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**TRANSITION SUPPORT NEEDS OF THE NOVICE CLINICAL  
NURSE EDUCATORS IN A PUBLIC NURSING COLLEGE  
GAUTENG PROVINCE: A CASE STUDY**

by

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submitted in fulfilment of the requirements for the degree

**MASTER OF NURSING EDUCATION**

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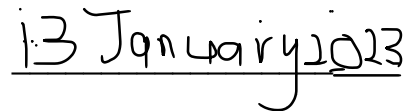
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**DECLARATION**

I, **Mmatlou Fridah Matlou**, Student Number: 98179812 declare that **Transition support needs of the novice clinical nurse educators at a public nursing college in a public nursing college in Gauteng province: A case study** is my own work and that all sources that have been used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted for any other degree at any other institution.



Signed



Date



## ABSTRACT

### Introduction

Experienced professional nurses with an additional qualification in nursing education, leave the clinical practice to join the academic environment in the college to become nursing educators. It is important that the thinking process of the novice clinical nurse educator is nurtured to boost self-confidence. If these novice clinical nurse educators are not supported during their transition period it is likely to reduce student satisfaction and outcomes. Due to these consequences, there is a need to conduct the study to explore the nature of transition support needed by the novice clinical nurse educators to enhance the quality of clinical education.

### AIM

The aim of this study is to explore and describe the transition support needs of novice clinical nurse educators and to recommend guidelines for the support of novice clinical nurse educators during the transition period from being a professional nurse in practice to a clinical nurse educator at a nursing college.

### Research Design

A holistic single case study design was appropriate for this study as it allows a phenomenon to be examined in a great deal of depth.

### Methodology

The study was conducted in a public nursing college in Gauteng province. The population was novice clinical nurse educators, experienced nurse educators and heads of departments. Purposive sampling method was used to select the study participants. Semi structured interviews were used telephonically, and a semi structured questionnaire were used. All interviews were recorded with the participants' consent. Content analysis was used to analyse the transcribed interviews and semi-

structured questionnaires. Research was conducted ethically, and trustworthiness was ensured. Findings were grounded in current literature and disseminated to stakeholders pertinent to the research.

### **Findings**

The following main themes emerged: 1) Professional socialization 2) Mentorship 3) Structured orientation program and 4) Supportive work environment

### **Conclusion**

The findings and recommendations should assist the nursing colleges to compile structured intensified programmes for the orientation of novice clinical nurse educators. The transition support policy should include the appointment of dedicated mentors, evaluation, and monitoring processes for the progress of the transition.

**Key words:** Clinical education, Expert, Novice, Nurse Educator, Professional nurse, Transition



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*“Ke ntsha ha nyenyane, O mpha tsohle”* I put less efforts, but The Lord gives me all (Difela tsa Sione 257). I thank The Highest God for granting me all that I desired, even though I do less for His kingdom. It has been hard, but God granted me divine strength to soldier on. I have finally accomplished this study because of His might not by my own strength nor understanding.

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## DEDICATION

I dedicate this dissertation to:

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- My dear mother who left me at a young age but left a legacy of Love and a fighting spirit within me.
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**LIST OF ABBREVIATIONS**

<b>CNE</b>	Clinical Nurse Educator
<b>ECNE</b>	Experienced clinical nurse educator
<b>NCNE</b>	Novice clinical nurse educator
<b>PN</b>	Professional Nurse
<b>SANC</b>	South African Nursing Council
<b>HOD</b>	Head of Department



# CHAPTER 1

## ORIENTATION TO THE STUDY

### 1.1 INTRODUCTION

Currently, nursing staff shortages are a major healthcare problem and challenge throughout the world. Clinical nurse education is a major part of undergraduate nursing programmes and constitutes 50% of the curriculum preparing nurses for competent professional practice (Farzi, Shahriari & Farzi 2019:115). Without clinical education, training competent and efficient nurses cannot be achieved therefore nursing services and nursing educators are constantly exploring and developing methods to empower nurses for effective practice (Farzi, Shahriari & Farzi 2019:115; Jayasekara, Smith, Hall, Rankin, Smith, Visvanathan & Friebe 2018:86). Learning to teach and facilitate knowledge acquisition in nursing students requires preparation and additional formal education to ensure competency in nursing students (Summers 2017:263). Clinical nursing education is imperative for developing students' clinical competency. The diverse role of the clinical nurse educator renders the experienced professional nurse a novice in the academic environment.

A study in New York, USA, found that experienced professional nurses are not fully prepared to assume the role of novice clinical nurse educators in the nursing college (Woytowicz 2018:2). Many experienced professional nurses find the transition to clinical nurse educators difficult and discouraging because they are unprepared for the new challenges they encounter (Grassley & Lambe 2015:361). Experiences of role ambiguity, anxiety, isolation and reduced job satisfaction are common among novice clinical nurse educators (Slatyer, Kimberley & Davis 2017:4). The process of role transition from experienced professional nurse to clinical nurse educator is complex and includes challenges such as lack of preparation, orientation and collegial support.

Duchscher's (2009:1103) transition shock theory provides a framework of the initial role transition to navigate the dynamic and intense clinical environment burdened by escalating levels of patient acuity and nursing workload. Transition is a journey of becoming and encompasses anticipating, learning, performing, adjusting, rediscovering, and engaging. Transition shock reinforces the need for preparatory theory in order to successfully integrate novice clinical nurse educators into the stressful and dynamic context of a public nursing college (Duchscher 2009:1107). The transition shock model illuminates' aspects of the novice clinical nurse educators' new roles, responsibility, relationships and knowledge. Although this journey is by no means linear, prescriptive, nor always strictly progressive, it is evolutionary and ultimately transformative (Duchscher & Windey 2018:228). Professional role transition is divided into three periods.

The initial period of professional role transition encompasses the first three to four months post-orientation (Duchscher & Windey 2018:228). The transition to a new role is a process of becoming, and a personal and professional journey that involves three stages of doing, being and knowing (Duchscher & Windey 2018:229). Individuals in transition progress through identifiable stages (Bridges & Bridges 2017:8). As the novice clinical nurse educators progress through their professional transition, they experience increasing levels of intensity and anxiety as they discover aspects of nursing education that are unfamiliar (Bridges & Bridges 2017:10).

The second period of professional role transition encompasses the next four to five months of the novice clinical nurse educator's post-orientation period, and is characterized by a consistent and rapid advancement in their thinking, knowledge level and skill competency (Duchscher & Windey 2018:229). As they gain a level of comfort with their professional roles and responsibilities, they are confronted with inconsistencies within the organizational systems (Bridges & Bridges 2017:10).

The final stage of transition can result in temporary destabilization of the novice clinical nurse educator's professional identity formation as a residual exhaustion from the prior stages. Being able to answer questions and effect changes in the work environment is the culmination of advancement and a sign of progress (Duchscher & Windey

2018:229). Although evolution through the stages of transition is not linear, it can be assumed that the novice clinical nurse educator may experience ongoing regressions for short periods. Changes in progress will be influenced by the decisions that feed or detract from the goals of stability, consistency, familiarity and predictability in their evolving development (Duchscher & Windey 2018:231).

## 1.2 BACKGROUND

In 2012, the nursing shortage in South Africa was worsened by an ageing nursing workforce, with 47% of the nurses over 50 years old. Consequently, the Department of Health (DOH, 2012) introduced the *Strategic plan for nurse education, training, and practice, 2012/13-2016/17* to strengthen clinical education and meet the need to increase student intake. This led to nursing colleges recruiting and appointing more educators to facilitate clinical education. To become a nursing educator, three years of experience and clinical qualification with an additional nursing education qualification are required (DOH 2012:87).

Experienced professional nurses leave clinical practice to join the academic environment in nursing colleges to become nursing educators. Professional role transition occurs because of moving from practice as a professional nurse to college as a clinical nurse educator. The transition from clinical practice to a nursing college renders the experienced professional nurse a novice clinical nurse educator (Brown & Sorrell 2017:207). As novice clinical nurse educators are placed in a different situation with little experience, they revert to theory to guide their actions (Thomas & Kellegren 2017:228). The professional role transition experience is a nonlinear journey. Movement between stages of evolution presents iteratively and coexists as interplay between emotion and intellect, rational dynamics and the impact of unfamiliar practice situations introduced into the novice clinical nurse educator's situatedness on the transition continuum (Duchscher & Windey 2018:227). Experienced professional nurses struggle with becoming accustomed to the academic setting and skills that are required from the educator role (Brown 2015:1). Many experienced professional nurses find the transition to clinical nurse educators difficult and discouraging, and are unprepared for the new challenges they must encounter (Grassley & Lambe 2015:1).



Experiences of role ambiguity, anxiety, isolation and reduced job satisfaction are common among novice clinical nurse educators (Slatyer, Kimberley & Davis 2017:4). The transition process is stressful particularly without educational theory to support their new role. The transition period is thought to occur during the first 12 months into a new professional role (Duchscher 2008:414). The transition shock model clarifies aspects of the novice's new roles, responsibility, relationships and knowledge. Although this journey is by no means linear, prescriptive, nor always strictly progressive, it is evolutionary and ultimately transformative (Duchscher & Windey 2018:228).

As novice clinical nurse educators progress through their professional transition, they experience increasing levels of intensity and anxiety as they discover aspects of nursing education that are unfamiliar (Bridges & Bridges 2017:10). Summers (2017:264) found little emphasis on the preparation of nurse educators in transitioning to the new role. Cooley and De Gagne (2015:96) state that although transition challenges of novice clinical nurse educators are outlined, there is limited research on support programmes for clinical nurse educators.

### **1.3 PROBLEM STATEMENT**

Professional nurses with three years or more experience and with a post-basic qualification in nursing education are appointed at Gauteng public nursing colleges (PNCs) as clinical nurse educators (CNEs) (DOH 2012:87). Novice clinical nurse educators (NCNEs) in Gauteng nursing colleges are mainly allocated clinical education responsibility in the first year of their nursing education experience. NCNEs come with experience and knowledge of current practices in their field of specialisation but lack experience as clinical nurse educators. Clinical education requires different competencies because it involves the incorporation of evidence-based teaching strategies and practices into the clinical environment (Silver-Dunker & Manning 2018:79). Hugo Van-Dyk & Botma (2021:1) indicated that clinical education is complex and requires novice clinical nurse educators to have a different set of skill set from that of the professional nurse from the clinical environment.

The South African Nursing Council (SANC, 2005) stipulates nurse educator competencies, which include implementing a variety of teaching strategies appropriate to student needs, desired student outcomes, content and context, and developing collegial working relationships with students, faculty colleagues, and clinical facility personnel to promote positive learning environments. Organisational and administrative policies of public nursing colleges require a different set of skills from professional nurses in clinical practice (Brown, 2015).

As a nurse educator, the researcher observed that orientation to the college policies and structures was done and a senior/experienced clinical nurse educator was appointed to support the novice clinical nurse educators (NCNEs) during clinical teaching. Within the first month, student nurses were allocated to the NCNEs, who were expected to continue independently. This motivated the researcher to explore and describe the transition support needs of novice clinical nurse educators and to recommend guidelines for the support of novice clinical nurse educators during the transition period from being a professional nurse in practice to a clinical nurse educator at a nursing college.

Booth, Emerson, Hackney, and Souter (2016:56) emphasize that clinical novice nurse educators must be prepared to serve as educators and researchers to enhance the clinical facilitation skills of NCNEs. In the selected nursing college, the researcher observed that transition support provided to NCNEs varied in the different departments. Furthermore, the senior/experienced clinical nurse educators appointed to support the NCNEs were seldom available to provide the needed support. The reason given was workload. In contrast to the Department of Health's (2012:87) stipulated clinical nurse educator-to-student ratio of 1:15-20 for the basic nursing qualification, the ratio at the selected nursing college was 1:30-60, depending on the different departments. In Australia, McAllister, Oprescu, and Jones (2014:243) found that if novice clinical nurse educators were not supported during the transition period to build confidence and needed skills, it could negatively affect their health and work satisfaction and they might move to other careers. It is also likely to reduce student satisfaction and outcomes (McAllister, Oprescu & Jones 2014:243). In addition, the researcher found no stipulated transition support for NCNEs indicated in South African

nursing colleges. This further assured the researcher of the need to conduct the study to explore the kind of support needed by novice clinical nurse educators (NCNEs) to ease their transition process.

#### **1.4 AIM OF THE STUDY**

The aim of the study was to explore and describe the transition support needs of novice clinical nurse educators and to recommend strategies for the support of novice clinical nurse educators during the transition period from being an experienced professional nurse in practice to a clinical nurse educator at a nursing college.

Research questions are the specific queries researchers wish to answer in addressing the problem. Research questions guide the type of data to collect in a study (Polit & Beck 2017:145). This study wished to answer the following questions:

What are the current transition support needs of novice clinical nurse educators at the selected nursing college?

#### **1.5 SIGNIFICANCE OF THE STUDY**

A research study should be significant to the nursing profession and contribute to the body of knowledge (Brink, van der Walt & van Rensburg 2018:61). The findings of the study should contribute to easing the transition process of clinical novice nurse educators. A shift from experienced professional nurse in a clinical setting to a novice clinical nurse educator can result in professional identity crisis, loss of confidence and impaired development in the new role (Barnes 2015:178).

The strategies should contribute to nursing practice and the development and support of professional nurses in preparation for role transition in the nursing college.

#### **1.6 PARADIGM**

A paradigm is a world-view or a way of looking at natural phenomena that encompasses philosophical assumptions and that guides one's approach to enquiry (Polit & Beck 2017:711). Furthermore, Polit and Beck (2017:711) add that paradigms

are lenses that help to sharpen the researcher's focus on a phenomenon. In this study, the researcher selected the constructivist or naturalistic paradigm. Constructivism, also known as the naturalistic paradigm, holds that reality is not confined, but exists within a context and is better expressed by individuals in that context (Polit & Beck 2017:712). The researcher considered constructivism appropriate because constructivists believe that individuals seek to understand the world in which they live and work.

A paradigm consists of assumptions and beliefs, which serve as a lens through which the researcher views the reality of the world. Assumptions are "principles that are accepted as true based on logic or reason, without proof" (Polit & Beck 2017:712). Paradigms are underpinned by ontological, epistemological and methodological assumptions.

### **1.6.1 Ontological**

*Ontology* is the study of being or reality. Constructivism believes that reality is experienced differently by different people, and reality is contextual. Ontological assumptions refer to the nature of reality and its existence, and are concerned with the reality that is being investigated. In this study, the researcher investigated the experiences of the participants during their transition from clinical practice to a nursing college. Therefore, the findings would be grounded in the real-life experiences of people with first-hand knowledge of the phenomenon under study (Polit & Beck 2017:713).

### **1.6.2 Epistemological**

*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. In qualitative research, the interaction between researchers and participants generates knowledge and insight into the phenomenon under study (Polit & Beck 2017:713; Lincoln & Guba 2014:108). The researcher collected data from the participant novice

clinical nurse educators (NCNEs), experienced clinical nurse educators (ECNEs), and heads of departments to gain a better understanding of their views of transition support needs of NCNEs.

