2005 (Act 33 of 2005) and the National Health Act, 2003 (Act 61 of 2003) as well as the Code of Ethics for Nursing in South Africa (SANC, 2013). Management functions also require decision-making skills, critical thinking skills, problem-solving skills, and communication skills (Kearney-Nunnery, 2016).

12. Prerequisites of the facilitator

Facilitators play a central role in supporting newly qualified professional nurses in a residency programme (CCNE, 2015) especially through role-modelling (Mazerolle et al., 2017). In South Africa, the shortage of staff- and financial resources (Bloom, 2018) necessitates that senior professional nurses in the ward assume the facilitator role instead of appointing specific staff for this role. Facilitators should fulfil five prerequisites, namely professional competence; clarity of beliefs and values; effective interpersonal skills; effective time management skills and willingness to act as a facilitator.

In this study, stakeholders indicated that facilitators should have adequate knowledge and skills as well as display confidence. Facilitators should have a minimum of three years' experience as a professional nurse, be classified as either a "*proficient*" or "*expert*" nurse according to Benners' Novice to Expert Theory (1982) and should ideally have a postgraduate qualification in a clinical discipline, although not compulsory. Competent facilitators are known to provide better support to newly qualified professional nurses (Shinners et al., 2013) and facilitate lifelong learning (Lazarus, 2016).

Facilitators should also possess clear personal beliefs and values in line with the nursing profession (Senyuva, 2018). A particular belief system will influence how nurses practice (Drayton & Weston, [n.d.]) and their ethical behaviour (Feldman et al., 2015). As role-models, facilitators should set a good example for newly qualified professional nurses by behaving appropriately.

Nurses require interpersonal skills in everyday practice. In this study, stakeholders specifically mentioned that nurses need to communicate effectively and must be team players. Facilitators need to role-model effective interpersonal skills when working with the rest of the interprofessional team. Effective interpersonal skills also contribute to creating a positive learning environment (Lejaha, 2015) and help nurses to deal with complex situations (Botma et al., 2012).

Newly qualified professional nurses who are transitioning into the workplace are negatively affected by time constraints (Kalischuk et al., 2013). Facilitators thus need to be able to manage their time effectively and transfer these skills to newly qualified nurses. Lastly, facilitators

need to be willing to act in this educational role to ensure commitment to the job and to contribute to lifelong learning (Lazarus, 2016).

13. Learning environment

The learning environment includes the physical workplace environment and supportive organisational systems. Similar to the importance of the care environment being conducive to person-centered working practices (McCance & McCormack, 2017), the learning environment must also support person-centered learning. For example, newly qualified professional nurses who experience active learning may feel more supported and be more likely to reach their full potential. Stakeholders specifically referred to affording newly qualified professional nurses the opportunity to interact professionally with the interprofessional team, to fulfil non-clinical nursing roles and to receive orientation to the workplace environment. Newly qualified professional nurses also need to learn the associated policies and procedures of the healthcare institution which is important to render safe competent care (Ballard et al., 2012).

Stakeholders identified supervision and feedback as supportive organisational systems that enable theory- practice integration. Supervision facilitates the professional development of newly qualified professional nurses (Pitkänen et al., 2018). According to Hashemiparast et al. (2019) inadequate supervision is one of the main reasons for the inability to apply theory to practice. Facilitators need to observe and supervise newly qualified professional nurses to be able to give constructive feedback, which then leads to the development of competence (Everett et al., 2014). When feedback is bi-directional and newly qualified professional nurses give feedback to facilitators, it gives newly qualified professional nurses the opportunity to develop communication skills (Myers & Chou, 2016).

14. Learning processes

Newly qualified professional nurses should be continuously learning, engaging in active learning processes to develop nursing competencies (Daffron et al., 2015). Learning processes include interprofessional collaboration; communication and applying ethico-legal principles.

