

Research article

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

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Abstract

The aim of the study on which this paper is based was to develop guidelines for the support of newly qualified nurses to ease their transition from student to professional practitioners in Lesotho; and to get their first-hand experience of their transition from student to professional practitioners in a public hospital in Lesotho.

An explorative, descriptive, contextual, qualitative research design was chosen. The sample included all newly qualified professional nurses who worked in a public hospital in Lesotho for a period of one year or less. Data was

collected by means of semi-structured individual interviews with ten (10) participants and a focus group interview with eight (8) of the original participants. Content analysis of the data in the qualitative tradition was independently done by two coders who identified four (4) themes and ten (10) sub-themes. The first theme was described as reality shock, including the sub-themes emotional reactions and limited resources. The second theme, competence, includes the sub-themes of knowledge, skills and attitude. A third theme describes the participants experience of the support from management, colleagues, the Ministry of Health and Social welfare, nursing educational institutions and the community. The fourth theme describes the participants' vision for the future. Each of the themes was discussed together with relevant data obtained from literature and reduced to a conclusive statement which served as basis for the formulation of guidelines to ease the transition from student to professional practitioner in Lesotho. The paper concluded with the researcher's evaluation of the study and recommendations for nursing education, nursing management and further research. **Copyright © acascipub.com, all rights reserved.**

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

Introduction

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

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

Hendel and Gefen-Liban (2003:483) argued that "professional education at graduate level is aimed at preparing nurses for leadership roles by contributing to the development of their unique bodies of knowledge and skills and internalising values needed today in management roles". Newton and McKenna (2007:3) indicated that the newly

qualified nurses' focus is on themselves for the first six months of the transition period; during the next six months they start to focus on the bigger picture of patient care, relationships and their own ongoing development. Palese, Tosatto, Borgigh and Mpura (2007:59) confirms this perception that when the newly qualified nurses get their first interview, they have clear requests about the wards they wish to work in, declining offers from hospitals that cannot guarantee their requests.

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

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

The purpose of education and training is to prepare students for a professional life in society and to provide nursing care to those in need of care. The purpose of nurses having clinical experience is to correlate education to practice to enable students to gain competency and ultimately proficiency. Killen (2000:10) indicates that *what* learners learn is extremely important, but *how* they learn is equally important, because their experiences will directly influence their motivation and also their future learning and coping strategies. Nursing as a career poses a challenge to how education and training is offered. Waite (2006:13) supports the idea that it is vital for students to receive education to prepare them for a profession of diverse experiences as well as a complete learning experience. The vagarious experience offered within a university simulation laboratory, in the eyes of students does not reflect the reality of the clinical environment (Newton & McKenna, 2004:2). Tracy and Jones (2005:365) add that the ability to learn at

one's own has become a prerequisite for living in a dynamic world of rapid change. Each profession has unique characteristics and traditions determined by its practitioners; thus nursing as a profession has evolved in response to societal needs for a well developed practitioner who provides care to the patients in episodes of illness, and promotes health among all age groups (Muller, 2002:17; Chan, 2002:524). Nursing is the only profession that expects a 'finished' product at the end of pre-registration education (Jackson, 2005:26).

Research Issues

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

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

Research objectives

The objectives of this study were the following:

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

Research Design and Methods

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

Based on the purpose of the study and in order to achieve its objectives an explorative, descriptive, contextual, qualitative design is the design of choice. The methods, congruent with the research design, employed in this study include decisions regarding the study population, the sampling process and methods for data collection and data analysis.

The concept, population, refers to the entire group of persons (N =10) that meets the criteria the researcher is interested in investigating (Brink, 2006:123). The target population in this study comprises all the newly qualified professional nurses, (diploma and degree) currently working in the public hospital in Lesotho who passed their final

examination as well as the licensure examination with the Lesotho Nursing Council in September 2008. A sample refers to the process followed by the researcher to select a smaller group (sample), representative of the criteria of the identified population of interest in order to obtain information relevant to the phenomenon under study (Brink, 2006:124). For the purpose of this study, one sample is identified from the population as described in 1.7.2.1. Purposive voluntary sampling is used to select participants who have first hand experience of the phenomenon under study (Brink, 2006:124). The sample size refers to the number of participants who are selected from the population (Brink, 2006:135). The sample include the accessible population due to the participants availability and voluntary participation (N = 10).