### 1.6.3 Methodological

Methodological assumptions refer to how researchers know what they know (Gray, Grove & Sutherland 2017:64). Constructivism assumes that insights emerge based on participants' experiences; small information-rich samples provide the best information; researchers are part of the research process, and the results provide a comprehensive understanding of the phenomenon under study (Gray et al 2017:64)

## 1.7 RESEARCH DESIGN AND METHODOLOGY

A research design is “a set of logical steps taken by the researcher to answer the research question” (Brink, van der Walt & van Rensburg 2018:92). Polit and Beck (2017:741) define a research design as the overall plan for addressing a research question, including the specifications for enhancing the integrity of the study.

The researcher selected a qualitative case study research design for the study. Qualitative research is the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design (Polit & Beck 2017:749). A case study allows the researcher to obtain a wealth of descriptive information and examine relationships among phenomena (Polit & Beck 2017:749).

A case study is a structured research method that investigates contemporary phenomena within a real-life context, used especially when the boundaries between the phenomenon and context are barely evident (Yin 2018:55). Case studies allow researchers to explore, describe, and explain the event, or obtain a deeper understanding of the phenomenon (De Andrade, Ruoff, Piccoli, Schmitt, Ferreira & Xavier 2017:1).

A case study can be used to explore a general problem or issue within a limited and focused setting. The researcher considered a qualitative case study design appropriate to achieve the purpose of the study, which was to explore the transition support needs of the NCNEs and to suggest strategies to support the NCNEs in their first year at the nursing college.

Research methodology is the plan for conducting the specific steps of a study and research methods are “the techniques researchers use to structure a study and to gather and analyse information relevant to the research question” (Polit & Beck 2017:741). The research design determines the type of methods for data collection and analysis and how this will answer the research question (Boru 2018:2). The research methodology includes the population, sampling and sample, and data collection, organisation and analysis. Chapter 3 discusses the research design and methodology in detail.

## **1.8 DISSEMINATION OF FINDINGS**

The researcher will publish the findings in a journal article and present them at nursing education conferences.

## **1.9 DEFINITION OF KEY TERMS**

For the purposes of this study, the following key terms were used as defined below.

### **Nurse Educator**

The South African Nursing Council (SANC 2005:2) defines a nurse educator as a professional nurse with an additional qualification in nursing education who is registered as such with the SANC. In this study, nurse educator referred to a professional nurse with three or more years' experience and who held an additional qualification in nursing education, appointed by the nursing college to facilitate clinical education at an accredited health facility during placement of the students.

### **Clinical education**

According to the Department of Health (2019:5), clinical education/teaching refers to “student nurses'/midwives' experiential learning in a range of clinical settings, in which the theoretical component is integrated and correlated with practice. It provides the student with meaningful, authentic and care-based experience”. In this study, clinical education was a component of learning in a programme taking place in an accredited health facility in which the clinical nurse educator facilitated and supported the students to achieve the learning outcomes of the programme.

### **Novice**

The Oxford Advanced Learner's Dictionary (2010:1006) defines novice as “noun 1 a person who is new and has little experience in a skill, job or situation”. Benner (2004:188) refers to a novice as a beginner who has had no experience of the situations in which they are expected to perform. In this study, a novice referred to a professional nurse with three or more years' clinical practice experience who transitioned to a nursing college to become a clinical nurse educator, and was still in the first 12 months of being a clinical nurse educator.

### **Transition**

The Oxford Advanced Learner's Dictionary (2010:1588) defines transition as “noun the process or s period of changing from one state or condition to another”. Duchscher (2008:443) describes transition as passage or movement from one state, condition or place to another, which can produce profound alterations in the lives of individuals and their significant others and have important implications for their well-being and health. In this study, transition referred to a change in the professional role of a professional nurse from clinical practice to clinical nurse educator at the selected nursing college. In this context transition support referred to the guidance and general support offered to the clinical novice nurse educator to adapt to the change in role from experienced professional nurse to novice clinical educator at the selected nursing college.

## 1.10 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 rights are protected (Polit & Beck 2017:748). Accordingly, the researcher obtained approval and permission to conduct the study and upheld the respondents' rights to respect for human dignity, self-determination, fair treatment, beneficence, protection from discomfort and harm, and justice (Brink, van der Walt & van Rensburg 2018:29; Polit & Beck 2017:749).

### **Permission**

The researcher obtained formal approval and permission from the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria (see Annexure A1), Gauteng Department of Health protocol approval (see Annexure A2), and the institution approval letter (see Annexure A3).

### **Respect for human dignity**

The principle of respect for human dignity includes the right to self-determination and full disclosure (Polit & Beck 2017:749). The researcher informed the participants of the nature and purpose of the study, that participation was voluntary and there was no reward for participation or penalty for not participating, and that they could withdraw from the study at any time should they wish to do so. The participants were allowed to ask questions. The participants were given information leaflets, which also contained the researcher's contact details. The participants signed informed consent forms before participation (see Annexure B2).

### **Anonymity privacy and confidentiality**

The participants were assured of anonymity, privacy and confidentiality. The participants would be referred to by numbers and no names provided. The researcher assured the participants that all information provided would be treated with strict confidentiality and would only be available to the researcher and her study supervisor. Anonymity ensured that no information could be linked to any individual participant.



**Justice**

The principle of justice includes the right to fair treatment and privacy (Polit & Beck 2017:749; Gray, Grove & Sutherland 2017:173). The researcher treated all the participants with respect and fairly. The participants were protected from discomfort and harm by informing them that they need not share any information that they did not feel comfortable with.

**1.11 LAYOUT OF THE STUDY**

The study consists of five chapters:

Chapter 1: Orientation to the study. Outlines the research problem and the purpose, research design and methodology of the study, defines key terms, and discusses the ethical considerations upheld in the study.

Chapter 2: Literature review. Discusses the literature review conducted for the study.

Chapter 3: Research design and methodology. Describes the research design and methodology used in the study.

Chapter 4: The chapter is presented in the form of an article. The data analysis and interpretation, and results were presented in the chapter.

Chapter 5: Findings, limitations and recommendations. Discusses the findings, conclusions, and limitations of the study, suggests guidelines for the support of novice clinical nurse educators during the transition period, and makes recommendations for further research.

**1.12 SUMMARY**

This chapter discussed the problem, purpose, significance, and research design of the study, defined key terms, and discussed the ethical considerations upheld in the study. Chapter 2 discusses the literature review conducted for the study.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

Chapter 1 introduced the study and briefly described the problem, purpose, research design and methodology, and the ethical considerations upheld for the study. This chapter discusses the literature review conducted for the study.

A literature review involves researching, reading and understanding literature relevant to the study (Brink, van der Walt & van Rensburg 2018:55). The purpose of a literature review is to convey what is currently known regarding the topic of interest and to assist researchers to comprehend and extend their knowledge of the phenomenon under study (Polit & Beck 2017:99). The literature review focused on professional nurse role transition from a clinical setting to clinical nurse educator in a nursing college; defining transition; transition needs; period of transition; stages of transition; transition challenges, and the novice to expert model.

#### 2.2 TRANSITION

Transition is “the process or a period of changing from one state or condition to another” (*Oxford Advanced Learner’s Dictionary* 2010:1588). Duchscher (2008:441) defines transition in nursing as the process of moving from a state to another one which is usually associated with significant changes in goals, roles, and responsibilities. During transition, problems such as anxiety, tension, fear, panic, and burnout endanger and undermine

nurses' physical and mental health. Moreover, these problems accelerate staff turnover and result in experienced nurses being replaced by novice ones who do not have enough knowledge, experience, and confidence for working in clinical settings (Duchscher 2008:442).

Novice clinical nurse educators experience transition as they move from being expert professional nurses in a hospital to being clinical nursing educators at a nursing college (Azimian, Negarandeh & Movahedi 2014:89). A move from professional nurse to clinical nurse educator involves a change in goals, roles and responsibilities, which may become unsettling. Transition is a dynamic process that necessitates transformation and adjustment occurring over time and requires a reconstruction of self-identity (Chamberlain, Hegney, Harvey, Knight, Garrahy & Tsai 2019:13).

The role of a professional nurse and that of a clinical nurse educator are different. Clinical education is a complex social, personal and cognitive process that relies on effective communication and relationships between educators and students, and, as such, is an emotional experience for both (Hagenauer & Volet 2014:370). Emotions influence educators' well-being, job satisfaction, burnout risk, and retention, and their emotional bonds with students influence their decisions about teaching strategies, curriculum selection and lesson planning (Hagenauer & Volet 2014:371).

Clinical education requires different competencies because it involves incorporation of evidence-based teaching strategies and practices into the clinical environment (Slatyer, Kimberley & Davis 2017:79). Clinical novice nurse educators who enter the college environment for the first time are expected to demonstrate and implement knowledge in the clinical and classroom environment (Sodidi & Jardien-Baboo 2020:1). Individuals must master new skills needed to manage the transition and gain a new sense of identity to aid healthy transition outcomes (Gill 2018:6). Novice clinical nurse educators need

opportunities to develop effective clinical education skills and to foster strong student-educator relationships based on relevant faculty and student feedback (Jetha, Boschma & Clauson 2016:13).

Professional nurses in clinical setting are involved with patients, families, colleagues and professionals across health disciplines and depend on team approaches, unit managers and educators as resources for everyday practice. When transitioning from a clinical setting to a nursing college, NOVICE CLINICAL NURSE EDUCATORSs are faced with unfamiliar situations of clinical accompaniment to a nursing unit where the environment and the staff are unfamiliar to them (Miles & Knipe 2018:107).

### **2.3 TRANSITION NEEDS**

In 2014, McAllister, Oprescu and Jones (2014:242) emphasized that nursing in Australia faced three important issues, namely rising health inequities, continuing nursing shortages, and overlooked professional needs of nurse educators.

Nursing staff shortages are a major healthcare challenge worldwide. Teheran, Iran, Azimian, Negarandeh and Fakhr-Movahedi (2014:88-95) found that one of the most important factors contributing to staff shortages was nurses' ineffective coping with transition. During transition, problems such as anxiety, tension, fear, panic and burnout undermined nurses' physical and mental health. Azimian, Negarandeh and Fakhr-Movahedi (2014:94) concluded that nursing managers and policy makers needed to pay special attention to factors that affected nurses' coping with and during transition.

Nursing practice is diverse, with nurses serving in direct and indirect patient care roles. For nurse educators, the realm of nursing practice extends beyond direct patient care to include preparing nursing students for nursing practice. Novice clinical nurse educators, then, must be prepared to serve as educators and researchers and to be experienced in

a clinical specialty area. For many novice clinical nurse educators, advanced academic preparation relates to a clinical area of practice rather than pedagogical practice. Since education and nursing are two distinctive disciplines, clinical expertise does not naturally or automatically result in teaching expertise (Booth, Emerson, Hackney & Souter 2016:54).

In her review, Summers (2017:265) found that novice clinical nurse educators (NOVICE CLINICAL NURSE EDUCATORSs) have difficulty transitioning to college environment because they need to be formally oriented. Orientation programmes, mentor support, clarity about role expectations, and ongoing feedback on performance during the transition phase are essential for academic organisations to retain excellent nursing faculty (Summers 2017:273). In New York, Woytowicz (2018) recommended the development of formalised competency-based orientation and mentorship programmes that create a supportive environment for novice clinical nurse educators. Novice clinical nurse educators should have a clear understanding of what responsibilities are expected of them in their new role. In North Dakota, USA, Gill (2018:5) found that ineffective orientation was linked to higher turnover rates and poor retention of the novice clinical nurse educators within the first year.

Novice clinical nurse educators and experienced nurses face challenges of striving for a new professional self and know how during transition (Arrowsmith, Lau-Walker, Norman & Maben 2015:1735). Arrowsmith, Lau-Walker, Norman and Maben (2015:1735) emphasise that informed work and educational environments are required to ease the transition for the novice clinical nurse educators. Existing models of transition can facilitate successful individual transitions and develop the workplace (Arrowsmith, Lau-Walker, Norman & Maben 2015:1750).

Transition from a professional nurse to a clinical nurse educator (CNE) presents several challenges, and providing professional development opportunities to ease this process is

essential to a successful career and to effectively teach (Sheppard-Law, Curtis, Bancroft, Smith & Fernandez 2018:208). In Australia, a self-directed education programme and mentoring programme was designed and implemented to support nurses' transition from novice to confident clinical nurse educators. The purpose was to explore novice CNEs' experience of learning and being mentored (Sheppard-Law, Curtis, Bancroft, Smith & Fernandez 2018:209). The results emphasised the benefits of providing professional development opportunities and mentoring programmes for novice CNEs by consolidating new knowledge, skills and confidence. Support and guidance, professional development opportunities, role modelling and mentorship motivate and sustain novice nurse educators (Chicca 2019:23); Slatyer, Kimberley & Davis 2017:2; Sheppard-Law, Curtis, Bancroft, Smith & Fernandez 2018:210; McAllister, Opreescu & Jones 2014:245).

In Mashhad, Iran, Heydari, Hosseini and Moonaghi (2015:138-145) found that novice NEs felt uncertain about fulfilling academic expectations, wished to overcome challenges, and were concerned about unfriendly behaviour from senior colleagues. Heydari, Hosseini and Moonaghi (2015:145) emphasise the need to empower novice NEs by mentorship programmes and approaches where they can safely transit into academia under supervision of experienced colleagues. In addition, this would also facilitate socialisation of novice NEs to academia and clinical fields.

Grassley and Lambe (2015:361-366) emphasise that experienced clinicians who choose to become academic nurse educators bring to their new faculty role strong clinical skills and a desire to influence the next generation of nurses. However, many find themselves unprepared for the challenges they encounter, and intentional mentoring is needed to ease their transition from clinician to nurse educator. Grassley and Lambe (2015:366) identified formal preparation for teaching, guidance navigating the academic culture, and a structured mentoring programme as essential to clinicians' successful transition to academic nursing faculty. Sustainable mentoring programmes require recognition of mentoring as central to nursing education and administrative investment of resources.

The nursing profession is currently challenged with a decreasing supply of competent nursing teachers which impacts the quality of nursing education (Jetha, Boschma & Clauson, 2016). To meet this demand, many academic nursing colleges are resorting to hiring expert nurses who may have little or no teaching experience. They need support during their transition from practice to teaching. In their literature review, Jetha, Boschma and Clauson (2016:14) identified three evidence-based needs for support in the teaching practice of novice clinical nurse educators, which are socialization, professional development, and the need for self-reflection and confidence building.

## 2.4 FACTORS INFLUENCING TRANSITION

A study in Uganda found that personal factors influenced successful role transition more than external factors (Asiimwe, Muwema & Drake 2019:1). Factors that predicted successful role transition included holding a managerial role, being aware and prepared for role transition, positive role transition experiences, internal desire for self-development, and career development. Lack of support from doctors and colleagues had a negative impact on role transition (Asiimwe, Muwema & Drake 2019:10).

