

Understanding the learning needs to enhance clinical competence of new professional nurses in public hospitals of South Africa: A qualitative study

Kholofelo L. Matlhaba*^{ORCID} and Naomi L. Nkoane^{ORCID}

Department of Health Studies, University of South Africa, South Africa



Abstract

Background: A competent nursing workforce plays an important role, as it will ensure effective management of the healthcare system by providing quality nursing care. However, from the literature, it is evident that the learning needs of new professional nurses are not well explored and documented.

Objective: The objective of this paper was to report identified learning needs of new professional nurses to enhance their clinical competence to ensure that they are able to provide excellent quality nursing care to patients with confidence.

Methods: A qualitative study design was used to understand the perceptions of operational managers regarding the learning needs of new professional nurses to enhance their clinical competence. The study was conducted at seven public hospitals in the three districts of the North West Province, South Africa, between September and November 2021. Data were analyzed thematic.

Results: Four themes emerged from data analysis: 1) Ethos and professional practice, 2) Management and leadership skills, 3) Assessment and observation skills, and 4) Documentation and record keeping.

Conclusion: This study provides valuable information regarding the learning needs of new professional nurses. Understanding these learning needs can provide insight into how to better transition student nurses to registered nurses so that they are able to adequately and safely take care of a diverse patient population and work successfully as new nurses.

Keywords


clinical competence; enhancement; learning needs; new professional nurses; operational managers; South Africa

*Corresponding author:

Kholofelo Matlhaba, RN, M.Sc., PhD
 Department of Health Studies
 University of South Africa
 P.O Box 392, UNISA, 0003, South Africa
 Email: matlhal@unisa.ac.za

Article info:

Received: 15 June 2022
 Revised: 16 July 2022
 Accepted: 1 August 2022

 This is an Open Access article distributed under the terms of the [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/), which allows others to remix, tweak, and build upon the work non-commercially as long as the original work is properly cited. The new creations are not necessarily licensed under the identical terms.

E-ISSN: 2477-4073 | P-ISSN: 2528-181X

Background

The focal objective of healthcare is to deliver the highest possible quality of care and patient safety levels ([International Council of Nurses \(ICN\), 2019](#)). According to [World Health Organization \(2021\)](#), patient safety is fundamental to the provision of health care in all settings. Providing safe services will also help reassure and restore communities' trust in their health care systems ([World Health Organization, 2021](#)). Therefore, the nurses' role is to preserve patient safety and prevent harm during the provision of care in both short-term and long-term care settings ([Vaismoradi et al., 2020](#)). The clinical competence of new professional nurses is essential in ensuring patient safety; it is, therefore, important to use the most effective approaches to prepare competent nurses resulting in improved patient care and clinical outcomes ([Lengetti et al., 2018](#)).

According to [Benner \(2001\)](#), the development of clinical competence is a process, and a newly qualified nurse in the

early stages of the continuum may be at the novice or advanced beginner level. Additionally, [Benner \(2001\)](#) acknowledged that nurses' skill and knowledge level increases with clinical experience and expertise over time. Therefore, it takes more than 12 months for the newly qualified nurses to feel comfortable and competent in a new working environment ([Matlhaba et al., 2021a](#)). Supporting the previous statement, [Willman et al. \(2021\)](#) define the first two years in the profession post-graduation as the transition period that is a process triggered by a change as the new graduate registered nurse is transitioning to professional life.

Literature suggests that new professional nurses need support while incorporating their knowledge into clinical practice. For example, according to [Price and Reichert \(2017\)](#), early-career nurses expected sufficient training and education to facilitate workplace transitions and continuing education opportunities throughout their careers for career laddering. Further, these nurses have trouble executing their responsibilities and accountabilities during the transition, generally between the first and third years after graduation

(Kaihlainen et al., 2018). These difficult experiences might be due to feelings of insufficiency with regard to clinical skills, fears of making mistakes, increased responsibilities, and insufficient guidance. Therefore, qualified, competent RNs need to be available and provide sufficient support for new professional nurses to meet changing population health needs (World Health Organization, 2020). In addition, a literature review conducted by van Rooyen et al. (2018) reported that for the newly qualified nurses to develop their professional roles, there is a need for formal support with regard to socialization, feeling of belonging, and a positive atmosphere. Hence, the need to explore and describe operational managers' perceptions regarding the learning needs to enhance the clinical competence of newly employed professional nurses at selected public hospitals in North West Province, South Africa.

