

# AN ANALYSIS OF THE TRANSITION OF NEWLY QUALIFIED REGISTERED NURSES DURING THE FIRST YEAR OF REGISTRATION WITH THE SOUTH AFRICAN NURSING COUNCIL: A SHORT REPORT

Sindisiwe Mthembu (MSc)

Faith Zakwe (BSc)

Corresponding Address:  
Ms Mthembu ( MSc)  
University of KwaZulu-Natal,  
School of Nursing  
Howard College Campus  
Durban  
4041  
e-mail: mthembus1@ukzn.ac.za

## ABSTRACT

### Introduction:

Literature shows that the process of transition from student nurse to qualified registered nurse has long been recognized as a stressful experience. The South African Nursing Council requires newly qualified nurse practitioners to have the necessary knowledge, skills, attitudes and values which will enable them to render an efficient service. The purpose of this research was to analyse the views of newly qualified registered nurses on their clinical experiences during their first year of registration.

### Methods:

A quantitative descriptive design was used. The population included 40 newly qualified nurses who were still in their first year of being registered nurses. Convenience sampling was done.

### Results:

This study revealed that the transition period remains stressful for some newly qualified practitioners because of the minimal support they receive.

### Conclusion:

It is recommended that there should be careful planning of student experiences in their final year of study and that the inconsistencies in clinical settings be addressed.

**Keywords:** newly qualified registered nurses; clinical placement; clinical roles; role transition.

## INTRODUCTION

Workplace realities require nurses to be competent in performing nursing activities. According to Chung, Wong and Chueng (2008) nursing activities usually include direct and indirect patient care, shift reports, rounds and case conferences, routine maintenance of the environment and general management. The operation of these activities is affected by care delivery models and the clinical environment. These variables pose challenges to the development of competent graduates. While the experiences of newly qualified registered nurses (RNs) is a subject that has not been well researched, available literature on this topic clearly demonstrates that being a newly qualified RN is

particularly stressful and that many newly qualified RNs feel unprepared for this role (Moeti, van Niekerk & van Veiden, 2004; O'Shea & Kelly, 2007).

The experiences of newly qualified RNs cannot be viewed solely in terms of education policy and reform. The 1990's have seen extensive changes in the organization and delivery of health care (Gerrish, 2000) which have impacted upon the experiences of student nurses and the employment and practice of newly qualified RNs. Gerrish, in undertaking a study in 1999, found that the experiences of nurses interviewed were similar to those identified by other researchers (Lathlean, Smith & Bradley, 1986). These researchers state

that graduate nurses felt they lacked relevant communication skills and lacked confidence in talking to bereaved relatives and making decisions. According to Halfer and Graf (2006), "Fumbling along graphically illustrates how graduate nurses learned to perform their new role, in the light of what they perceived to be inadequate preparation" (p. 152).

In their study on the perceptions of graduate nurses regarding their work experience, Halfer and Graf (2006) found many categories where graduate nurses had experienced the same difficulties despite changes that had taken place in nurse training. Some new problems had emerged, however, including that of role conflict. The nurses complained of feeling a 'jack of all trades' and experienced conflict when coping with clinical and management responsibilities (p. 152). Halfer and Graf also identified that newly qualified nurses felt an increased responsibility and experienced difficulty in coping with their teaching role. These researchers concluded that although most satisfaction was gained from direct patient care, many nurses felt unprepared for the sudden increase in management responsibility, finding it difficult and stressful (Halfer & Graf, 2006). The work environment and norms of registered nursing practice are not what many RNs expected when they entered the workforce (Halfer & Graf, 2006). Because there is a divergence between the nursing practice experienced in an academic clinical rotation and institutional expectations experienced in the acute care setting, new RNs are faced with having to learn how to be nurses and function within an unfamiliar, sometimes unsupportive organizational culture, while being asked to assume increasing levels of responsibility (Valdez, 2008).

In South Africa, according to Morolong and Chabeli (2005), the South African Nursing Council (SANC) requires registered nurse practitioners and midwives to have the necessary knowledge, skills, attitudes and values which will enable them to render an efficient service. The health care system also demands competent nurse practitioners to ensure quality in health care. In the light of competency being a national priority and statutory demand, the question that emerges is, how prepared are the newly qualified RNs that are in clinical settings (Morolong & Chabeli, 2005).