Data collection

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

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

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

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

Data analysis was conducted to reduce, organise and give meaning to data (Burns & Grove, 2005:732). The data captured on the audiotape was transcribed verbatim to ease the process of content analysis as described by Creswell (2005:238) and the description of the results of this study, enriched with direct quotations from the participants. The following questions served as basis for the data collection by means of ten (10) semi-structured individual

interviews conducted by the researcher followed by a focus group interview conducted by an independent facilitator with eight (8) of the original ten (10) participants:

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

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

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

Themes

The data collected from participants during 10 individual interviews and a focus group were analysed by the researcher and an independent co-coder. After a consensus decision four (4) themes and ten (10) sub-themes were identified (Figure 3.1) under which the findings of this research will be discussed with relevant quotations from the transcripts. Literature was explored and brought in relation to the findings in order to either support the findings of this study or oppose it. Each theme was condensed in a conclusive statement. The conclusive statements that served as foundation for the development of guidelines (Burns & Grove, 2005:116) to facilitate the transition from student to professional practitioner in Lesotho. The results of this study, together with the proposed guidelines will be presented to the Ministry of Health and Social Welfare in Lesotho for possible implementation.

Theme 1: Reality shock

The participants in this research verbalized their experience as one of shock. Newton and McKenna (2006:2) described reality shock as a situation encountered by newly qualified nurses as they become graduate nurses, the ability to adjust is complicated because they must socialize into clinical nursing practice and their professional roles. According to Duchscher (2008:1103) newly qualified nurses are confronted with a broad range and scope of physical, intellectual, emotional, developmental and socio-cultural changes that are expressions of and mitigating factors within the experience of transition. The author found that what the graduates understand about nursing from their education and what they experience in the 'real' world of healthcare service delivery leaves newly qualified nurses with a sense of groundlessness.

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

“We are **expected** to be competent...work independently **without direct supervision.**” (I/10; F.)
 “I have to be independent,... **responsible** and **accountable.**” (I/2; F.)
 “The work we are doing here is very **traumatic.**” (F.)
 “When I started working here I was anxious because I was not used to taking care of **too many patients.**” (F.)
 “I am frustrated due to the **shortcuts done** to some of the procedures because that is **not what we have learned** at school. If one wound becomes septic, I feel guilty that I could have done something better for the patient. I become frustrated because at school we have learned that each patient should have his/her own pack...different as a result we are **confused.**” (I/5; F.)