In addition, new qualified professional nurses are expected to be competent for the smooth running of health care units to improve quality nursing care. According to the International Council of Nurses (ICN) (2012), nurses have four fundamental responsibilities: promoting health, preventing illness, restoring health, and alleviating suffering. Thus, nurses are entrusted with the responsibility to render comprehensive nursing care.

The South African Nursing Council (SANC) (2005) states that practitioners are considered competent if they have the ability to integrate and apply the knowledge, skills, judgment, attitudes, values, and abilities required to practice safely and ethically in the designated role and setting. Furthermore, each professional nurse is entrusted with the accountability of ongoing manner for self-appraise own level of competence in order to upgrade and maintain their competency.

Understanding the new qualified professional nurses' learning needs can provide insight into how to better transit from student nurses to registered nurses so that they are able to adequately and safely take care of a diverse patient population and work successfully as new nurses. However, there are gaps in the literature regarding the specific learning needs of new qualified professional nurses. Hence, this paper aimed to report identified learning needs of new qualified professional nurses to enhance their clinical competence as perceived by operational managers.

Definitions of the Studied Concepts

Competence refers to the "ability to perform a work-role to a defined standard with reference to real working environments that ideally includes a person's ability to demonstrate their cognitive knowledge, skills, behaviors, and attitudes in any given situation" (Mathaba et al., 2021b). Nabizadeh-Gharghozar et al. (2021) concluded that clinical competence is a continuous process of obtaining knowledge, values, attitudes, and skills such as critical thinking skills that bring creativity and innovation to nursing practice. In this study, clinical competence refers to a combination of skills, knowledge, and attitudes the new professional nurse possess to perform duties related to patients' care in an acceptable manner to promote, maintain and restore patients' health.

Enhancement refers to the process of improving the quality, amount, or strength of something (Cambridge Dictionary, 2021). For this study, enhancement refers to the process of improving the clinical competence of new professional nurses through identifying learning needs and recommendations to meet those needs.

Learning needs. The gap between the professional's current level of knowledge and skills and the level of knowledge and skills required to perform a task or a set of functions. In this study, the concept of learning needs refers to the learning need to enhance the clinical competence of new professional nurses employed at selected public hospitals in North West Province, South Africa, as perceived by the operational managers.

New professional nurse: According to the South African Nursing Council (SANC) (2005), the title of professional nurse refers to a person who has met the prescribed educational requirements for registration as a professional nurse and midwife; acquired and maintains the competencies to practice and registered as a professional nurse (Nursing Act No. 33 of 2005, R. 786 31 (1)(a-c)). SANC: R.786 (2013 (31 (1) (a-c)). For the purpose of this study, a new professional nurse refers to a professional nurse with experience of 1 to 3 years after registration with the South African Nursing Council. Furthermore, the concepts of new professional nurses will be used interchangeably with newly qualified nurses, as in most literature. However, the focus will be on the new professional nurses as a group of interest due to the years of experience after registration as professional nurses by the South African Nursing Council.

Operational manager. According to Minister for Public Service and Administration (2007), an operational manager refers to the professional nurse expected to ensure that comprehensive nursing treatment and care is delivered to patients in a cost-effective, efficient, and equitable manner by the unit. Furthermore, they demonstrated competencies and a thorough understanding of nursing legislation, related legal and ethical practices, and how these aspects affect service delivery. In this study, an operational manager refers to a person in charge of a ward or unit mainly for planning and executing the daily nursing functions and activities in the selected public hospitals.

Methods

Study Design

A qualitative, descriptive, and exploratory design was used to understand the perceptions of operational managers regarding the learning needs of new professional nurses to enhance their clinical competence.

Participants

The operational managers are supervisors for new professional nurses employed at selected public hospitals in the North West Province of South Africa. The study was conducted at seven public hospitals in the three districts of the North West Province, South Africa. Purposive sampling was used to recruit operational managers as they are the direct supervisors of the new professional nurses at those selected hospitals.