Various research articles (Valdez, 2008; Halfer & Graf, 2006; Casey, Fink, Krugman & Propst, 2004) highlight the stress that new RNs experience when in clinical settings for the first time. While the new work environment and feelings of inadequacy are elements of the high level of stress experienced by novice and advanced beginner nurses, other stressors have also been identified in the literature. These include: (a) fear of independent practice (worried about knowing what to do and how to respond to patient needs); (b) dealing with new situations; (c) work schedule challenges, dissatisfaction, or both; (d) unclear expectations and (e) finances and student loans (Halfer & Graf, 2006; Valdez, 2008). According to Casey et al. (2004), new RNs become dissatisfied with their work schedules, salaries and believed that they lack opportunities for career development. This is in line with Valdez (2008) views that newly qualified RNs need support and guidance in their first few months in practice however, the extent to which such support to be provided is variable. The perceived reasons for this support to be multifaceted are dependent on the amount of pressure of the work load and the availability of staff to do the work. (Maben & Clark, 1998; Casey et al., 2004; Morolong & Chabeli, 2005).

According to Bryant and Williams (2002), one of the main issues in preparing the student nurse for a better transition to being a RN revolve around the issues of the work environment and students' preparedness. Various factors such as the nature and extent of the workload, knowledge of ward routine, performance expectations, management of patients with complex health problems and uncertainty about social integration into nursing have been common areas of incompetence and require support, as highlighted by Berry (2005). Similarly, Chung et al. (2008) point out the factors that influence role transition, including feelings of 'reality shock' and unpreparedness, the availability and typology of preceptorship programmes in the clinical learning environment (Midgley, 2005, p. 342), and interpersonal relationships. These, according to Duchsher (2005), are challenging times for registered nursing practice for there is minimal qualitative evidence to inform what constitutes an optimal work environment for the acute care, hospital-based practicing nurse and even less evidence to detail the factors that

exhaust, alienate and discourage those professionally competent and caring nurses we most need to attract and retain (Duchscher, 2005).

The aim of this research was to determine the views of the newly qualified RNs on their roles and to determine how their roles as newly qualified RNs had changed in their first year after registration with the SANC at a selected hospital in KwaZulu-Natal (KZN).

**RESEARCH METHODOLOGY**

A quantitative descriptive research design was used in this study which was conducted at one of the hospitals in Northern KZN. The target population for this study were the newly qualified RNs who were in clinical placement during the first year following registration with the SANC. Convenience sampling was used to select all the newly qualified RNs to participate in the study. All newly qualified RNs in each unit in a clinical area of the selected hospital, on both day and night duty, were requested to participate. There were 14 units in the selected institution and the newly qualified RNs were working in various units including medical, surgical, paediatrics and orthopaedics. The total population for the study was 40.

A self-developed, structured questionnaire that was guided by the Rungapadiachy and Madill (2006) model for transition from being a student nurse to a RN was used for data collection. The items for the questionnaire were selected based on an extensive literature research with regard to RN transition and development in clinical settings. The instrument consisted of two sections: Section A requested the participant to provide demographic data and Section B attempted to elicit the experiences of the newly qualified RN on his/her experiences or transition in the first year of clinical exposure in the clinical settings. Content and face validity of the instrument was assessed.

Permission to conduct the study was obtained from the University of KwaZulu-Natal Research Ethics Committee, the Hospital Research Ethics Committee, the nursing service manager at the participating hospital and the operational managers of each unit where newly qualified RNs were allocated. After obtaining permission, data was

collected by requesting each newly qualified RN to respond to the hand distributed questionnaire, once informed consent was obtained.

Each questionnaire was assigned a number for coding. Data analysis was done using Statistical Package for Social Science (SPSS) for Windows. There were 40 questionnaires distributed, with a total of 31 returned; which was 77.5% return rate.

**RESULTS**

The mean age of the participants was 26 years with a range of 18 to above 35 years. The majority of the participants were female (84%) and from the African race (94%). The results indicated that the majority (n=23, 74%) of the newly qualified RNs had been working as an RN for seven to twelve months and 23% had been registered with the SANC for less than six months. A total of 23 (74%) newly qualified RNs had been allocated to one unit since their registration as RN's, 19% (n=6) had rotated between two units and only 6% (n=3) had been allocated to a maximum of three units in the first twelve months following their registration as RNs with the SANC. The majority of the newly qualified RN's were allocated to day duty (n=28, 90%) as compared to 6% (n=3) of whom were allocated to night duty. The profiles of the participants are presented in the table 1 below.