In Tempe, Arizona, Brathwaite (2018:168) found that role transition was affected by the impact of workforce/place reality; available support systems; knowledge, and skills expected of novice clinical nurse educators adjusting to the levels of accountability and responsibility (Brathwaite 2018:168).

Increasing disease acuity and numbers of patients have exacerbated staff shortages. In Iran, Azimian, Negarandeh and Fakhr-Movahedi (2014:92) found that lack of staff training and development, perceived level of support, and the unavailability of qualified preceptors and mentors contributed to nurses' inadequate preparation for and coping with transition period.

## 2.5 TRANSITION PERIOD

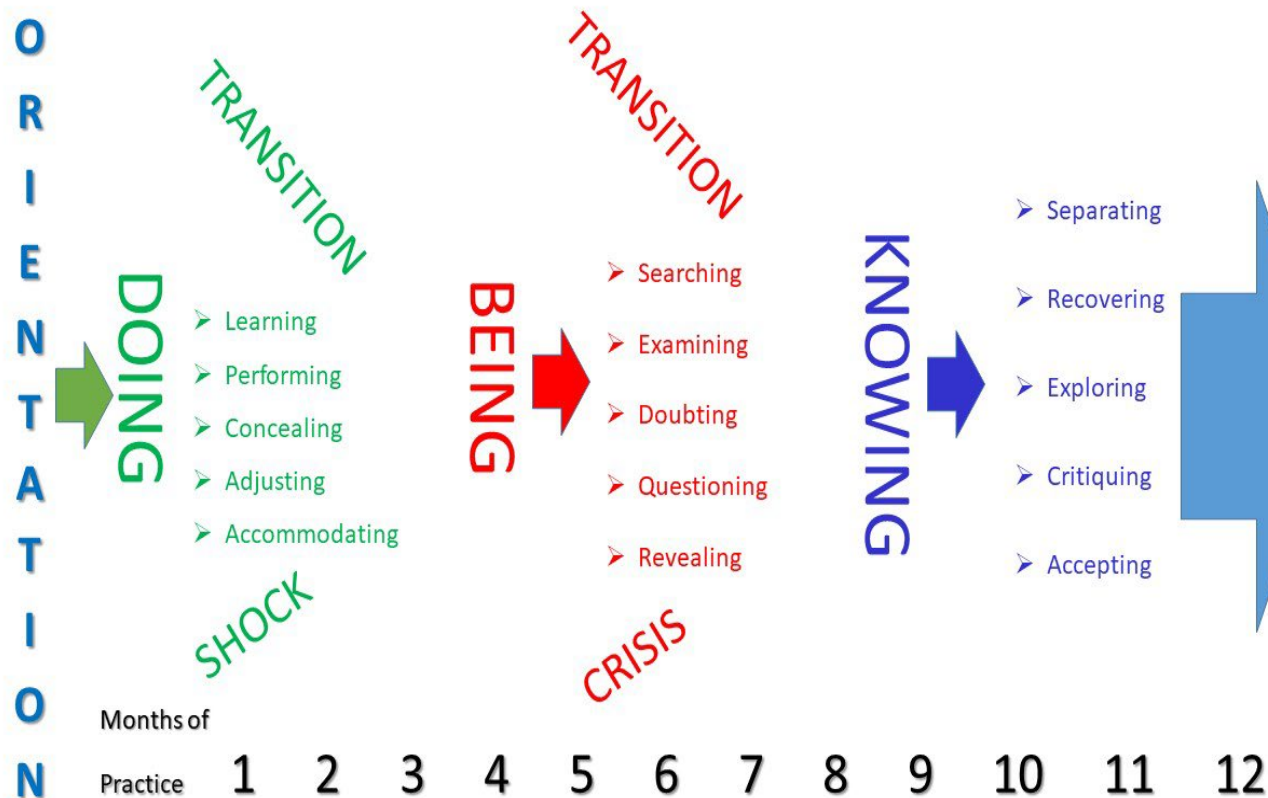
The transition period is thought to occur during the first 12 months into a new professional role (Duchscher 2008:441). The initial 12 months of transition to a new role is a process of becoming. It is a personal and professional journey that involves three stages of doing, being and knowing (Duchscher & Windey 2018:229). The duration of adaptation varies among individuals (Wong, Che, Cheng, Cheung, Cheung, Yan Lee, So & Yip 2017:30; Bridges & Bridges, 2017).

## 2.6 TRANSITION STAGES

The transition process consists of stages or phases with attributes and conditions that affect the process and may prolong the adjustment to change (Gill 2018:7). Individuals in transition progress through identifiable stages (Bridges & Bridges 2017:8).

The journey of transition is not linear, not following any given route nor strictly prescriptive although it is evolutionary and ultimately transformative (Duchscher & Windey 2018:228). The first three to four months are like the honeymoon phase where the main aim of the novice clinical nurse educators is to complete the tasks on time and do as directed. Figure 2.1 illustrates Duchscher's (2008) stages of role transition.





**Figure 2.1** Stages of transition theory printed with permission from Duchscher, JB. 2008  
A process of becoming: the stages of new nursing graduate professional role transition.  
*Journal of Continuing Nursing Education*, 39(10):441-450

### 2.6.1 First stage

The first stage of professional role transition is called *doing* and encompasses the first 3 to 4 months post-orientation (Duchscher & Windey 2018:228). The transition from practice to a nursing college becomes a cultural shock to the novice CNEs (Jones 2017:4). As novice clinical nurse educators progress through their professional transition, they experience increasing levels of intensity and anxiety as they discover aspects of nursing education that are unfamiliar (Bridges & Bridges 2017:10). Duchscher and Windey (2018:228) refer to tremendous intensity, range, and fluctuation of emotions as

novice clinical nurse educators work through the process of discovering, learning, performing, concealing, adjusting, and accommodating.

### **2.6.2 Second stage**

The second stage of professional role transition is called *being* and encompasses the next 4 to 5 months of the post-orientation period and is characterized by a consistent and rapid advancement in the thinking, knowledge level and skill competency (Duchscher & Windey 2018:229). As the novice clinical nurse educators gain a comfort level with their professional roles and responsibilities, they are confronted by existing inconsistencies within the organizational systems (Bridges & Bridges 2017:10). The novice clinical nurse educators develop increased awareness of themselves professionally; explore a new role, and search for a balance between their personal and professional lives. During the first half of this stage, they become increasingly comfortable with their roles and responsibilities.

### **2.6.3 Third (final) stage**

The third and final stage of transition is called *knowing* and can produce a temporary destabilization of the novice clinical nurse educators' professional identity formation as a residual exhaustion from prior stages (Duchscher & Windey 2018:230). Being able to answer and effect changes in the work environment is a culmination of advancement and a sign of progress (Duchscher & Windey 2018:230). Although evolution through the stages of transition is not linear, it can be assumed that novice clinical nurse educators will experience ongoing and usually transient regressions. Changes in progress will be influenced by the decisions that feed or detract from the goals of stability, consistency, familiarity, and predictability in their evolving development (Duchscher & Windey 2018:231). By the twelfth month, the novice clinical nurse educators have reached a relatively stable level of comfort and confidence in their roles.

## 2.7 TRANSITION CHALLENGES

Transitions are often accompanied by emotional turmoil as individuals struggle to define themselves and adjust and adapt to new life circumstances (Gill, 2018). The transition from nursing expert to educator is difficult. Individual perceptions of transition differ and novice NEs need to know the requirements of their new position; evolving teaching role identity and management, and faculty relationship development (Paul 2015:3). A shift from expert to novice is often a stressful career change and can result in loss of confidence and impaired development in the new role (Barnes 2015:178).

Novice CNEs encounters challenges and for some, transition from clinical practice to a nursing college becomes a cultural shock (Brown & Sorrell 2017:207; Jones 2018:4). Transition from professional nurse to clinical nurse educator can be overwhelming and pose many challenges, including loss of confidence, high stress, increased anxiety, and fear (Sheppard-Law Curtis, Bancroft, Smith & Fernandez 2017:86). There has been little emphasis on the preparation of nurse educators in transitioning to the new role (Summers 2017:264; Cooley & De Gagne 2015:96). Many experts' professional nurses find the transition into CNEs difficult and discouraging because they are unprepared for the new challenges they must encounter (Anderson 2009 cited in Grassley & Lambe 2015:362).

## 2.8 BENNER'S NOVICE TO EXPERT MODEL

Nurses develop skills and an understanding of patient care over time from a combination of a strong educational foundation and personal experiences (Benner 2004:186). Nurses pass through five stages of development, namely novice, advanced beginner, competent, proficient, and expert. Benner's novice to expert model consists of five levels: competence, skill acquisition, experiences, clinical knowledge, and practical knowledge (Thomas & Kellegren 2017:227). However, the development to an advanced level needs certain knowledge and skills, which if not provided, may cause stagnation at a level and hinder further development (Saver, Habel & Alfaro-LeFevre, 2013).

Figure 2.2 depicts Benner's novice to expert model.



Figure 2.2 Dreyfus, S., & Dreyfus, H. (1980). **A five-stage model of the mental activities involved in directed skill acquisition**. Berkeley: University of California. (Kamanski 2010: 967)

### 2.8.1 Novice to expert levels

The professional role transition experience is a nonlinear journey in which movement between stages of evolution presents iteratively, coexisting as interplay between emotion and intellect, rational dynamics and the impact of unfamiliar practice situations introduced into the novice clinical nurse educator's situatedness on the transition continuum (Duchscher & Windey 2018:227).

Experienced professional nurses struggle with becoming acclimated to the college setting and skills that are parallel to the educator role (Brown, 2015). The journey from novice to expert nurse educator occurs in a stepwise manner with time and experience.

- **Novice**

Novice clinical nurse educators are still learning (Benner, 2004). Novice clinical nurse educators are new staff members with no experience of the situation where they are expected to perform and mostly rely on others for their acts and decisions (Saver, Habel & Alfaro-LeFevre 2013:68; Ariff, Mansor & Yusof 2016:353). To improve, novice clinical nurse educators need monitoring, either by self-observation or instructional feedback. For example, a novice clinical nurse educator to use a nursing college information system need explicit instructions and 'rules' to learn to use the computer interface and manipulate the software (Kaminski 2010:3). Novice clinical nurse educators need guidance, mentoring and feedback by the experienced clinical nurse educators to carry out their duties (Grassley & Lambe, 2015; Ariff, Mansor & Yusof 2016:353).

- **Advanced beginner**

Advanced beginner clinical nurse educators are still dependent on rules, but as they gain experience, they use learned procedures and rules to determine the actions required for the immediate situation (Kaminski, 2010:3). Novice clinical nurse educators at first will depend on rules and later on will apply the college rules to their previous experienced to guide their actions.

- **Competent**

Competent clinical nurse educators are task-oriented and deliberately structure their work in terms of plans to achieve goals. Although they can respond to many clinical situations, they lack the ability to recognise situations in terms of an overall picture (Benner, 2004). During transition, novice clinical nurse educators find it difficult to demonstrate professionalism and competence in all aspects of their new role while also adjusting to the college environment (Jones, 2018:1). In the USA, Cooley and De Gagne (2016:100) found that orientation programmes were a necessary link in creating college environments that contribute to the development of competence in novice clinical nurse educators.

- **Proficient**

Proficient novice clinical nurse educator perceives situations as a whole and have more ability to recognise and respond to changing circumstances (Benner, 2004). In Iran, Heydari, Hosseini and Moonaghi (2015:142) found that it was essential to empower novice clinical nurse educators by mentorship programmes and approaches where they could transition into college environment under supervision of experienced clinical nurse educators. This will facilitate the novice clinical nurse educator's socialisation and proficiency.

- **Expert**

Expert clinical nurse educators recognise unexpected clinical responses and can alert others to potential problems before they occur. They have an intuitive grasp of whole situations, are able to accurately diagnose and respond without wasting time and effort, and are often relied on to be preceptors (Benner, 2004). In the Eastern Cape, South Africa, Sodidi and Jardien-Baboo (2020) found that novice clinical nurse educators needed orientation to their role as clinical nurse educators, to learn the college culture and mentoring in the clinical component of the programme.

## 2.9 SUMMARY

This chapter discussed the literature review conducted for the study. The literature review covered transition, transition needs, period of transition, and stages of transition, transition challenges, and Benner's novice to expert model.

Chapter 3 discusses the research design and methodology of the study.

## CHAPTER 3

# RESEARCH DESIGN AND METHODOLOGY

### 3.1 INTRODUCTION

Chapter 2 discussed the literature review conducted for the study. This chapter describes the research design and methodology, including the population, sampling and sample, data collection and analysis, and rigour.

### 3.2 AIM OF THE STUDY

The aim of the study was to explore and describe the transition support needs of novice clinical nurse educators and to recommend strategies for the support of novice clinical nurse educators during the transition period from being a professional nurse in practice to a clinical nurse educator at a public nursing college.

In order to achieve the aim, the study wished to answer the following question:

- What are the current transition support needs of novice clinical nurse educators at the selected nursing college?

### 3.3 RESEARCH DESIGN

A research design is a blueprint for conducting a study (Gray & Grove & Sutherland 2017:201; Brink, van der Walt & van Rensburg 2018:104). A research design is an overall plan of action for addressing a research question and helps researchers minimize bias and guide the process of answering the research questions (Polit & Beck 2017:743).

The researcher selected a single case study as the research design for the study and concentrated on one public nursing college in Gauteng. A case study is an empirical enquiry that investigates a phenomenon in depth in its real-world context especially when the boundaries between phenomenon and context may not be clear (Yin 2018:10). Case studies are a preferred strategy when the researcher has little control over events and when the focus is on contemporary phenomena within some real-life context (Yin 2018:10). The researcher considered a holistic single case study design appropriate for the study as it allowed the phenomenon (transition support needs) to be examined in depth. In addition, a single case study was cost and time effective. The researcher had easy access to the selected public nursing college and the participants in order to describe the transition support needs of novice clinical nurse educators.

Yin (2018:20) points out that case studies have been criticised for not being rigorous enough; that their findings cannot be generalised, and that they can potentially take too long and be unmanageable.

Polit and Beck (2017:842) state that the greatest strength of case studies is the depth that is possible when investigating a limited number of individuals, institutions, or groups. Case studies allow researchers to have an intimate knowledge of participants' thoughts and experiences.



### 3.3.1 Components of a case study

A case study has five components, namely questions; propositions, if any; the case itself; the logic linking the data to the propositions, and the criteria for interpreting the findings (Yin 2018:67). In research, the “who,” “what,” “where,” “how” and “why” questions provide an important clue regarding the most relevant research method to be used. Case study research is most appropriate for “what” and “how” questions (Yin 2018:67).

The NCNEs’ interview questions were designed to answer “what” the current transition support needs of novice clinical nurse educators at the selected nursing college were. The ECNEs’ interview questions were intended to answer “how” novice clinical nurse educators should be supported during their transition from professional nurse in practice to clinical nurse educator at the selected nursing college. The HOD’s questions were intended to describe the transition support in place for the NCNE in their first year at the college.