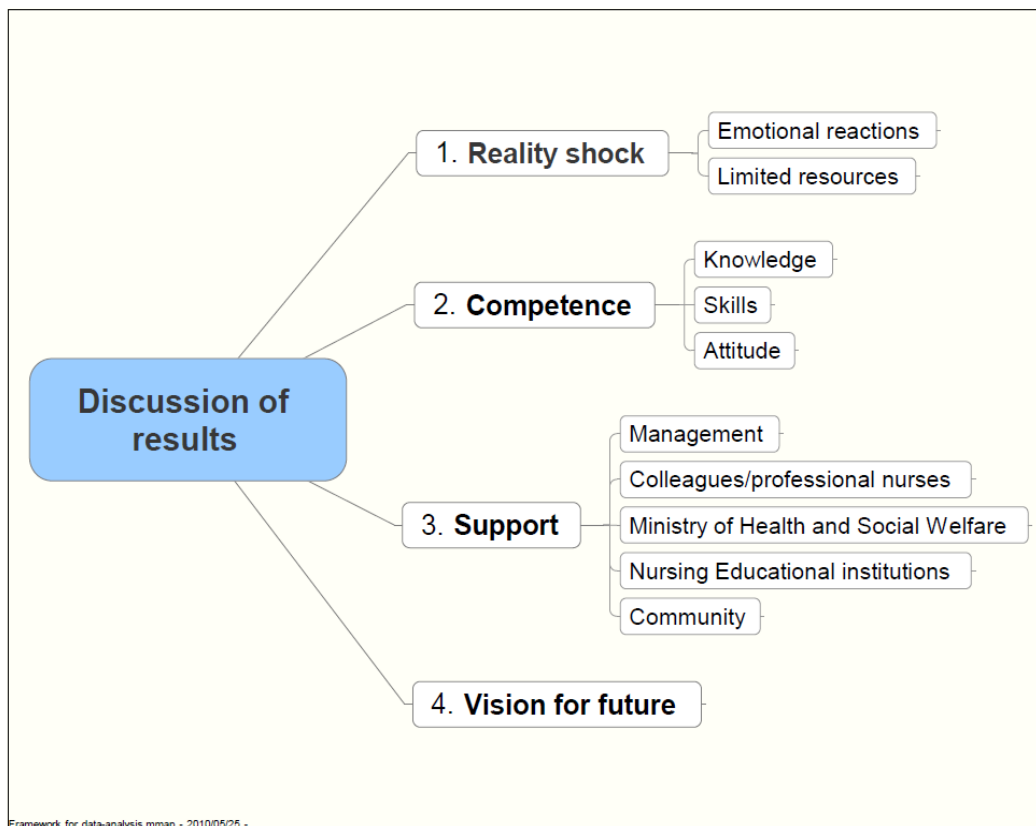


Figure 3.1: Summary of themes and sub-themes

Values and practices favoured in colleges and university courses are challenged as graduates grapple with the realities of practice, striving to understand hospital processes, procedures, and their place in the clinical and organizational requirements (Hamilton, 2005:68; Duchscher & Cowin, 2006:154; Newton & McKenna, 2007:2). According to Chang and Hancock (2003:157) new nurses lack clear roles. They are afraid of making mistakes, lack confidence and are fearful of new situations (Oermann & Garvin 2002:226). All these lead to job dissatisfaction, burnout and a high turnover rate (Altier & Kresk, 2006:74). New graduates who work in the hospital setting consistently express frustration and a sense of demoralization as a direct result of the dissonance they experience between their perception of nursing and what they find nursing to really be (Duchscher & Myrick, 2008:197).

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

Sub-theme 1.1: Emotional reactions

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

- “I enjoyed my work as a nurse from the beginning but now I am **angry, demotivated and frustrated.**” (F.)
“When you instruct the patient to do something and she does not do it the way you instruct, you become **frustrated** because you want to finish with her and go to the next patient you end up being harsh or rude. When you are at home reflecting back on what you did you become **shameful** of the way you talked to the patient and as a result felt **guilty**. The following day you are **tired and less interested** to go on duty and sometimes be **angry** towards patients due to workload.” (F.)
“I feel as if us new nurses we do not belong to the health team. We feel **unworthy.**” (F.)
“I feel very **demotivated, very shameful** about my profession.” (F.)
“If you are failing to provide services to the patient you feel incompetent and **shameful.**” (F.)
“...makes us **angry** nurses, **emotional, stressed and regretful** and everything that is bad.” (F.)

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

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

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

Sub-theme 1.2: Limited resources

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

“Time is wasted in **borrowing equipments** from other wards”. (I/5; F.) “... **one dressing pack for fifty patients** in the male surgical ward...” (F.) “Things are done **shortcut**, no equipment...the schools have provided enough guidance but we are **not able to do what we have learned at school**”. (I/5; F.) “Nursing patients on the **floor bed** was really **challenging**.” (I/4/5; F.)

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

Conclusive statement for theme 1:

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

THEME 2: Competence

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

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

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

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

Sub-theme 2.1: Knowledge

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

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

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

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

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

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

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

Sub-theme 2.2: Skills

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

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

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

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

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

Newton *et al.* (2009:630) emphasized that to enhance skill acquisition and develop identities as nurses; nurse practitioners require well-supported opportunities to extend what they have learnt in university. Booyens (2007: 391) confirms that personal job satisfaction is enhanced when abilities have been developed and when nurse practitioners are placed in positions that suit their ambitions and abilities. The author further indicated that career development of employees decreases an organization’s turnover rate. Booyens (2007: 384) adds that an in-service education program is essential in updating, educating and informing the person about the present requirements of the job as jobs in the health care services are never static and are subject to rapid change; therefore there is a need for continuous in service education of health care practitioners.

Sub-theme 2.3: Attitude

Wehmeier (2005:81) explains the concept, attitude, as the way you think and feel about something; the way you behave towards something that shows how you think and feel. Most of the participants verbalized both negative and positive attitudes towards the situation they find themselves in.

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

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

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

The participants tend to blame the educators, senior nurses, hospital administrators managers and as well as the MOHSWL for the pressures and problems they encountered at work. This is how they put it: “Our **educators** did not follow us to the clinical area they **just left us** to be supervised by the clinical nurses.” (F.)

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

Conclusive statement for theme 2:

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

Theme 3: Support

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

The lack of support and the quest for support from various stakeholders was a central theme during both the individual interviews and the focus group interviews conducted in this study. The participants in this study indicated a need for support from the nursing managers, professional nurses, nursing education institutions, MOHSWL as well as the community which are discussed below. “We **need someone who care** for our emotional and professional wellbeing.” (I/2/7; F.) “...no advocacy.” (I/ 10; F.)