**Table 1: Participants Profile**

Variable	Category	Number	Percentage
Gender	Male	5	16%
	Female	26	84%
Age	18 – 25 years	17	55%
	26 – 35 years	9	29%
	> 35 years	5	16%

**Views of the RNs on their Preparedness for Clinical Placement during First Year**

In terms of the views drawn by the participants on their experiences on clinical placement during the first year following registration with SANC, the participants reported differing experiences. Table 2 depicts that most of the participants felt prepared enough to work independently as RNs. In addition, 71% (n=22) of the responses indicated that they felt confident in their clinical nursing skills and abilities to do their jobs as RNs. The findings further indicated that 55% (n=17) of the participants felt

that the knowledge and skills they possessed was not adequate for the allocated work (role ambiguity) in the clinical settings, whereas 45%

(n=14) reported that the knowledge and skills possessed was adequate for work allocated to them as RNs.

**Table 2: Preparedness of Newly Qualified RN's at the End of One Year**

ITEMS	Frequency	
	Yes	No
Feel able to cope with clinical expectations and work allocation.	50%	50%
Feel confident in my clinical nursing skills and abilities.	71%	29%
Feel able to carry out nursing procedures like those that will be expected of me as a registered nurse.	77%	23%
Able to record clinical data systematically.	94%	6%
Able to identify my own educational needs.	90%	10%
Able to understand and observe patients under my care for actions, interactions and adverse reactions.	68%	32%
Able to cope and the allocation of work is up to my knowledge and skills.	45%	55%
Able to discuss health issues with patients.	74%	26%
Able to approach others in the ward regarding my learning needs.	97%	3%
Able to confidently approach more senior staff for help.	81%	19%
Support from seniors at any time when needed.	19%	81%
Feel the lack of resources hinders my effective functioning.	87%	13%
Lack of support in the clinical area frustrates me and hinders my functioning in the unit.	65%	35%

**DISCUSSION**

There was a predominance of females (83.9%) to males (16.1%) in the study. It seems to be a common trend that most men view nursing as a female profession with the result that few males enrol for the nursing profession (Duchscher, 2005). Some of the reasons why males do not join the nursing profession could be that they receive little or no career guidance concerning nursing in high schools (O'Shea & Kelly, 2007) and also that they might fear that they will be perceived as not being manly by their peers and clients.

The majority of the participants had been working for more than six months as qualified RNs and many of them had been allocated to only one unit during their time at the hospital. As many new graduates experience reality shock as they make the transition from the culture of being a student nurse with a given set of values and ideals to another culture of being a RN often with different, and even conflicting, values and ideals (Chung et al., 2008), keeping newly qualified nurses in the same or similar unit for longer allows for professional grounding, development and growth

needed in the field. This reduces the level of stress as graduates adapt to the professionalisation and role of a RN. Gerrish (2000) and AACN (2009) pointed out that it is well known that the first six to twelve months of employment as a graduate RN are among the most stressful in a nurse's career and the most critical in terms of their decision about whether or not to commit to a career in nursing (Moeti et al., 2004).

**Views of the RN's on their Preparedness for Clinical Placement during their First Year**

*Role ambiguity: The findings of this study revealed that 55% of the RNs felt unable to cope with the allocation of work because of role ambiguity. The code of conduct for nurses in South Africa makes advocacy a requisite of the nursing role, stating that nurses should always act in such a manner as to promote and safeguard the interests and well-being of their patients. Several authors (O'Shea & Kelly, 2007; Halter & Graf, 2006) report ambiguity as whether RNs clinical procedures are conducted in accordance with the legislation and are supervised by a more senior nurse.*

*Theory–practice gap:* Half the number of RNs (50%) felt they were able to cope with clinical expectations and work allocation and the other half felt they were unable to cope with the clinical expectations of being a RN. Most participants recognized the significance of the theoretical knowledge acquired in their training, but found it difficult to apply it in practice. This was in line with Berry (2005) who suggests that teachers often generate knowledge in the classroom that is not immediately related to practice. Similarly, O’Shea and Kelly (2007) argued that it is not always possible to apply theory to practice because the environment is not always conducive. The contexts that students are taught and trained are not always the same as the clinical settings for practice. Therefore, part of the theory-practice gap may be due to ideological differences between clinical placements and the nursing education institutional teaching methodology (Valdez, 2008).

*Support from others:* The findings revealed that 83% of the RNs felt they did not get support from seniors when they needed it. Several researchers, (Gerry, 2000; AACN, 2009; Halfer & Graf, 2006), report that the lack of support could lead to low morale, as could the lack of influence the newly qualified RN had over the type of patients admitted to their unit. Research has found that a positive clinical learning environment is crucial for the transitional period. A supportive clinical environment provides some of the most important learning opportunities for newly qualified RNs in terms of skills, knowledge, practice, reflection and cultural socialisation (Lathlean et al., 1996; Meyer, 2007). A supportive milieu also allows the newly qualified RN to improve and consolidate clinical skills and improve patient management and time management in a context of provision, maintenance, and positive reinforcement and nurture (AACN, 2009). In line with AACN, Meyer (2007) asserts that a positive, stimulating and supportive environment results in higher staff satisfaction and also that nurses who were more proactive and satisfied were better at achieving a more effective clinical placement experience.