Data Collection

Data were collected using the interview guide during focus group discussions and individual interviews until data saturation was reached, especially when no new information was identified. Data were collected between September and November 2021 during the South African (SA) National

Lockdown Level 1. The researchers complied with the National Lockdown Regulations to adhere to Covid-19 measures. Forty-six operational managers (five males and forty-one females) from three of the four districts participated in this research. Interviews with focus group discussions lasted from 45 to 60 minutes, and individual interviews lasted from 30 to 40 minutes. The main question was, “*What are the new professional nurses’ learning needs to enhance their clinical competence?*” In addition, some probing questions were asked to get more clarity on what participants were saying. Field notes were also captured and complemented the audio records.

Data Analysis

Data were analyzed manually using the six steps of the thematic analysis method suggested by Braun and Clarke (2006). A thematic analysis was used to systematically identify, organize, and facilitate perceived views into the meaning in order to create themes. Data analysis focused on the operational managers’ perspectives regarding the professional learning needs of new professional nurses employed at the selected public hospital in the North West Province, South Africa. The data analysis process involved analyzing the transcript, which was read three to four times, and the perspectives of each participant were rewritten in a detailed manner. From the written perspective, important concepts were identified and later summarized into codes. Codes were arranged into categories that were later formulated into themes. The researchers confirmed that the themes possess enough data evidence. After describing and identifying the themes, the researchers confirmed the themes in the data transcripts.

Trustworthiness

To ensure the credibility of the results, researchers used multiple data collection methods, including focus group discussions and individual face-to-face interviews, to gain more understanding of the operational managers’ perspectives regarding the learning needs of the new professional nurses. Furthermore, during data collection, the

researchers asked for confirmation of what was said by participants that were later transcribed then themes developed. To ensure transferability, a thick description was used to ensure that only what the operational managers perceived was used in developing themes for this study. To ensure conformability, the researchers read raw data multiple times to get a clear understanding to create meaningful themes. Finally, to ensure the dependability of the results, the researchers used existing literature to support their results.

Ethical Considerations

This paper is part of the main research project approved by the University of South Africa College of Human Sciences Research Ethics Review Committee (CREC Reference #:90388526_CRECHS_2021). In addition, further approvals were sort from the North West Department of Health, the District Offices, as well as the facilities where research was conducted. Each participant signed the informed consent after the researchers thoroughly explained the purpose of the study before data collection commenced.

Results

Demographics of Participants

The participants were operational managers at seven public hospitals in the three districts of the North West Province. Forty-six operational managers (five males and forty-one females) participated in this research. The participants’ age ranged between forty and sixty-five.

Themes, Categories, and Codes

Four themes emerged from data analysis: 1) Ethos and professional practice, 2) Management and leadership skills, 3) Assessment and observation skills, and 4) Documentation and record keeping. In addition, data from the interviews regarding their perceptions of their learning needs as new professional nurses provided an understanding of the operational managers’ point of view as supervisors at the selected public hospitals in the North West Province of South Africa (Table 1).

Table 1 Themes, categories, and codes developed by the authors

Themes	Categories	Codes
1. Ethos and professional practice	1.1. Adherence to the norms of the nursing profession	Unprofessional attitudes and conduct
	1.2. Provision of effective advocacy for patients	Lack of patients’ advocacy
2. Management and leadership skills	2.1. Facilitation of effective communication	Handover and shift reporting
	2.2. Supervision of subordinates	Delegation and allocation of duties
3. Assessment and observation skills	3.1. Identification and management of emergency complications	Notice of change in patient’s condition
	3.2. Analysis and interpretation of findings	Incorrect interpretation of findings
4. Documentation and record keeping	4.1. Documentation and writing nursing care rendered	Principles of record keeping
	4.2. Maintenance of accuracy and completeness of records	Inadequate documentation of information

Theme 1: Ethos and professional practice

Ethics is an integral part of the nursing profession and forms the foundation thereof. The code of ethics reminds all nursing practitioners in South Africa of their responsibilities towards those under their care (South African Nursing Council (SANC), 2005). The first theme that emerged was the need for training and development regarding ethics and professional practice.

Below are the categories that emerged from this theme, supported by the quotations from the participants.

Category 1.1. Adherence to the norms of the nursing profession

The majority of participants suggested that there is a need for training of new professional nurses with regard to unprofessional attitudes and conduct.