#### 3.3.3.1 Propositions

In this study there were no propositions to link to data because the study wished to explore the transition support needs of the NCNEs and to suggest strategies to best support the NCNEs in their first year at the college. Therefore, the researcher stated the purpose instead of a proposition (Yin 2018:20).

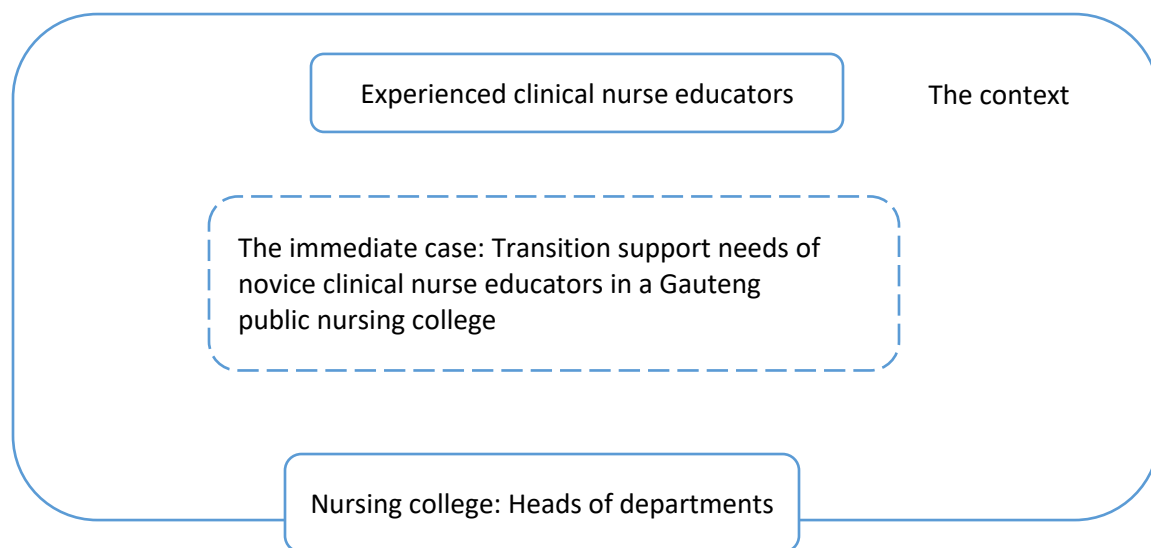
#### 3.3.3.2 Unit of analysis

The unit of analysis is related to defining the case to be studied and binding the case. The individual is the primary unit of analysis (Yin 2018:31). In this study, the primary unit of analysis was the novice clinical nurse educators (NCNEs). The case can be about a certain entity or about a variety of topics including small groups. The type of evidence to be collected, scope of data collection, and data external to the case are important guidelines to binding the case (Yin 2018:34). The type of evidence to be collected was

what the current transition support needs of NCNEs were at the selected nursing college and how NCNEs should be supported during their transition at the selected nursing college. The researcher transcribed the data from the interviews.

### 3.3.3.3 *Binding of case studies*

The type of evidence to be collected, scope of data collection and data external to the case are important guidelines to binding the case (Yin 2018:34). Time boundaries to define the estimated beginning and ending of the case are essential in binding the case (Yin 2018:33). In this study, the time boundaries depended on the availability of participants for the telephonic semi-structured interviews and the time it would take the HODs to complete the electronic interview guides. The researcher estimated approximately two months for data collection, analysis and interpretation. The figure below illustrates the case and its context.



**Figure 3.1 The case study and its context**

### 3.4 RESEARCH METHODOLOGY

Polit and Beck (2017:271) describe research methodology as the “steps, procedures and strategies taken to investigate the problem being studied and to analyse the collected data”. Research methods are “the techniques researchers use to structure a study and to gather and analyse information relevant to the research question” (Polit & Beck 2017:271). The methodology included the population, sample, and data collection and analysis.

#### 3.4.1 Population

A research population refers to the entire set of elements, individuals or objects having some common characteristics in which a researcher is interested (Polit & Beck 2017:273). At the time of the study, the college employed approximately twenty-seven nurse educators who have the responsibility of classroom teaching and fifty-four clinical nurse educators. The College was having six hundred and eighty-eight students enrolled for that particular year the study was conducted.

The population consists of 8 (eight) novice clinical nurse educators, 9 (nine) experienced clinical nurse educators and 2 (two) Heads of Departments. The participants were approached through the research committee of the college. After obtaining permission to conduct the study at the college (see Annexure A 3), the researcher wrote a letter to the chairperson of the research committee to inform the staff, explain the nature of the study, and enquire about availability of the participants. The researcher obtained the names, telephone numbers and email addresses of the novice clinical nurse educators (NCNEs), experienced clinical nurse educators (ECNEs), and heads of department (HODs) from the college. The researcher included ECNEs and HODs as they could provide valuable

insight into the topic. ECNEs are expected to support the NCNEs due to their experience of clinical nurse education.

### **Inclusion criteria**

- Novice nurse educators employed as clinical nurse educators for less than 4 years' experience at the selected Public Nursing College were the immediate topic of the case.
- Experienced CNEs (employed for longer than 4 years at the selected PNC)
- HODs with programmes with a clinical teaching component were included as they had experience and could provide valuable insight into the topic.

### **Exclusion criteria**

- Newly appointed clinical nurse educators who had previous experience as CNE from other Nursing colleges
- Novice nurse educators whose sole responsibility was theoretical teaching
- ECNEs who were solely responsible for theoretical teaching and had not mentored NCNEs,
- HODs whose programmes did not have a clinical teaching component

The researcher only obtained the participants' years of experience as clinical nurse educator because it has a direct impact to the results. The participants 'years of experience as professional nurses was not obtained as their requirement for Gauteng province is that 5(five) years or more experience is required to be employed as a nurse educator in the public colleges. The assumption is that the participants had a minimum 5 (five) years clinical experience. The age of the participants was not obtained as it has no influence to the results.

In Figure 3.1 the participant's demographic profile is indicated.

**Table 3.1 Participants' demographic profile**

<b>PARTICIPANT NUMBER</b>	<b>CATEGORY</b>	<b>YEARS OF EXPERIENCE AS CLINICAL NURSE EDUCATOR</b>
1	NCNE	1
2	NCNE	3
3	NCNE	3
4	NCNE	2
5	NCNE	3
6	NCNE	3
7	NCNE	3
8	NCNE	2
9	ECNE	10
10	ECNE	4
11	ECNE	11
12	ECNE	27
13	ECNE	16
14	ECNE	14
15	ECNE	12
16	ECNE	16
17	ECNE	14
18	HOD	10
19	HOD	19

### 3.4.2 Data collection

Data collection is the precise, systematic gathering of information relevant to the research purpose or objectives of the study (Polit & Beck 2017:743). Data collection in qualitative research is flexible due to the continuous evolution in the already collected data (Gray, Grove & Sutherland 2017:273). In this study, the researcher used probing and follow-up question to explore what participants meant (Yin 2018:135). The interviews lasted 30 to 45 minutes.

### 3.4.3 Data-collection instruments

The researcher developed three interview guides for the three groups of participants, namely NCNEs, ECNEs, and HODs. The questions were formulated to respond to the main research question: What is the transition support needs of novice clinical nurse educators?

The NCNE interview guide had seven (7) questions that focused on: What are the current transition support needs of novice clinical nurse educators at the selected nursing college?

The ECNE interview guide had five (5) questions and focused on: What are the current transition support needs of novice clinical nurse educators at the selected nursing college?

The HOD questionnaire had four (4) questions and focused on both what the current transition support needs of NCNEs were at the college and how NCNEs should be/were? supported during transition. The HODs were also asked for their suggestions for future

clinical support. The HODs completed the questionnaires in their own time due to their busy schedule and returned them to the researcher via e-mail.

#### 3.4.4 Data collection phases

The researcher collected the data in three phases. Although the researcher originally planned to conduct face-to-face interviews with the participants, the Covid-19 pandemic with lockdown restrictions prevented any social interaction. Therefore, the interviews were conducted telephonically. The researcher arranged dates and times convenient for the interviews with the participants. The researcher allowed the participants to ask any questions they wished before giving informed consent. The interviews were audio-taped with the participants' consent to ensure accuracy and rigour (Yin 2018:112; Gray, Grove & Sutherland 2017:260). After the interviews the researcher thanked the participants for their time and participation.

- **Phase 1:** In phase 1 the researcher interviewed eight (8) NCNEs, using the interview guide (see Annexure C), to obtain their views on their experience of transition and how they were supported.
- **Phase 2:** In phase 2, the researcher interviewed nine (9) ECNEs telephonically and two (2) ECNEs asked to complete the structured interview guide (see Annexure D) in their own time because their work schedule was hectic. The interview guide required the ECNEs to elaborate how they supported the NCNEs.
- **Phase 3:** In phase 3, two (2) HODs completed the interview guide/questionnaire in their own time and returned them to the researcher via email. The purpose was to discover what NCNEs' transition support needs were and how these were met in their respective departments, and how the HODs ensured that the transition support needs were met.

### 3.4.5 Data analysis

Data analysis is the systematic organization and synthesis of data to establish order, structure and meaning to qualitative data collected (Polit & Beck 2017:725). Data analysis entails categorising, ordering, manipulating, summarising and describing the data in meaningful terms (Brink, van der Walt & van Rensburg 2018:170). Qualitative data analysis is a rigorous and logical process by which data are given meaning (Gray, Grove & Sutherland 2017:493).

Becoming familiar with the data involves reading the data over and over again, recalling the transcript, and listening to the tape recording until becoming absorbed with the data. Data analysis is a process that reduces, organizes, and gives meaning to data (Gray, Grove & Sutherland 2017:493). Content analysis was used to analyze data. The researcher immersed herself in the data by reading the transcripts to get a sense of the big picture, determined the units of analysis and developed codes for the units.

### 3.4.6 Trustworthiness

When applying the methods of credibility, dependability, confirmability, and transferability, qualitative researchers are said to be trustworthy if they have a high level of confidence in their data (Polit & Beck 2017:725; Anney 2014:276). In qualitative investigations, credibility refers to the level of trust in the veracity of the facts and the interpretations made of them. Credibility is a criterion for assessing integrity and quality (Polit & Beck 2017:725). Credibility is defined as the confidence that can be placed in the truth of the research findings (Anney 2014:276). Credibility establishes whether the research findings represent plausible information drawn from the participants' original data and is a correct interpretation of the participants' original views (Lincoln & Guba 2014:1). The voices of



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the respondents in the analysis and interpretation of data were included to eliminate researcher bias during analysis and interpretation of results.

After the participants gave formal consent to participate, the data was collected over the phone. The researcher was incurring the costs by calling the participants. Prior to the interview, the participants received an informational leaflet, the researcher explained the nature of the study, and they had an opportunity to ask any questions they had. By determining the participant's years, the researcher confirmed that the researcher's reconstruction and representation of their experiences match the participant's experiences.

### **3.5. SUMMARY**

This chapter described the research design and methodology of the study. Chapter 4 discusses the results and findings and is presented in an article format.

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## **Transition support needs of novice clinical nurse educators at a public nursing college in Gauteng, South Africa: A qualitative case study**

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# ARTICLE



# **Transition support needs of novice clinical nurse educators at a public nursing college in Gauteng, South Africa: A qualitative case study**

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## **Abstract**

### **Background**

Expert professional nurses require support as they transition from hospital settings to nursing colleges as clinical nurse educators. This support enhances the quality of clinical education for student nurses. Novice clinical nurse educators believe that transitioning may be easier if there is a dedicated support system.

### **Objective**

To explore and describe the transition support needs of novice clinical nurse educators at a public nursing college in Gauteng province, South Africa.

### **Design**

A single case study design to qualitatively explore the transition support needs of novice clinical nurse educators.

### **Setting**

A public nursing college in Gauteng province, South Africa.

## **Participants**

We purposively selected 10 novice clinical nurse educators, six experienced clinical nurse educators and two heads of department.

## **Methods**

Data were collected over a two-month period, using a semi-structured interview guide. Due to COVID-19 restrictions, individual in-depth interviews were conducted telephonically. The interviews were audio-recorded, transcribed verbatim and data were thematically analysed.

## **Results**

One primary theme emerged from the data, namely transition support needs, with four categories: professional socialization, mentorship, structured orientation programme and supportive work environment.

## **Conclusions**

Novice clinical nurse educators in this nursing education institution do not have adequate support as they transition from the clinical environment to an educational environment.

**Keywords:** Clinical education; experienced clinical nurse educator; novice nurse educator, transition support needs.

## Introduction

Nursing practice currently faces many challenges such as rising numbers of older and critically ill patients, nursing staff shortages, educator shortages and an ageing workforce (Fawaz et al., 2018). Clinical education is at the heart of educating professional nurses, without clinical education, competent and efficient nurses cannot be trained (Farzi et al., 2018). Nurse educators require the core competencies of being able to teach, communicate, collaborate, monitor and evaluate, manage and be adept at using digital technology (World Health Organization, 2016).

Nurse educators also need to ensure that student nurses develop appropriate clinical competencies. Student nurses need to learn to function coherently as members of multidisciplinary teams and to deliver inter-disciplinary care (Bridges et al., 2011). Clinical nurse educators (CNEs) are also responsible for ensuring that nursing students acquire and develop appropriate clinical skills. During their clinical training, students have an opportunity to link theory and practice, solve complex health care problems, learn to provide safe nursing care and demonstrate critical thinking skills (Farzi et al., 2018).

Professional nurses in clinical settings often transition to nurse education institutions to take up positions as CNEs. When entering a new education environment, these CNEs require comprehensive strategies to support their transition to faculty (Kalensky and Hande, 2017). To successfully transition from a nurse-patient role to a CNE-student role, novice CNEs need satisfactory mentorship support (Kalensky and Hande, 2017). In Ghana, Laari et al. (2021) suggested that novice CNEs should receive individualized faculty orientation support and adequate pedagogical skills training to prepare them for a complex new role.

When transitioning to clinical education, novice CNEs have reported feeling isolated and excluded from the educational environment (Jetha et al., 2016). Novice CNEs require effective communication and feedback to help instil a sense of development and belonging (Chakraborty & Ganguly 2018:4). An inclusive work environment can improve satisfaction, innovation, trust and retention of employees (Brimhall, 2019). A positive work environment is fostered when team members behave in a manner that promotes respect,

trust, dignity and social inclusion (Geue, 2018). A hostile work environment creates anxiety, nervous collapse, exhaustion, poor self-esteem, ultimately jeopardising the psychological well-being of staff (Abbas et al., 2017).

In this study, the first author (MFM) is an experienced CNE, who observed that novice CNEs were struggling to adapt to the clinical learning environment as educators. Hence, we explored and described the support needs of novice clinical educators at this nursing college.

## **Methods**

### ***Study design***

This was a single case study focussing on one public nursing college in Gauteng province, South Africa. A case study is an empirical enquiry that investigates a phenomenon, in this case, support needs, in depth in its real-world context (Yin, 2018).