The interprofessional approach is a holistic approach where practitioners from multiple disciplines work as a team by sharing decision-making and leadership to provide quality care. To effectively work as an interprofessional team, practitioners need to share values, respect the roles of different professionals, be able to communicate effectively and build relationships to facilitate teamwork (Interprofessional Education Collaborative, 2016; Kearney-Nunnery, 2016; Lee et al., 2016). Interprofessional collaboration can also be viewed as a problem-based learning strategy (Botma et al., 2012) which leads to active learning (Günüsnen et al., 2014). Newly qualified professional nurses should have the opportunity to work as part of an interprofessional team, which will increase competence, clarify roles, and establish effective staff relationships. Success in the workplace will lead to feelings of well-being (Schön Persson et al., 2018) and ultimately retain nurses for the profession (Huyghebaert et al., 2018).

All healthcare practitioners have to communicate effectively on a daily basis, when working with the interprofessional team, when interacting with patients or their families, doing patient handovers and writing patient reports. Although communication skills are taught during undergraduate studies, these skills must be developed further after graduation. Communication skills should be developed through active learning and gaining experience in clinical practice (Coad et al., 2015). Stakeholders highlighted that newly qualified professional nurses should have the opportunity to communicate with patients and the interprofessional team. Newly qualified professional nurses should also develop their communication skills by learning to write patient reports.

In this study, multiple stakeholders indicated that nurses had to know their rights and legislation associated with the nursing workplace, to protect their own safety and that of the patient (Singh & Mathuray, 2018; SANC, [n.d.]). Nurses need to make ethical decisions on a daily basis and the South African Code of Ethics for Nursing (SANC, 2013) outlines the duties of nurses regarding patients and healthcare. Ethical decision making is an essential requirement to effectively solve problems as healthcare practitioners (SANC, 2013) and also forms part of the interprofessional collaborative process that is implemented through reflective dialogue (Butts & Rich, 2019). Newly qualified professional nurses who have the opportunity to act as a member of the interprofessional team will also have opportunities for applying ethico-legal principles. Applying ethical principles requires strong critical thinking skills (Butts & Rich, 2019) and knowledge of the Standard Operating Procedures of the healthcare institution used to report unethical behaviour.

15. Limitations

We may have collected additional data if more articles were used during the initial data analysis. Our analysis did not reach data- or theoretical saturation as we acknowledge that the disciplinary knowledge of nursing is infinite and that there is always more to learn (Thorne, 2016). The open-ended self-administered questionnaires did not allow for probing. All the stakeholders did not participate in the study as the experts and regulatory body did not attend the analysis workshop. Their input may have contributed to the findings as they have a different level of expertise than the rest of the stakeholders. Our findings are contextual and may vary if the study is conducted in a different context.

We recommend that residency programmes be based on a needs assessment specific to a relevant setting. Healthcare settings vary within sectors in South Africa, and newly qualified nurses will have different learning requirements based on the setting.

16. Conclusion

Residency programmes are essential for supporting newly qualified professional nurses, building their competencies, rendering quality care, and ultimately retaining nurses for the profession. Currently there are no residency programmes for newly qualified professional nurses in South Africa and developing such a programme requires a needs assessment from multiple stakeholders to be successful. We conducted a needs assessment with multiple stakeholders, to accurately identify the needs of newly qualified professional nurses. Newly qualified professional nurses require active learning opportunities to learn specialised skills including time management, problem solving and effective communication. Residency programmes require competent facilitators who are able to observe, supervise and are willing to teach newly qualified nurses. Nurses also require learning environments that facilitate learning and learning processes that are valuable to competence development. We identified certain core skills that are intertwined with the different aspects of a residency programme. For example, newly qualified professional nurses have a need to learn to communicate effectively, which will help them to solve problems, manage conflict and develop as managers. A residency programme should address these basic needs, help to develop extended competencies, and facilitate the transition of the newly qualified nurse from student to professional nurse.

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CRediT authorship contribution statement

Yolandè Hayton: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Validation, Writing - original draft, Writing - review & editing. **Yvonne Botma:** Formal analysis, Methodology,

Validation, Review & editing. **Tanya Heyns:** Conceptualization, Methodology, Formal analysis, Resources, Validation.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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