Sub-theme 3.1: Nursing management

The participants in this study expressed a critical attitude regarding the perceived lack of support from the nursing management during the transition from student to professional practitioner. They expressed experiences of a non-caring, critical and stand-offish attitude from their superiors, feelings of helplessness and despondency.

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

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

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

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

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

Support by means of orientation programmes have been identified as possible method for addressing role transition (Chung, Wong & Cheung, 2008:410) and orientating new employee towards the new work environment is regarded as the first part of the orientation (Booyens, 2007:381). Gerrish (2000:476) found that new nurses were placed in charge of the ward, ensuring that patients were appropriately cared for, managing other professional nurses on the same level and completing the administrative work. This was the cause of considerable anxiety as they lacked

organization and management skills. The researchers further indicate that delegating work to other members of the ward team was especially difficult as they were anxious to be perceived as 'bossy'.

According to Levett-Jones and Fitzgerald (2004:41) successful transition programs are said to encourage new nurses to remain in the workforce and maximize the community's investment in the education and training of nurses. Therefore, new nurses need to be supported in terms of orientation, induction and training and encouragement in order to be enthusiastic to carry out their duties.

Sub-theme 3.2 Colleagues/professional nurses

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

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

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

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

Sub-theme 3.3: Nursing educational institutions

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

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

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

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

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

Duchscher (2009:1106) asserts that the new nurses have unrealistic expectations from the institutions, their colleagues and the graduates themselves. In the study done by Newton, Billet & Ockerby (2009:630) the learners lack support regarding their transition from both the clinical environment and from their facilitators at school. The

participants need for rotation between units is supported by Purdie *et al.* (2008:315) the learners need a diverse placement to ensure that they are exposed to a variety of health care experiences to equip them to nurse holistically.

Sub-theme 3.4: Ministry of Health and Social Welfare

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

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

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

“...the **expectation** was that after working for a year one should have **gone for short or long courses to refresh** or update me on some information given to health professional.”(F.)

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

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

“...the **expectation** was that after working for a year one should have **gone for short or long courses to refresh** or update me on some information given to health professional.”(F.)

Sub-theme 3.5: Community

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

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

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

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

Conclusive statement on theme 3:

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

Theme 4: Vision for the future

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

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

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

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

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

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

According to Levett-Jones and Fitzgerald (2004:41) the transition of newly qualified graduates from student to professional practitioner continues to be problematic and stressful and indicated that the real world experienced by the new graduate is often unsupportive and extremely traumatic. The transition is a period or time when a new staff member undergoes a process of learning and adjusting to acquire the skills, knowledge, attitudes and values, required to become an effective member of the health team. Transition is ongoing and will occur whenever there is a change in the context of practice or role (Newton *et al.*, 2003:1432).

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

According to Barton (2006:340) individuals or groups change over time, gaining new skills, abilities, status and wisdom, Andersson, Cederfjäll and Klang (2005:192) saw reflection as a tool for enhancing professional development and linking theory to practice; promoting critical thinking, personal socio-political emancipation,

stimulating self-awareness and understanding, empowering practitioners and contributing to learning. The researchers indicated that the context in which nurses' work is regarded as important for the development of their abilities and expertise as nurses. Furthermore, the striking change for newly qualified professional practitioners is that he/she has a full legal and professional responsibility for patients. This new level of responsibility and entitlement brings with it changes in the way nurses experience themselves and the practice environment (Benner, 2004:191). Levett-Jones and Fitzgerald (2004:41) argues that a successful transition program is said to encourage newly qualified professional practitioners to remain in the workforce and maximize the community's investment in the education and training of nurses.

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

Recommendations

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

Nursing Education

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

- All students should be allocated to different departments before graduating in order to avoid the shock of entering the unit the first time as newly qualified nurse practitioner.
- Students should be prepared for the reality of the nursing practice and not only the "ideal" as described in textbooks.
- Students should be exposed to "What if..." activities to stimulate their critical thinking to be able to cope in unfavourable situations within the parameters of the scope of practice.
- A system of contact with newly qualified nursing practitioners could be considered (sms, letter, telephone call, a quick visit during clinical accompaniment) as support and a show of interest in their wellbeing during the transition period.

- A variety of teaching-learning approaches should be considered to empower the student in problem solving- and critical thinking skills; a competency-based curriculum seems to be an alternative for the current content-based curriculum.

Nursing Management

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

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

Nursing Research

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

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

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