### ***Study setting***

One public nursing college in Gauteng province, South Africa, where novice CNEs are employed. At the time of the study, the college employed 27 nurse educators, 54 clinical nurse educators and 688 nursing students.

### ***Study population and sampling***

The population included novice CNEs, experienced CNEs and heads of departments (HODs), who are the primary stakeholders. We purposively selected participants who were most invested in the study question (Polit and Beck, 2017). Participants included 10 novice CNEs, eight experienced CNEs and two HODS.

### ***Data collection***

The first author (MFM) conducted individual interviews with each participant. The interviewer established rapport with each participant to gain a better understanding of specific support needs when transitioning from clinical to educational settings. We

conducted two pilot interviews before the main study to refine questions and interview techniques. The interviewer used probing and follow-up questions to explore meaning (Yin, 2018). Each interview lasted between 30 to 45 minutes. Saturation of data was reached after 11 interviews. Participants allowed the interviews to be audio-taped, which ensured accuracy and rigour (Gray et al., 2017; Yin, 2018). Each interview was verbatim transcribed prior to data analysis

**Table 1: Interview guide used to investigate the support needs of novice clinical nurse educators (CNEs) in a nursing college in Gauteng province, South Africa.**

Main question: Novice CNEs	What are the support needs of novice CNEs?
Main question: Experienced CNEs and HODs	How should novice CNEs be supported during the transition period?
Examples of probing questions	Tell me more about... What exactly do you mean by... Why is this important?

### ***Data analysis***

Qualitative data analysis entails categorising, ordering, manipulating, summarising and describing data in meaningful terms (Brink et al., 2017; Gray et al., 2017). We first familiarised ourselves with the data by reading the transcripts repeatedly, recalling the transcript and listening to the tape recordings.

After familiarisation, we identified the units of analysis and developed codes for each unit. The researcher (MFM) bracketed her own assumptions pertaining to support needs. The second (RL) and third (ICP) authors independently analysed the data and consensus was reached on the main theme and emerging categories.



## **Rigor**

We planned sufficient time for interviews to gather in-depth information pertaining to the transition support needs of novice CNEs. We avoided bias by audiotaping and transcribing interviews. Field notes were made during the interview. We provided direct quotations of the participants' views and experiences to support our findings.

## **Ethical considerations**

We approached participants following approval from the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria (ref: 759/2020) and the Department of Health (ref: 2020-097). We conducted this study when South Africa was in a total COVID-19 lockdown and conducted interviews telephonically. We emailed consent forms to the participants before the interviews, and only arranged the time and date for the interview after the participants returned a completed consent form. Participants were allocated a number to ensure confidentiality.

## **Results**

Participating novice CNEs the novice clinical nurse educators had one to three years' experience as CNEs. Experienced CNEs had on average more than eight years of clinical nursing education experience. All the participants were women. Table 2 shows the main theme and categories that emerged from the data. The participants' verbatim quotations are provided in italics with each participant number in brackets.

**Table.2: Main theme and categories**

<b>THEME</b>	Transition support needs			
<b>Categories</b>	Support with professional socialization	Mentorship	Structured orientation program	Supportive work environment

### **Category 1: Support with professional socialization**

Novice CNEs indicated that there was minimum support for professional socialization and that they had to find their own way in their new roles as CNEs. Participants felt that they needed to be socialised in the tools of the trade. Participants explained that clinical practice, where they were professional nurses, was completely different to the educational environment. Participants explained that they did not receive formal training or support to use educational resources and devices.

*“they [experienced CNEs] provided me [novice CNE] with a document rather than giving you a thorough explanation/orientation or going with me step by step” (P1)*

*“you [novice CNE] end up having to find your own way to the different hospitals where the nursing students are placed for clinical exposure” (P9)*

*“documentation at the nursing college is totally different for example absenteeism forms and clinical accompaniment document and we need to be orientated what document exactly to use” (P5)*

*“we [novice CNE] end up being criticised for doing things wrong but we did not know what the correct way since nobody is accompanied or show us [novice CNE] how it should be done according to the standards/policies of the college” (P7)*

*“we [novice CNE] need training on the use of technical devices used for clinical training, before we have to stand on our own and do it with students” (P2)*

### **Category 2: Mentorship**

Participants identified several mentorship needs. Participants explained that they needed a mentor to introduce them to students and clinical staff members. Participants would have valued being paired with an experienced CNE. Participants experienced poor

mentor-mentee relations. Participants said it was not easy to approach the experienced CNEs for assistance. "I [novice CNE] needed a mentor that was my first need, proper introduction and show me the corners of everything then it was going to be easy for me to fit in" (P1)

*"my mentor or any senior nurse educator was not orientating me at all"*  
(P10)

*'I think it would be better maybe if we were paired equally an experienced with a novice lecturer just to learn and be mentored"* (P8, P7)

*"there isn't adequate support, you [novice CNE] need to learn fast and it's something new that you need to adjust to and fit into..."* (P11)

*"a mentor must be approachable to the mentee, if one [novice CNE] has to be corrected it should be done with respect. To avoid demonstrating mentee incompetence in front of the students.'* (P01)

### **Category 3: Structured orientation programme**

Participants indicated that the orientation programme was not specific to their roles. Participants explained that they received a generic orientation to the college and college structures. Participants described having to learn on the go, often in a process of trial and error. Participants indicated that HODs did not monitor the transition process. Participants mentioned that they would have appreciated a show of interest from the HOD, to ask how they were doing or if they were coping with the new role or if they were adjusting to the team.

*"I (novice CNE) think there should be a proper [formal] induction programme, that is formalized, and take up to three months"* (P6)

*"we (novice CNE) did not have a structured orientation programme at all, some lecturers help us and show us where is what"* (P3)

*“to be quite honest there was no proper orientation programme done, we had a week program which was more generalised because it was specific to different departments like human resources and how they function” (P9)*

*“the HODs, should make a follow up or ask the new employed person [novice CNE] are you coping and fitting in or do you need further training or support from your colleagues” (P1)*

#### **Category 4: Supportive work environment**

Participants experienced the work environment to be unsupportive, stressful and hostile at times. Their main support need was to have a supportive work environment to allow them to flourish.

*“I (novice CNE) was scared, but at the same time I told myself I should not show fear” (P1)*

*“unfortunately, the department that I (novice CNE) am working, I’m working under a hostile environment” (P7)*

*“the environment and everything, I (novice CNE) just became discouraged and wanted to leave” (P8)*

*“you know one morning when I (novice CNE) had to go to work, I had palpitations. I didn’t even know if it was a panic attack or what” (P10)*

#### **Discussion**

In this qualitative study, we explored the support needs of novice CNEs in a public nursing college in Gauteng province, South Africa. Novice CNEs were largely dissatisfied with the support that they received when entering the educational environment. In this particular setting, novice CNEs did not receive any socialisation, mentoring or structured orientation. Consequently, novice CNEs experienced that the environment was

unsupportive and had negative feelings about working as CNEs. This nursing college will have to consider providing structured support for novice CNEs.

Professional socialisation is the process through which a person becomes a legitimate member of a professional society (Shahr et al., 2019). Professional socialisation is essential for successful transition from clinical practice to higher education (Shahr et al., 2019). Novice CNEs need to socialise into their new role. Even though novice CNEs are subject experts with many years of professional nursing experience, the degree of comfort that they experience in their new roles will depend on where they are placed in their new roles. In our study, novice CNEs preferred working in the same department as their clinical area of expertise. Many novice CNEs are confronted with new departments when they enter educational environments and require some degree of socialisation to deal with a challenging transition. Socialisation in nursing education moulds novice nurse educators and unveils professional cultures (Salisu et al., 2019). Professional socialisation helps novice CNEs to interact with their working environment and develop interpersonal communication skills. In our study, novice CNEs felt inadequately prepared for the clinical nursing education environment, stating that their formal nursing education training focused more on lesson planning and teaching theory. Most novice CNEs admitted that they struggled with administrative tasks such as running clinical facilitation, creating clinical placement plans, keeping track of student absenteeism, and finding effective ways to interact with clinical staff. Professional socialisation gives novice CNEs an opportunity to internalise professional values, and become familiar with technology and language of the profession (de Swardt et al., 2017).

Professional socialisation and mentoring are complementary concepts. Mentoring is described as a dyadic relationship where a more junior employee receives career and emotional support from a mentor, who is usually more senior and experienced in the company (Banerjee-Batist et al., 2019). Mentoring in companies reduces turnover and absenteeism, and increases commitment (Appelbaum et al., 1994). Mentors can offer advice that can improve novice CNE's endeavours, well-being and career development (Irby et al., 2017). Positive mentee-mentor relationships are vital for maintaining work-

life balance and success in careers (Sarabipour et al., 2022). In our study, novice CNEs attributed the lack of mentorship to staff shortages. In this nursing college, many CNEs had to find their own way. Novice CNEs in our study thus missed out on the benefits of a mentor-mentee relationship including motivation, knowledge and self-reflection (Manthiram and Edwards, 2021).

Different novice CNEs will require different levels and forms of support. In our study, the absence of formalized or standardised support results in few novice CNEs receiving any support. To enable a flexible and dynamic support base for novice CNEs, organizations such as medical schools, academic medical centres healthcare systems, and professional societies should consider developing, supporting and sustaining reliable orientation programs (Holmes et al., 2018). Aside from professional socialisation and mentoring, job shadowing may be a useful approach. Novice CNEs may gain insights and become familiar with daily routines (Khan-Gökkaya and Mösko, 2020).

The lack of support for novice CNEs in this study resulted in negative attitudes towards the workplace. A toxic workplace environment demolishes a person's sense of security and negatively influences their well-being. Employees also start to feel disengaged from their work (Rasool et al., 2021). By providing organisational support, nurses will be able to control and improve their health at work (Schön Persson et al., 2018). A healthy and safe work environment leads to job satisfaction because employees feel engaged, productive and committed (Geue, 2018). Additionally, people who experience satisfaction at work also report increased self-efficacy, autonomy and higher levels of personal accomplishment (Donley, 2021).

### **Limitations**

The study was conducted in one public nursing education institution, and our results cannot be generalised to all nursing colleges.

## **Conclusions**

To facilitate transitioning from the clinical to the education environment, novice CNEs should be allocated according to their professional competencies. Novice CNEs require a structured orientation program to maintain the required standards of teaching and learning. To ensure uniformed transition support across all academic departments, the nursing education institution should develop mentorship programs for each department. Novice CNEs need to be introduced to their new roles and tools of the trade. Clinical nurse educators should prioritise creating a positive work environment to reduce stressors that could hinder the transition.

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## **Declaration of competing interests**

None to declare

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## CHAPTER 5

# CONCLUSION, LIMITATIONS, AND RECOMMENDATIONS

### 5.1 INTRODUCTION

Chapter 4 discussed the data analysis and interpretation and findings. This chapter summarises the findings, describes the limitations of the study, and recommends strategies for the support of novice clinical nurse educators during the transition from professional nurses to clinical nurse educators at a nursing college.

Expert professional nurses with an additional qualification in nursing education, leave the clinical practice to join the academic environment in the college to become nursing educators. Professional role transition occurs because of moving from practice as a professional nurse to college as a clinical nurse educator. The transition from clinical practice to a nursing college renders the expert professional nurse a novice clinical nurse educator (NCNE) (Brown & Sorrell 2017:207). It is important that the thinking process of the novice clinical nurse educator is nurtured to boost self-confidence (McAllister, Oprescu & Jones 2014:243). As novice clinical nurse educator is placed in a different situation with little experience, they revert to theory to guide their action (Thomas & Kellegren 2017:228). Due to these consequences, there is a need to conduct the study to explore the nature of transition support needed by novice clinical nurse educators to ease their transition.

NCNE in Gauteng nursing college are mainly allocated clinical education responsibility in the first year of their nursing education experience. NCNE come with expertise and knowledge of current practices in their field of specialisation but lack experience as a

clinical nurse educator. The researcher's observation is that orientation to the college policies and structures is done, and a senior/experienced clinical nurse educator is appointed to support the novice clinical nurse educator during clinical teaching. Within the first month, student nurses are allocated to the novice clinical nurse educators and the NCNE are expected to continue independently. The researcher observed that transition support provided to NCNE varies in the different departments at the designated nursing college. Furthermore, the senior/experienced clinical nurse educators appointed to support the NCNE are seldom available to provide the needed support.

In Chapter 4 data analysis, data interpretation and findings were discussed reference to the literature review. In this chapter, study limitations and strategies to support novice clinical nurse educators were discussed.

## **5.2 RESEARCH DESIGN AND METHODS**

The study was conducted in a public nursing college in Gauteng province. The aim of this study is to explore and describe the transition support needs of novice clinical nurse educators and to recommend guidelines for the support of novice clinical nurse educators during the transition period from being a professional nurse in practice to a clinical nurse educator at a nursing college. The main broad question for the study was: What are the transition support needs of novice clinical nurse educators at the designated nursing college? A holistic single case study design will be appropriate for this study as it allows a phenomenon to be examined in a great deal of depth. The purposive sampling method was used to select the study participants. Content analysis was used to analyze the transcribed interviews. Content analysis was used to analyze the transcribed interviews and structured questionnaire data. The main themes that emerged were lack of support, lack of teamwork, and a hostile work environment. Several categories and sub-categories emerged from the sub-themes. The study findings were presented in chapter 4. The limitations of the study, recommendations on transition support of the NCNE, and the

conclusion will be presented in the section to follow. Findings will be grounded in current literature and disseminated to stakeholders pertinent to the research.

### **5.3 LIMITATIONS**

Initially the researcher planned to conduct focus group interviews at the college. Due to participants not being available at the same time as they cited that they were busy with implementation of new programmes. The researcher had to resort to individual semi structured interviews and structured interview guides depending on the preference of each participant. The researcher wanted all the departments to be represented equally to find out from one institution if the support of novice clinical nurse educators is carried in the same way or is different. It became difficult for the researcher to get hold of participants due to covid 19 restrictions. Telephonic interviews were conducted. With telephonic interviews the researcher missed on the opportunity to read the body language and to physically comfort the participants. Participants were chosen according to their availability. The Heads of departments were invited but the response was poor. There was not enough data to conclude on the views of the Heads of Departments.