One participant stated that,

"I once asked them if they were taught ethics and etiquette at the university or college. Most of them, it seems they do not know. It is as if they were not taught or they did not understand what is meant by etiquette and ethics. Because, to be honest, they have no respect for patients, and patients are neglected. It is a challenge." (Hospital 7; FGD 4; female participant 1)

Another reported,

"I have noticed that the main problem is, these new professional nurses, they want to change the era of nursing. They want to modernize everything. Everything to them must be fashionable. They do not even have that caring spirit" (Hospital 5; FGD 3; female participant 6)

Category 1.2. Provision of effective advocacy for patients

Another category that surfaced from the participants was the challenge with regard to advocating for the patients. One of the main responsibilities of any nurse is to advocate for patient care, patient rights, and ethical consideration of practice. Participants emphasized the provision of advocacy, as they believed it could improve the quality of patient care. Therefore, if regular training on patient advocacy can be provided, quality nursing care will improve.

One participant stated,

"Let them also show that they are going to be advocates, very important, advocating for their patients because most of the time, they just leave the doctor seeing that there are things that are not done right, but they just quiet because this is the doctor. They fail to advocate for patients. They need training on patients' advocacy" (Hospital 1, individual interview; male participant)

Another participant said,

"The advocacy for patients. As nurses, we were taught that we are the mouth of the patient. So therefore, I do not see that. I do not see them doing the advocacy for patients. If the doctor says this is what should be done for the patient, even if it's something that they (new professional nurses) know is wrong, the person will just agree and say because the doctor said we must do it, without even advocating for the patient." (H7; FGD 4; Female P 4)

Theme 2: Management and leadership skills

The second identified training need was management and leadership skills. The results highlighted that the second learning needs of new professional nurses focused on management and leadership skills according to the operational managers. Operational managers reported that new professional nurses needed to learn how to communicate effectively, especially during report giving, since they work directly with patients. Furthermore, participants said there is a need for training as the new professional nurses find it difficult to delegate and supervise their subordinates in the units. Below are the categories and direct quotations from the participants.

Category 2.1. Facilitation of effective communication

The first identified management and leadership skills focused on the need for training when it comes to the facilitation of effective communication. Most participants reported that some new professional nurses were unable to provide adequate information, which led to poor communication, mostly with inadequate handover reporting during changing shifts.

One participant said,

"You find that they are working in the labor ward, and then we hand her over this patient who came yesterday, and then she was admitted, and then at the end, she says I did PV, she's three centimeters dilated

with intact membranes. Then after the report, we called her, sister, you did PV (per vaginal examination). I then asked, sister, how much dilated was the patient? No, sister, she was three centimeters, and then the membrane was intact, she cannot go further" (Hospital 6; individual interview; female participant)

Another participant said,

"I'm working in the Pediatric ward. When I look at them, as my colleagues have said, they did not come to nursing with passion; they came to nursing for money. When I look at that, the person comes late on duty, does not want to take even the reports nor give the report" (Hospital 8; FGD 4; female participant 2)

Category 2.2. Supervision of subordinates

This category focuses on new professional nurses struggling with delegating duties to subordinates, including Enrolled Nurses and Enrolled Nurses Assistants. Some participants suggested that the difficulty was due to the age and experience gap. In contrast, others believed it was because they had worked with some of them during their clinical learning periods. Below are the quotations from some participants.

"They cannot control. I do not think they lack knowledge on how they are supposed to handle them. They do not want to put that knowledge into practice. You'll tell them you are a registered nurse now; you have EN (Enrolled Nurse) or ENA (Enrolled Nurse Assistant), you are immediate direct supervisor" (Hospital 1; individual interview; male participant)

Another participant said,

"What I've realized, the young and new nurses, they become afraid to do the allocation of duties and to supervise the experienced and older nurses. Even if they know what they are doing is right, they look at the older one like, "I am new here; how can I allocate this task to them? They fear because the older one will come and say you cannot allocate me that task. It is a challenge. They need to be assisted" (Hospital 2; FGD 1; female participant 11)

Theme 3: Assessment and observation skills

This theme relates to competence in the ability to effectively and efficiently respond to emergencies. The operational managers echoed with concern the lack of urgency and unresponsiveness behavior in the new professional nurses they are receiving in the unit. Thus, the new professional nurses have become catalysts to mortality rates of the patients in the units as they failed to commence resuscitation on complicated patients. Below are categories and quotations from the participants.