## RECOMMENDATIONS

It needs to be acknowledged that transition role of a RN is often difficult as the individual adapts to new responsibilities and expectations. Nevertheless, the

findings from this study have suggested that although the transition remains stressful, newly qualified RNs felt they had developed more active learning strategies to enable them to adjust to the responsibilities of their new role and believed that they had been more or less appropriately supported through the transition process. In order to ease the transition process, consideration needs to be given as to how undergraduate nursing programmes can provide more appropriate opportunities for student nurses to develop the clinical organizational and managerial skills necessary for their future role. Additionally, further attention needs to be paid to the bridging period over the latter part of the four year programme and the first twelve months post-qualification in order to enable the neophyte nurse to acclimatize gradually in becoming an accountable practitioner. It is suggested that supernumerary status and preceptorship programmes for newly qualified RN’s be implemented to help ease the stress associated with the transition process.

## CONCLUSION

Newly qualified RNs were asked about their views on the transition from being students to RNs and on their first year’s experiences as RNs in the clinical field. Although the transition from student to qualified RN remains stressful and newly qualified RNs still felt inadequately prepared, this study has suggested that the transition process does not seem that difficult. Many newly qualified RNs reported that nothing had hindered their practice as RNs. They did, however, mention a few challenges such as lack of support from senior staff members and role ambiguity.

## REFERENCES

- American Association of Colleges of Nursing. (2009). Fact sheet: nursing shortage. Retrieved June 17, 2009 from <http://www.aacn.nche.edu/Media/FactSheets/NursingShortage.htm>.
- Berry, J. (2005). A student and registered nurse partnered clinical experience, *Nurse Educator*, 30(6), 240-241.
- Bryant, S., & Williams, D. (2002). The senior practicum, *Nurse Educator*, 27(4), 174-177.
- Casey, K., Fink, R., Krugman, M., & Propst, J. (2004). The graduate nurse experience. *Journal of Nursing Administration*, 34, 303-11.
- Chung, L.Y.F., Wong, F.K.Y., & Chueng, S.C.M. (2008). Fostering maturity for senior nursing students: a pre-

- graduation clinical placement. *Nurse Education Today*, 28(4), 409-418.
- Duchscher, J.E.B. (2005). Out in the Real World Newly Graduated Nurses in Acute-care Speak Out. *Journal of Nursing Administration*, 31(9), 426-439.
- Gerrish, K. (2000). Still fumbling along? A comparative study of the newly qualified staff nurse's perception of the transition from student to qualified nurse. *Journal of Advanced Nursing*, 32(2), 473-480.
- Halfer, D., & Graf, E. (2006). Graduate nurse perceptions of the work experience. *Nursing Economics*, 24, 150-155.
- Lathlean, J., Smith G., & Bradley S. (1986). Post-registration development schemes. NERU Report Number 4. Nursing Research Unit, King's College, University of London.
- Maben, J., & Clark, J.M. (1998). Diplomates' perceptions of their experiences of transition from student to staff nurse. *Journal of Advanced Nursing*, 7(2), 145-153.
- Meyer, S.M. (2007). An investigation into the affective experiences of students in an online learning environment. An unpublished master's thesis submitted at the University of Pretoria. Retrieved February 15, 2010 [upetd.up.ac.za/thesis/available/etd](http://upetd.up.ac.za/thesis/available/etd).
- Midgley, K. (2005). Pre-registration student nurses' perception of the hospital-learning environment during clinical placements. *Nurse Education Today*, 26, 338-345.
- Moeti, M.R., van Niekerk, S.E., & van Velden, C.E. (2004). Perceptions of the clinical competence of newly registered nurses in the North West province. *Curationis*, 27(3), 72-84.
- Morolong, B.G., & Chabeli, M.M. (2005). Competence of newly qualified registered nurses from a nursing college. *Curationis*, 28(2), 38-50.
- O'Shea, M., & Kelly, B. (2007). The lived experiences of nurses on the clinical placement following registration in the Republic of Ireland. *Journal of Clinical Nursing*, 16, 1534-1542.
- Rungapadiachy, D.M., & Madill, A. (2006). How newly qualified mental health nurses perceive their role. *Journal of Psychiatric and Mental Health Nursing*, 13, 533-542.
- Valdez, A.M. (2008). Transition from novice to competent: What can we learn from the literature about graduate nurses in the emergency setting? *Journal of Emergency Nursing*, 34(5), 435-440.