### **5.4. RECOMMENDATIONS**

#### **5.4.1 Support with professional socialization**

The novice clinical nurse educators appreciated the years of experience as professional nurses. As professional nurses, they used to support and supervise students during clinical accompaniment although it was not always structured. They indicated that their previous expertise in specific fields gave them the confidence to share knowledge with the students. Those who were not placed in their area of expertise verbalized that it became difficult to adjust to the new environment and to part knowledge/ content that they are not familiar with. It is therefore recommended that Colleges place nurse educators according to their area of specialty or expertise. Their qualification in nursing education

assisted them to a certain level, mostly with the theoretical component of planning for lesson plans and classroom control, but most of the participants struggled with policies and procedures regarding clinical education. It will be advisable in the curriculum for Nursing education programmes to put more emphasis on the clinical education component to prepare the nurse educators for clinical education. The novice clinical nurse educators also indicated that it will be valuable that a newly appointed NCNE workload not to be the same as the experienced clinical nurse educators in the first few months of the transition period. Most novice clinical nurse educators admitted that they had trouble with the administrative aspects of running clinical facilitation, such as creating clinical placement plans, keeping track of student absenteeism, and finding effective ways to interact with clinical facility employees

#### **5.4.2 Mentorship**

The novice nurse educators indicated that they needed a mentor for the first few months of transition. Some have even stated that it took them about a year (twelve months) to settle in their role. Some believed that they would have settled in better into the new role if they were allocated a mentor. for a mentor to take them through clinical accompaniment procedures step by step. and a mentor to be officially appointed to support and guide that NCNE as the NCNE indicated that the mentored by someone who is available when they need help. Mentoring was by default. The other NCNE indicated that she needed the Head of Department to ask her if she is coping. In these instances, it is imperative for the Heads of Departments to monitor the transition process and the orientation of the NCNE. The novice clinical nurse educators mentioned that it will be valuable for them to have a mentor dedicated to the NCNE not by default. They also mentioned that the Heads of Departments should do evaluation and monitoring of that transition process during clinical accompaniment, one participant noted that she needed to shadow an experienced clinical nurse educator. Another clinical nurse educator indicated the benefit of shadowing the experienced clinical nurse educator although she also thought the period was short and she recommends at least two (2) weeks would have been enough.

### 5.4.3 Structured orientation programme

The NCNE indicated different support received. Some perceived it as not enough, some perceived that there was no support at all. Some NCNEs even experienced the type of support as “haphazard or everywhere. They even explained further that this type of support made them feel lost as you are not sure about the right procedures to follow. The NCNE need to be given a clear set of rules or standard guidelines to follow to ease their transition process. A structured orientation programme was also mentioned as valuable. The contents of the programme are mentioned as college regulations, departmental orientation, and templates of reports and assessment procedures for the department. It is therefore recommended that Novice clinical nurse educators have a structured, intensified orientation programme. Novice clinical nurse educators felt they needed a structured orientation programme, there should be a structured orientation programme.

### 5.4.4 Supportive work environment

They also felt that the work environment was not conducive for them as they reported feeling lost, some felt discouraged, others mentioned that they felt frustrated and there was one who mentioned that the environment felt hostile to her. It is a recommendation for the NCNE to have a good working environment to boost their self-confidence and ease their transition.

## 5.5 CONCLUSION

The study was conducted to describe the transition support needs of novice clinical nurse educators in their first year at the College. The inquiry emanated from informal talks from novice clinical nurse educators about the inconsistency of procedures among different departments and sometimes within the same departments. The researcher became interested as to what the cause of this inconsistency is. The findings revealed that there

are no structured orientation programmes and that the transition support of NCNE differs from one person to another. The results and recommendations should assist the nursing colleges to compile structured intensified programmes for the orientation of NCNE. The policy on transition support includes the appointment of mentors and evaluation and monitoring procedures on the progress of the transition. To make the transition more accessible, it is crucial to take the novice nurse educator's area of competence into account while allocating them to the college. More time is to be allocated for clinical facilitation in nursing education qualifications. To ensure uniform transition support across all academic departments, the nursing institution will develop mentorship programmes for each department. The new roles and tools of the trade must be introduced to clinical nurse educators. Clinical nurse educators should prioritize creating a positive work environment to reduce stressors that could hinder adjustment during the transition.





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# **ANNEXURE A 1**

## **ETHICAL APPROVAL: UNIVERSITY OF PRETORIA RESEARCH ETHICS APPROVAL**







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 #: IORG0001762 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

## Faculty of Health Sciences Research Ethics Committee

17 September 2021

### Approval Certificate Annual Renewal

Dear Mrs MF Matlou

**Ethics Reference No.: 759/2020**

**Title: Transition support needs of the novice clinical nurse educators in a public nursing college in Gauteng province: A case study**

The **Annual Renewal** as supported by documents received between 2021-08-11 and 2021-09-15 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2021-09-15 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 2022-09-17.
- Please remember to use your protocol number (759/2020 ) 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, Dr R Sommers**

MBCChB, MMed (Int), MPharmMed, PhD

**Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria**

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)

# **ANNEXURE A 2**

## **ETHICAL APPROVAL: GAUTENG DEPARTMENT OF HEALTH PROTOCOL COMMITTEE APPROVAL**





# GAUTENG PROVINCE

HEALTH  
REPUBLIC OF SOUTH AFRICA

## OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)

Researcher's Name (PI)	Matlou MF
Organization / Institution	University of Pretoria
Contact number	012 426 9534 / 0658532147
Research Title	Transition support needs of novice clinical nurse educators at a public nursing college in Gauteng Province: A case study
Protocol number	2020-097
Sites	██████████ Nursing College ( Campus)

Your application to conduct the abovementioned research has been reviewed by the Province and permission has been granted.

We request that you submit a report after completion of your study and present your findings to the Gauteng Health Department. We wish you well in your study.

Permission granted

Permission denied

Recommended by

Alhamini

Date: 15/02/2021

Supported By

Rerongwa

Date: 2021/02/17

# **ANNEXURE A 3**

## **ETHICAL APPROVAL: INSTITUTIONAL APPROVAL LETTER**





**GAUTENG PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

Enquiries : Ms. [REDACTED]  
Tel Number : 012 319 5730  
Fax Number : 012 319 5742  
Cell Phone : 082 774 8100  
Email : [REDACTED]@gauteng.gov.za

Ms. Mmatlou Fridah Matlou

Protocol number: 2020-097

**SUBJECT: APPROVAL FOR DATA COLLECTION AT GAUTENG COLLEGE OF NURSING**  
**(GCON): [REDACTED] CAMPUS**

This serves as a response to your request in undertaking the study on "Transition Support needs of Novice Clinical Nurse Educators at a Public Nursing College in Gauteng Province: a case study".

Permission is hereby granted for collection of data as indicated in your proposal.

Pease take note of the following:

- o All information and data collection should be treated as confidential and ethical considerations adhered to as stated in the proposal.
- o At the end of the study kindly furnish the Campus with the study results.
- o On completion of your research study, you are requested to donate a hard copy of your Dissertation to the Campus library.
- o The research committee might invite you to present during their annual research day.

Kind regards,

[REDACTED]

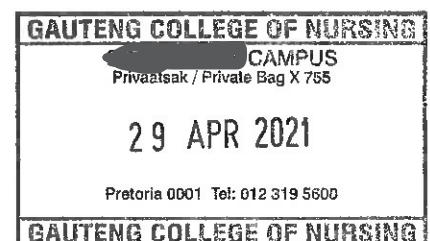
Ms. [REDACTED]  
Research Committee HOD

[REDACTED]

Ms. [REDACTED]  
Acting Campus Head

19 . 4 . 2021  
Date

19/04/2021  
Date



# **ANNEXURE B 1**

## **DATA COLLECTION: INVITATION TO PARTICIPATE**





You are kindly invited to Participate in a research study

**TITLE:** Transition support needs of novice clinical nurse educators in a public nursing college in Gauteng Province: A case study

**MODE:** (Telephonic)Semi structured interviews

**TIME:** At your earliest convenience

**RSVP:** Ms MF Mmatlou

**Cell:** 0658532147

**E-mail:** matloumf@gmail.com

# **ANNEXURE B 2**

## **DATA COLLECTION: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM**





**STRUCTURED QUESTIONNAIRE: EXPERIENCED CLINICAL NURSE EDUCATORS**

**TITLE: TRANSITION SUPPORT NEEDS OF NOVICE CLINICAL NURSE EDUCATORS IN A PUBLIC NURSING COLLEGE IN GAUTENG PROVINCE: A CASE STUDY**

**QUESTIONS**

1. How many years of experience do you have as a clinical nurse educator?

15 years

2. How long did it take for you to settle in your role as a clinical nurse educator?

(Kindly describe the journey from beginning to when you felt settled)

It took me a year to settle in my  
role as a clinical nurse educator. The journey  
was bumpy, to adapt from being a  
patient orientated nurse to an educator,  
to adhere strictly to the principles of  
executing skills, transferring the knowledge  
and skills to future professional nurses.  
Evaluating students for competency can also  
be challenging, taking into consideration  
the future and the progression of the  
student against patients safety

3. Tell me about the type of support currently in place for novice clinical nurse educators when they transition from the clinical practice to the college environment as a clinical nurse Educator?

The novice clinical nurse educator  
need support as empathy for the  
student can be frustrating,

An educator should be help to understand that patients safety comes first and it is the educators who can uphold the standard of the profession

4. Tell me about your role as an experienced clinical nurse educator in supporting the novice

Clinical nurse educators during their first year in the college?

As a mentor to a novice clinical educator, one has to advice about the importance of having a structured lesson plan to ensure that the guidelines for each and every skills are adhered to. Advice on the emphasis of reinforcing critical points for a skill and the reasons why.

To always involve the patient during teaching, to allow the patient to be an active participant, to explain the importance of correlating theory to practice

5. What type of support do you think will be valuable to the novice clinical nurse educator in order to ease the transition process?

A mentor has to be approachable to her mentee, if one has to correct it should be done with respect.

To avoid demonstrating mentee incompetence in front of the students.

One must have patience at all times and accept that novice educators are not the same and should be treated as such, to allow them

to learn from their own mistakes

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**PARTICIPANT INFORMED CONSENT DOCUMENT FOR STRUCTURED QUESTIONNAIRES**

**Study title: TRANSITION SUPPORT NEEDS OF THE NOVICE CLINICAL NURSE EDUCATORS IN A PUBLIC NURSING COLLEGE IN GAUTENG PROVINCE: A CASE STUDY**

**Principal Investigator: Matlou MF**

**Supervisor: Professor I Coetzee**

**Co-supervisor: Professor R Leech**

**Institution: UNIVERSITY OF PRETORIA**

**DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):**

**Daytime number/s: 0124269534**

**After hours number: 0658532147**

**Date and time of informed consent discussion:**

29	JULY	2021
date	month	year

13:30
Time



**Dear Prospective Participant**

**Dear Mr. / Mrs....**

### **1) INTRODUCTION**

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 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 interview.

### **2) THE NATURE AND PURPOSE OF THIS STUDY**

The aim of this study is to explore the transition support needs of novice clinical nurse educators and to suggest guidelines for the support of novice clinical nurse educators during their transition from professional nurse in practice to clinical nurse educator at a nursing college in Gauteng.

Data will be collected electronically through a structured questionnaire. You will be given time to reflect on your experiences in writing and the completed questionnaire to be send to the researcher through the email address provided, at a time that is convenient to you.

### **3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM PARTICIPANTS**

If you agree to participate, you will be expected to complete the questionnaire provided at your earliest convenient time, it may take about 20 -30 minutes. You will be asked some questions about transition support needs of novice clinical nurse educators. With your permission, the discussions will be recorded on a recording device to ensure that no information is missed.

### **4) RISKS AND DISCOMFORTS INVOLVED**

I 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 if you are not comfortable to do so. If you need psychological support or counselling during or after the interview, I will be able to refer you to the employee wellness department for counselling.

- I have received a signed copy of this informed consent agreement.

**PARTICIPANT INFORMED CONSENT DOCUMENT FOR SEMI-STRUCTURED INTERVIEWS**



Participant's name (Please print)

29 July 2021

Date



Participant's signature

29 July 2021

Date

\_\_\_\_\_

Researcher's name (Please print)

\_\_\_\_\_

Date

\_\_\_\_\_

Researcher's signature

\_\_\_\_\_

Date

YES

NO

# **ANNEXURE B 3**

## **DATA COLLECTION: SEMI-STRUCTURED INTERVIEW GUIDE NCNE**



## **ANNEXURE B3: SEMI STRUCTURED INTERVIEW GUIDE (NOVICE CLINICAL NURSE EDUCATORS)**

### **TITLE: TRANSITION SUPPORT NEEDS OF NOVICE CLINICAL NURSE EDUCATORS IN A PUBLIC NURSING COLLEGE IN GAUTENG PROVINCE: A CASE STUDY**

#### **QUESTIONS**

1. How many years did you work as a professional nurse of experience as a professional nurse before working at the college?
2. Tell me about your new role as a clinical nurse educator?
3. How did your previous experience as a professional nurse prepare you for your new role as a clinical nurse educator?
4. How did your qualification in nursing education prepare you for your new role as a clinical nurse educator?
5. What were/are your specific support needs during the transition from experienced professional nurse to novice clinical nurse educator?
6. What support did you receive during your transition from your mentor or other experienced clinical nurse educators?
7. What type of support do you think will be valuable to the novice clinical nurse educator?



# **ANNEXURE B 4**

## **DATA COLLECTION: SEMI-STRUCTURED INTERVIEW GUIDE ECNE**



## **ANNEXURE B4: SEMI STRUCTURED INTERVIEW GUIDE WITH EXPERIENCED CLINICAL NURSE EDUCATORS**

### **TITLE: TRANSITION SUPPORT NEEDS OF NOVICE CLINICAL NURSE EDUCATORS IN A PUBLIC NURSING COLLEGE IN GAUTENG PROVINCE: A CASE STUDY**

#### **QUESTIONS**

1. How many years of experience do you have as a clinical nurse educator?
2. How long did it take for you to settle in your role as a clinical nurse educator?
3. Tell me about the support currently in place for novice clinical nurse educators when they transition from the clinical practice to the college environment as a clinical nurse educator?
4. Tell me about your role as an experienced clinical nurse educator in supporting the novice clinical nurse educators during their first year in the college?
5. What type of support do you think will be valuable to the novice clinical nurse educators to ease their transition process?



# **ANNEXURE B 5**

## **DATA COLLECTION: SEMI-STRUCTURED INTERVIEW GUIDE HOD**









# **ANNEXURE B 6**

## **DATA COLLECTION: EXAMPLE OF A COMPLETED INTERVIEW GUIDE NCNE**





## **PARTICIPANT NO 1. NCNE (DURATION 18 MINUTES)**

**Researcher:** Thank you for accepting the interview

**P1NCNE:** Alright mam

**Researcher:** Yaaah... Are you settled now?

**P1NCNE:** Yes am settled at the moment I don't think there will be any disturbance again

**Researcher:** Okay, so the reason for our meeting is to get ehh... an interview on the transition support needs of the novice clinical nurse educators in a college in Gauteng so I will start by asking questions somewhere where I need clarity there will be follow up questions.is it okay?

**P1NCNE:** Yes it is okay, Mam

**Researcher:** So, our first question, ehh. How many years did you work as a professional nurse before working at the college?

**P1NCNE:** (Inaudible)

**Researcher:** Hello mam

**P1NCNE:** Yes, I've got six years as a professional nurse midwife

**Researcher:** Okay so you were working in the Midwifery department?

**P1NCNE:** Yes

**Researcher:** Okay, then when you get to the College which department where you allocated?

**P1NCNE:** yes on, on arrival of first year I was allocated to the Midwifery clinical

**Researcher:** Okay, perfect. So tell me about your new role as a clinical nurse educator?

**P1NCNE:** Okay, in the... in the.... like I'm saying.... last year, I was doing R.425 the old program for training nurses.

**Researcher:** Okay

**P1NCNE:** I was allocated to do level 2 midwifery practical module neh

**Researcher:** Okay

**P1NCNE:** where I was responsible in allocating students to different clinical facility and then also expected to go and do clinical and follow up when they are in clinical area, and I was also expected to assist as well .When I was in Midwifery department I was allocated Clinical areas but I in theory I was also asked to assist in marking, and then after that they changed me with the new program of reproductive health in R.171 where I will be teaching in second semester, the reproductive health is in second semester so currently I'm busy with capacitation for that particular program

**Researcher:** Okay, so the R.7 171 project is it for... are you going to do ehh theory or practica?

**P1NCNE:** Theory

**Researcher:** okay, so we will concentrate on your experiences as a clinical ehh... nurse educator.

**P1NCNE:** okay

**Researcher:** okay, so how did you find your experience as the roles are different from the one from the professional nurse?

**P1NCNE:** (pause) to me it was not ehh different, because when I was working in the clinical like as a professional nurse midwife

**Researcher:** yes

**P1NCNE:** I was expected to ... be with the students allocated in our area, (not audible) where the students from Anne Latsky nursing college were allocated in our facility so I used to involve them with all the things that they come up with like they come up with their learning outcomes and I had to follow those learning outcomes and show them the things in the clinical area. So when I moved to the nursing college and they gave me the same, same task it was easy for me to blend in like and I knew what the students are expected to do when they reach the clinical area and what are those things they do in the clinical area and what are the shortcomings of the clinical area they are allocated at. So I didn't have any problem so that role that I played when I was a professional nurse it assisted me a lot in meeting my expectations

**Researcher:** Okay, are you done, under this one?

**P1NCNE:** Yes I am okay

**Researcher:** Okay, how did your qualification in nursing education prepare you for your new role as a clinical nurse educator?

**P1NCNE:** (Pause) Ehh the qualification ....., it prepared me a little bit, though it was difficult when you are in that area like you are in the training is different from when you are working, but the curriculum that we manage to cover it made me understand how to react to the student, how to prepare for a lesson plan and how to react when I'm asked to move from one place to another, so that qualification prepared me professional wise though some of the things when you go to the real job you find that is different from what we have learnt in our study but nonetheless the background (inaudible sounds) that currently where we are now we are involved in formulating this study guides program guides and everything. The qualification assisted me in understanding how to do this curriculum planning how to do the module guide and what is expected from me from what I learnt from the qualification.

**Researcher:** okay

**P1NCNE:** Thank you

**Researcher:** and then what were/are your specific support needs during the transition from experienced professional nurse that you are to being a novice clinical nurse educator?

**P1NCNE:** I needed a mentor that was my first need when I arrived at the college in order for me to blend in. I needed a mentor that was my first need, nothing more

**Researcher:** Mhn, Can you elaborate about the experiences that made you think you needed a mentor? Just examples.

**P1NCNE:** okay, examples, I was expected to.... to go and see the students' uuhh.... a month after I was hired, alone and it became difficult because the students saw me for the first time and they were having lot of questions. I felt like if I had a mentor who will go with me there and introduce, do Mhnn.... Mhnn proper introduction and show me the corners of everything it was going to be easy for me to fit in. Rather than being left to say that here are the tools, go and work, hence I'm saying I needed a mentor with me side by side so that they hold my hand through those difficult times

**Researcher:** Okay how did that make you feel when you are in the clinical alone and had to face the students?

**P1NCNE:** I was scared, but at the same time I told myself that uuhh... I need to grow, I guess it's no longer... I'm no longer a neophyte when it comes to nursing so I need to also grow and do something as a nurse educator, I need to be a role model to the students, I should not show fear but I was scared at the beginning.

**Researcher:** Okay, all right, and then the next question, what support did you receive during your transition from your mentor or other experienced clinical nurse educators?

**P1NCNE:** Mhnn, when I ask questions like when I was stuck, when I go to any other lecturers that were already employed, when I ask questions they used to answer me. And sometimes they end up providing me with a document because at the time when I was employed, when I was entering the college there was no time people were all having something to do at that time so when I ask question they provided me a the document for example, how to deal with absenteeism of students I was given a document saying mam you can go and read. So there was not too much support, When I ask information they provided me with a document rather than giving you a thorough explanation or going with me step by step to that information like the college regulation so those are the things that to read I felt like there was not too much support. At the beginning there was no proper orientation as it was affected by the pandemic because I was employed during covid when covid was in so a lot of things were cut out. Hence I was not having information about the regulations

**Researcher:** okay, so how did that also make you feel just to be given a document to follow?

**P1NCNE:** sorry...

**Researcher:** How did you feel by that time when you were just given a document to follow instead of somebody taking you step by step?

**P1NCNE:** I felt lost, (pausing) I felt as if there is no support. Or they feel like I am forcing them to do someone's duty like I guess there should have been a proper orientation about college regulation and stuff by someone, ehh... but I end up saying that in order for me to continue I need to read the regulation I need to do that by myself. Where questions arise I end up asking other colleagues from other campuses as we are Gcon currently so it was easy for me to ask other people from other campus who assisted me fairly but it was frustrating

**Researcher:** Okay mam, are you satisfied with that one?

**P1NCNE:** sorry mam

**Researcher:** are you satisfied with that one? Can we go on?

**P1NCNE:** Yes we can continue

**Researcher:** What type of support do you think will be valuable to the novice clinical nurse educators if you were maybe five years down the line and you are now experienced, ehh or reflecting back, what type of support do you think is needed that will be valuable to the Novice clinical nurse educators?

**P1NCNE:** The support that the, the, the, uuhh... novice clinical nurse educators should have ...it is have a specific mentor where they will be responsible to take the new person with a hand step by step , do not leave them to answer for themselves. So a thorough preparation should be there were they say from this month like, you know probation is twelve months so it doesn't harm to have a mentor for twelve months so that the person can know where to direct the questions and the another thing I feel like....

**Researcher:** Mhnn

**P1NCNE:** When people are hired, even if they are hired in a form that they are going to replace shortages they should not give a new person as a person the work that the person was doing, they should bear in mind that this person is not experienced, in order to prevent problems occurring because if you now take a person who has never been a nurse educator, you want them to assess students as soon possible as they arrive in the college, there are problems arising because she has not yet been trained or thoroughly understand what is going on ,so the main thing is to have a mentor and thorough orientation and to take a person step by step into the program and to assess after, after some few weeks to assess. Are you coping or are you not coping? Rather than us having expectations for the person to deliver .That's what I would like to say and another thing the HOD, they should make a follow up or ask the new employed person to say are you now fitting in or do you need further training from your colleagues? That's the only thing I can think of now.

**Researcher:** Okay are you satisfied

**P1NCNE:** yes

**Researcher:** Anything?

**P1NCNE:** Pause

**Researcher:** you don't have anything?

**P1NCNE:** murmuring

**Researcher:** Okay, are you settled in now

**P1NCNE:** Sorry mam

**Researcher:** are you settled in now

**P1NCNE:** regarding my new role?

**Researcher:** yes

**P1NCNE:** Yes I'm settled well

**Researcher:** How long has it been?

**P1NCNE:** One year

**Researcher:** okay, I think we are done. You will remain anonymous, on the report you will be referred as participant number 1

**P1NCNE:** okay, thank you mam

**Researcher:** Thank you very much for accepting and giving valuable information

**P1NCNE:** Thank you

# **ANNEXURE B 7**

## **DATA COLLECTION: EXAMPLE OF A COMPLETED INTERVIEW GUIDE ECNE**



## **PARTICIPANT NO 11. ECNE (DURATION 40:04 MINUTES)**

**Researcher:** Good evening mam.

**P11 ECNE:** Good day.

**Researcher:** How are you?

**P11 ECNE:** I'm okay and yourself?

**Researcher:** I am good. Err... thank you for accepting to be the participant in my study. The title of the study is transition support needs of the novice clinical nurse educators at a public nursing college in Gauteng province. The study is about you as a clinical nurse educator, we want to find out how these new nurse educators... because a lot of them, they're experts in their field, in clinical but when they come to the college they become new because they don't know what is going on with the college err... processes. So we want to find out how we can ease this transition when they come to the college. Is it understood?

**P11 ECNE:** It's understood, thank you.

**Researcher:** Okay so you are going to participate as an experienced clinical nurse educator.

**P11 ECNE:** Okay.

**Researcher:** Alright, the first question is how many years of experience do you have as a clinical nurse educator?

**P11 ECNE:** Seven years now.

**Researcher:** It's seven years now, thank you. So when you look back, how long did it take you to settle in? When you came from the hospital into the role of a clinical nurse educator?

**P11 ECNE:** It takes time, that one... It takes time and up to now I'm still learning whatever needs to be done because with time everything is evolving and the changes are made and when you come back... from a background that I am, and now having to convert from a clinical now to a lecturer it's a different field. It's not strange, it's not strange but it is different because now you have all the records and documentation to keep which are different from the clinical background that you have from the facility now, clinical facility... it's different documentation. For... I started with assist, my first year was an assist year and I only got to, and from the third year I probably was there three years... about and then two years into the third year and now the last two years I'm doing second year and last two years. So, basically I've been through first year, second year, third year. It... usually a rounded off product of students, but you still have to adjust. Adjust and sit in so it does take time. It takes time, it takes time.

**Researcher:** Okay, so tell me about the support currently in place for novice clinical educators when they transition from the clinical practice to the college environment. The support that is happening now.

**P11 ECNE:** For the novice...?

**Researcher:** Yes, for the new clinical nurse educators.

**P11 ECNE:** It is still a struggle, it is still a struggle and the reason for the struggle is someone who has to adjust and fit into how we do things in a correct setting and now not a hospital setting. Now when it comes to the shortage of lecturers I think it would be better maybe if we were paired equally so with an old lecturer and a newer one just to learn a role. But then because of a shortage there is no... I don't think that there's adequate support, I really don't think so because now you need to learn fast and it's something new that you need to adjust to and fit into and at times even if you wanted to consult like immediately. That is not possible because now you are left to run the show, we've shown you what to do and in between you're not so sure... 'are you doing the right thing?' and now you don't even get anyone quick just to unlock you so that you can start flowing again. With the novice currently it's a problem. They don't get sufficient support, they don't.

**Researcher:** Okay, you mentioned because of shortage. So what is the lecturer/student ratio roughly in your department for clinical nurse educators?

**P11 ECNE:** Currently, the... because now it's even getting more complicated because we have this new curriculum that is also running and we have the old err... annual four two five (425) that we need to complete facing out. So now from the facing out you have the second years and you also have the third years that you have to accompany. Because now, the other lecturers have to move to the R one seven one (R171) new curriculum so... The clinical lecturers have to accompany the two levels at the same time and sometimes you find... in the clinical facilities sometimes you find roles being placed. It might not be... the same duration. It is one group going before the other and the same lecturer having to accompany the two groups at different levels, and the numbers with the straightening out currently... second years are few compared to the first years because we find one lecturer has with the third years, one lecturer has up to 16 students. Now that is excluding the second years, the second years currently we having one lecturer to five or six but they still need accompaniment anyways because you still have to drill them. So, when the two are placed in a clinical setting it becomes a problem because now you need to see how you best accompany, because now the second years might be needing your support as much as the third years. Now with the third years it's even worse because they're time for clinical... for GNS specifically, placement. They're time is so short so that you get... you become one who's under pressure so to speak because they've got five weeks to do everything before we could even go for formative assessment and summative assessment. So one may leave the facility, and then next time you need them it will be formative assessment. So you can imagine if a novice with this kind of pressure, while you try to find your feet and now you also don't want to let the students down and you also need to learn the roles, how to balance. In fact, you also now play a kind of a tricky role when it comes to the clinical place view as well in a sense that err... the attendance time of those groups, how do you plan that with the institution so that you do not now come across as imposing when we speaking to the sisters in the ward. That you don't impose what you want done the way you want it done, because now you can come across as 'dictating' to them, how you want your students to work and when actually... the fact that they're in the clinical facility it is for them to get exposure, for them to learn. How you would pressurise or come across as pressurising the ward or the sisters in the ward you could be an unfair in a way to the students, because now you could be causing them to miss the opportunity that they could have had, had you allowed the sisters to let them work in a way the lead is within a ward. At times it is... Striking the balance becomes a problem.

**Researcher:** Okay Are you satisfied with that one?

**P11 ECNE** Yeah, I'm happy.



**Researcher:** Okay so tell me your role as an experienced nurse educator in supporting the novice clinical educator during their first year in the college, let us say this educator joins your group and you are given her to support or mentor. What is it, what are the things that you support her about?

**P11 ECNE:** The novice lecturer has to know the differences that are to be mastered by these students. They are different and also know what is the difference. That also goes with the documentation of all the activities around the environment of the student and at times it also now, it errs... challenging... Now! In the era that we find ourselves, in the Covid era it's even worse because now we have these students that also become... that could also test Covid positive and now you need to re-plan your accompaniment and you have this novice lecturer who has to learn a role. You need to take her by the hand and go teach her but then at the same time because of the number of students we have you cannot take her all the time or you cannot all the time give her that when she's doing her accompaniment, as much as you'd love to. Now you can also fall behind. These students need to be nurtured, to be cared for and now the new lecturer has the responsibility to accompany these students, needs to learn the skills, needs to know how to do things that include booking students for practical's and accepting their ability and disciplining the students and there are students that also need support, let alone be supported for studies... they could also be having personal and social problems. Remember, amongst our students we also have parents, we also have married people who are also having their own challenges to fight for studies. There's studies, there's home, there's you the lecturer who says, 'I need you to prepare the skill, I need to assess you on that' and here's a sister in the ward as well who says 'I can't let you work like this, I can't lead you more here' so it is now... how do you balance that out. Now with the novice who also need to learn how... in the clinical area how do we relate with the staff in the ward, because now it's a different ball game there. You need to know how they are operating, you need to know when to talk to them and now you also need to communicate what you intend to do with the students, when and where. Because now with the current situation where the shortage could rise... whether we talking college or whether we talking the hospitals shortage is rising and students need support. From the clinical staff, lecturers and from the ward sisters. They also now lack time to teach, even the function of any registered nurse. Everyone has the function of teaching but now when we look at a novice who is also trying too careful not to step on peoples toes and at the same time the students that are also coming to the lecturer complaining that, 'we are not supported/assisted' to meet the objectives that you've set for us'. So the novice now struggles to communicate that and say to students... as much as the students could be correct you should also now check very carefully not to now err... down talk the professionals in the ward. The novice has a lot to learn, it is what is done, how it's done, when it's done plus what do I do to learn faster and what do I do to not let behind or even let the department down because at the same time you don't want to be called by the HOD only to be informed that you better pull up your socks and now when you are also struggling to understand how do we document all this... because there is a lot of documentation being done. "How do I write down, how do I prepare, how do I say to a student but... 'no, no, no, no what you're doing is wrong'". Without... without destroying the student because now once you destroy the student by your... it can be your tone, it can be your reaction and not your response because now when you respond it's different from when you are reacting. So with a novice, I can only imagine the frustration of not getting immediate help when you feel like, 'I can't remember what I was told and what I should write or...' and the next thing when you report back to say err... this is what happened and then you are told... 'put it on paper, why didn't you record, why didn't you report, why only now'? So it is the 'why' for the new one who is trying to feel comfortable by settling into the space and now the space is not big enough for this novice and it's not that the "older" lecturer is not willing to keep on teaching the novice. It is not that; it is just that the

numbers don't allow us to do that. At times... if you do have time it'll be once a week max otherwise everybody has to proceed with a group allocated to you, because that's the thing. That's why you need to accompany them, that's why you need to plan and plan well. How do you not plan well when you're not a well-oiled machine and you want to do your best and your best is still not seeing as the best where you see it as your best. I can only imagine their frustration. I can only imagine their frustration and it's not that you don't want to, it's not that. It's just that we all have different styles of doing things, we also have... you might have you plan that you think will work for you only to find it won't work. And now here you are frustrated with a plan that you made yourself but it's not working for you. Now when you have to report back you still feel like you're lacking and now it's become even worse because you want to be... to appear to be seeing like somebody who knows what they're doing...

(Call cuts... and we continue with the second part of the interview)

**Researcher:** We were on the point of how you support the novice right?

**P11 ECNE:** Yes. And the novice... I think until the novice is comfortable in his or her own skin, you sort of sit with a novice that is thinking I'm not good enough and when you don't feel supported it's easy to think like that or to even believe it. You might be the best but because you don't believe in yourself. Me not being there to say you know... if you go with an older lecturer, I think an older one can also be nodding their head or saying 'yes, yes, yes' then it gives you that strength that 'I'm on the right track' but once you're on your own and you don't even believe in yourself as yet I think it's a struggle. You can even develop a complex of some sort because you don't trust yourself. Now being supporting the novice as well it's two minds that have to think the same. A novice and the older one, there's two minds that have to think the same so it is in blending the two that... that's where our intersection should really be scrutinized. How do we take hands and how do we move along? And forget about our differences and make students the centre of our togetherness. The novice might also be thinking I'm imposing my style when I'll be thinking I'm doing the best I can, because I want the best out of you and I want the best for the students as well. So, so the novice that is struggling to accept my style of leadership who... we might be creating the problem for each other and not become a unit. It can be a problem and it can also be a joy to have a novice that you have a lot in common and maybe me... as an older, accepting this novice and the novice also allowing herself to learn. Because now also with an older one some things are not so easy to unlearn because you've been doing this a long time, and the novice will say 'but then there's an easier way of doing this' but now the older one saying but 'no, that's not how we do it'. It also makes the novice to even take longer to become herself or himself, so it is the support. Sometimes for me it is also about how well you know your partner so that you know when she is struggling but she's not saying and then you come in. But then you should also have an approach that is easy as well for the novice to be willing to be vulnerable to be helped and the senior who does not want to be vulnerable and wants to be seeing as the expert all the time even when she's wrong is also a problem. Now I feel when we are supporting we need to know each other or one another good enough to be able to tell when this partner is not himself or herself to start with and be able to communicate at the level of that person. Now communication goes a long way and the respect of course, we cannot leave it behind and our end goal also wants to be told and I think here we need to do things differently so... then I also learned, remember nobody knows everything. We should also be able to humble ourselves as seniors to the new one. Number one, we are all professionals and that's the first thing we need to remember and we are all human being also open to making mistakes. It is the only up to our own mistakes that make us the great people we are and being able to learn and unlearn our own habits and own staff is a way forward. So it is healthy for one another

to unlearn what does not help us to go forward or even develop, or anything that is not profitable whether to ourselves or to the students it is what we need to address. So if you get your partner who is a novice to get to that point to say 'I need help/help me' and availing yourself to help the novice I think we become great team leaders.

**Researcher:** Okay so you actually touched on the relationship between a novice and this experienced clinical nurse educator, you touched on most of the points about the type of relationship that is required to be able to assist or ease the transition for this novice.

**P11 ECNE:** Yes, I think respect goes two ways. You cannot expect me to be respecting you but you are not being respecting. It does not work like that and humble yourself, remember even if you're an older lecturer you might also need help and it is only maturity that can save you or help you and (inaudible)... that fact that you are the older one/ more experienced one, let go of that... Remember we are a team and all players have their role to play so allow every player to play and learn from the players because I think the novice might even bring you solutions to problems you never knew how to solve or to do or even easy ways of doing things. It's just putting minds together, that creates expertise. Being willing, we should be willing to learn and unlearn things that... those that need to go we must be able to unlearn and start fresh... afresh a way forward. At the end of the day we are a team that needs to see to the future of nurturing the students, our role is to nurture the student and we need to do it together for the benefit of the student, for the benefit of the profession and the benefit of the patient. The patient is the key stakeholder. So if you get the relationships right the development will come. Development of the professional and the student, and if we can communicate well I think we'll also be able to communicate well with the staff in the wards because they also play a vital role. When you leave, you're leaving these students in the hands of the staff in the wards. We should be able to communicate, might be verbal or giving someone a call or whether we doing it on e-mail or the latest it doesn't matter but we need to communicate and humble ourselves.

**Researcher:** Yes, okay thank you very much so the last question. I think you've touched on most of the things so we still have to go to this one.

**P11 ECNE:** Okay.

**Researcher:** What type of support do you think will be valuable to the novice clinical educators in order to ease their transition process?

**P11 ECNE:** Right err... One err... Let's look at where they are found, could've landed in teaching because of certain reasons and left this and that for certain reasons to land in something new. Some could be those that are eager to learn a new thing, particularly if you have people that have been in the field and just want to come and trial back. We should not now kill the spirit of that person by our attitude because we are long in the field and you must take instructions from us. When we are open minded, we need to be open minded so that we can accommodate the new one. If you look for instance, now the tongue... the era that we find ourselves in now in the revolutionary era we are wondering are we going to have robot nursing patients we know for a fact that human beings are fragile. We know for a fact, so but then how do we fixture then in the world of technology? What makes us so important and so necessary? That is what we need to nurture. If we are going to bring a new novice, then let's bring the nursing out that it is... we are saying we are hands on kind of profession. We need to act that and need to live that, we need to practice that, we need to make the patient feel the need and accept and enjoy this human presence of a

nurse. So we need to grow and let this live next to a patient. The novice lecturer has to teach skills but also has to... it's not just doing things it is also feeling the things that they're teaching and feeling the things that we are doing unto patients. So if we support the novice well enough people will remain in the field and I believe we'll not be having people leaving the profession for (inaudible)... Because of somebody they were so angry so much that she does not want to see any nurse anymore, because of the lack of support. Lack of support can destroy a person, even the best person we'd also lose out on because we never support this person well. If you feel supported you have a feeling of belonging, you feel belonging into a space and you want to grow within the space and give the best you can of what you have and what you possess and be eager to learn and better yourself so that you become a better person and a better product and produce... remember we are producing ourselves. That is the thing unfortunately. If we have the best people in the profession, we will produce the best if we are also willing to learn and move with the times and adjust to the circumstances and the environment we find ourselves in. We will still give our best, we will still do our best because we'll learn, we will adjust, we will unlearn and we will just move on. We need to be like that, we need to be like that. So the new one might be bringing what you have never thought of so if you don't accommodate that one you'll never learn anything new because you're closing up.

**Researcher:** Okay, is that all Mam?

**P11 ECNE:** And to the novice lecture, there are so much ways in which we could be better supportive honestly. Because now if you look at the current situation most of the lectures are almost at the age of retirement. Now it makes you think since I'm on the verge of retirement 'what am I leaving behind, who are you leaving behind and what are we waiting to see happen once we leave for retirement'. We need to retire, it's natural but now we also need to leave behind people that can run with a better way. So now if there is a novice that is not well supported, that novice can also be saying but 'I'm not welcome here' so that is the point of giving the best of me when it's not even appreciated. The novice must be supported for the continuation and for the sake of the wellness of the patient as well as the student.

**Researcher:** Okay thank you very much, for there is anything else... I think we've come to the end of this interview.

**P11 ECNE:** Thank you Mam.

**Researcher:** Err... What I did not assure you when we started with the interview is the confidentiality of the information. This information will be kept confidential. You will be referred to as participant number eleven, nobody will link the responses that you gave to your name.

**P11 ECNE:** Thank you Mam.

**Researcher:** Yes, thank you very much for the valuable information.

**P11 ECNE:** Thank you for the opportunity.

**Researcher:** It's a pleasure Mam.

**P11 ECNE:** If there's anything you need more at some point you're welcome to contact me.

**Researcher:** Thank you very much, I'll do so.

**P11 ECNE:** Thank you Mam.

**Researcher:** Thank you, bye and enjoy the rest of your evening.

**P11 ECNE:** Thank you, thank you.

# **ANNEXURE B 8**

## **DATA COLLECTION: EXAMPLE OF A COMPLETED INTERVIEW GUIDE HOD**



**PARTICIPANT INFORMED CONSENT DOCUMENT FOR SEMI-STRUCTURED INTERVIEWS**

**Study title: TRANSITION SUPPORT NEEDS OF THE NOVICE CLINICAL NURSE EDUCATORS IN A PUBLIC NURSING COLLEGE IN GAUTENG PROVINCE: A CASE STUDY**

**Principal Investigator:** Matlou MF

**Supervisor:** Professor I Coetzee

**Co-supervisor:** Professor R Leech

**Institution:** UNIVERSITY OF PRETORIA

**DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):**

**Daytime number/s:** 0124269534

**After hours number:** 0658532147

**Date and time of informed consent discussion:**

28	06	2021
date	month	year

18 : 30
Time

Dear Prospective Participant

Dear Mr. / Mrs. [REDACTED]

**1) INTRODUCTION**

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 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 interview.

**2) THE NATURE AND PURPOSE OF THIS STUDY**

The aim of this study is to explore the transition support needs of novice clinical nurse educators and to suggest guidelines for the support of novice clinical nurse educators during their transition from professional nurse in practice to clinical nurse educator at a nursing college in Gauteng.

Data will be collected virtually, through a semi-structured interview. The discussion will be arranged at a time that is convenient to you and will take place in a classroom setting.

**3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM PARTICIPANTS**

If you agree to participate, you will be interviewed alone, and it will take about 40 – 45 minutes. You will be asked some questions about transition support needs of novice clinical nurse educators. With your permission, the discussions will be recorded on a recording device to ensure that no information is missed.

**4) RISKS AND DISCOMFORTS INVOLVED**

I 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 if you are not comfortable to do so. If you need psychological support or counselling during or after the interview, I will be able to refer you to the employee wellness department for counselling.



**5) POSSIBLE BENEFITS OF THIS STUDY**

You will not benefit directly by being part of this study. But your participation is important for us to better understand the transition support needs of novice clinical nurse educators in a nursing college in Gauteng Province. The information you give may help the researcher improve the quality of clinical education in the nursing college.

**6) COMPENSATION**

You will not be paid to take part in the study. There are no costs involved for you to be part of the study.

**7) VOLUNTARY PARTICIPATION**

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.

**8) ETHICAL APPROVAL**

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.

**9) INFORMATION ON WHO TO CONTACT**

If you have any questions concerning this study, you should contact:

Researcher M Matlou: 0658532147

Professor I Coetzee: 0123563166

Doctor R Leech: 0123563166

**10) 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 scientific journals or presented at conferences in such a way that it will not be possible for people to know that you were part of the study.

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 at the University of Pretoria, for a minimum of 15 years and only the research team will have access to this information.

#### **10) CONSENT TO PARTICIPATE IN THIS STUDY**

- 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.
- If photos are taken it may only be used after I have seen it and agreed that it may be used.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

PARTICIPANT INFORMED CONSENT DOCUMENT FOR SEMI-STRUCTURED INTERVIEWS

[Redacted]

Participant's name (Please print)

2021/06/28

Date

[Redacted]

Participant's signature

2021/06/28

Date

\_\_\_\_\_  
Researcher's name (Please print)

Date

\_\_\_\_\_

\_\_\_\_\_  
Researcher's signature

Date

\_\_\_\_\_

I understand that the interview will be audiotaped. I give consent that it may be audio recorded.

YES  
 NO

## **SEMI-STRUCTURED INTERVIEWS (Academic Heads of Departments)**

### **TITLE: TRANSITION SUPPORT NEEDS OF NOVICE CLINICAL NURSE EDUCATORS IN A PUBLIC NURSING COLLEGE IN GAUTENG PROVINCE: A CASE STUDY**

#### **QUESTIONS**

1. What systems are in place in your department to support novice clinical nurse educators during their first year of practicing?
  - The lecturer is formally welcomed and inducted for two weeks
  - Management, administration and support staff are allocated time to do induction of all areas of the Campus.
  - All departments' supervisors including Labour Relations officer, Occupational Health and Safety practitioner and Quality Assurance are involved in the induction.
  - The Head of Department orientates the lecturer on the work plan related to clinical activities, mentorship, performance evaluation, and contracting, quarterly reports during the first year of work and communication with the clinical facilities, students and clinical training departments.
  - The lecturer is allocated to a mentor for the first year and an orientation document is completed for the year of mentorship.
  - Peer review documents are completed after each session with students at clinical
  - Quality assurers do sampling with students for the evaluation of all sessions with the lecturer.
  
2. How do you appoint mentors who are to support the novice clinical nurse educators in your department?
  - The senior lecturer with more than five years of experience in clinical are allocated to mentor the lecturer and is done per rotation annually.
  
3. What sources of evidence is available to monitor the quality support provided to the novice clinical nurse educators? (kindly describe the content of each document and the objectives for each)

- Job description document covering the key responsibility areas of the lecturer is signed at the beginning of the work.
- Contracting document is also signed which indicate the percentages in rating of all key responsibility areas. Due dates of all activities are noted and agreed on.
- Head of department visits to clinical areas/classes where the lecturer is accompanying students to check the achievement of learning outcomes.
- Peer reviews by other clinical lecturers on the skills and content of the accompaniment for each day.
- Student surveys conducted by the quality assurance officer

4. What type of support do you think will be valuable to the novice clinical nurse educators to ease their transition process?

- Mentor to involve the lecturer in the placement plans.
- Offer information and the attendance of placement meetings held at the Campus and Clinical facilities.
- Structured Orientation guidelines to students for all skills and document package be made available for the lecturer.
- Orientation to all clinical areas and meet and greet of stakeholders in the facilities where students will be placed.
- Be provided with tools of trade like laptop, Cell phone and funded data plan when doing accompaniment.
- Be subsidised with allowance for fuel to use own car to do accompaniment of students on subsistence scheme B.

# **ANNEXURE C**

## **DECLARATION OF THE EDITOR**



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30 June 2022

**TO WHOM IT MAY CONCERN**

I hereby certify that I have edited Mmatlou Fridah Matlou's master's dissertation, **Novice clinical nurse educators' transitional support needs: a Gauteng public nursing college case study** for language and content.

*IM Cooper*

lauma M Cooper  
192-290-4