Category 3.1. Identification and management of emergency complications

The participants in this study reported that new professional nurses lack the observational and triaging skills of the patients in the emergence rooms.

One of the participants stated the following:

"Yes, we need to go to basics in terms of making sure that from training they are not taken straight to specialty areas because then their burden is too heavy, they cannot handle it, and basically by the time they get there, they cannot even do general basic management of a patient. Therefore, that becomes a kind of like a challenge, and at the end of the day, it leaves them frustrated because they cannot handle the pressure and the workload and even to understand the complications that they find themselves having to face every day" (Hospital 3; FGD 2; female participant 1)

Another participant said,

"They do not analyze the findings and plan their care; that is when you find cases where the patient has died, and when you read the notes,

there is no resuscitation commenced. The patient's notes will be "called a doctor to certify or to see an unresponsive patient" (Hospital 7; FGD 4; female participant 6)

Category 3.2. Analyses and interpretation of findings

Some participants reported that new professional nurses were unable to analyze and interpret the findings of the nursing care rendered to the patients. This was seen as a high risk as they are unable to act accordingly, which might be detrimental to the lives of the patients.

One participant said this,

"They don't put nursing practice that they have learned as a theory into practice. A person will do vital signs, BP ninety-eight over fifty-eight or seventy-six over forty-four, but fail to interpret these results; I mean, you should realize that there is an abnormality. Blood pressure 172/110 should make you think deeply and act." (Hospital 1, individual interview; female participant)

Another participant said,

"They told me straight, they said, no, from the college we were just taught, we don't even know what the Glasgow Coma Scale (GCS) is. Almost all of them. Therefore, it was a problem, and it was a challenge. I started showing them what the GCS is. Because the other one just guessed. When I asked them, the other one just guessed and said the Glasgow Coma Scale of the patient is eleven." (Hospital 7; FGD 4; female participant 6)

Theme 4: Documentation and record keeping

The fourth theme was the new professional nurses' inability to adhere to the principles of record keeping. Participants mentioned that documentation is the evidence that shows the standard care given to the patients. Therefore, complete and accurate clinical documentation is a professional nursing obligation crucial for high-quality nursing care and patients' safety. From the study results, it is evident that new professional nurses need the training to enhance their competence in this aspect. The categories below, together with the participants' quotes, support the statement above.

Category 4.1. Documentation and writing of nursing care rendered

The first category that emerged from the data analysis was that a majority of participants found that new professional nurses have difficulty with adequate documentation of patient information as well as the writing of nursing care rendered. The current study revealed that the new professional nurses' record keeping is worrisome.

These are some of the operational managers' extracts:

"There is a huge lack of recording, and I don't know if you will agree with me, is report-writing. Because in nursing, everything that you do, you must write it down. There is a saying that if you did not record it, you did not do it. And it seems like that part, report-writing, or documentation, is lacking among all of them" (H 3; FGD 2; Female P 5)

The other participants explained their experience with regard to the lack of documentation from the new professional nurses' side.

"You call the person and say, I saw you with the medicine trolley, but you didn't record, there is no record, what have you done? It is really draining. They do not record what they have done" (Hospital 7; FGD 4; female participant 1)

Category 4.2. Maintenance of accuracy and completeness of patients' records

In the second category, some participants reported that doctors are documenting their actions compared to the nurses.

This led to the need for new professional nurses to be trained to maintain the accuracy and completeness of patients' records.

One of the participants reported the following:

"It is my responsibility as the unit manager to also look at the doctor's orders if they were carried out and documented. Most of the time, I find that the doctors have documented their medical care in their own space, but when I go to the documentation of nurses, it does not appear. For example, maybe the doctor has ordered a sample to be collected for culture or any procedure, but when it comes to nurses' documentation, it does not appear. It was not recorded". (Hospital 7; FGD 4; female participant 5)

Supporting her colleague, another participant mentioned this:

"I always explain how important recording is to them and that whatever you are doing, you must record it because if you don't record anything, that simply means you didn't do it. In addition, I always tell them it is a challenge if I am looking in the patient's file only to find that nursing care rendered is not documented or the documentation is incomplete or does not tally with what I am told was done". (Hospital 7; FGD 4; female participant 3)

Discussion

The discussion for this study is described based on the emerged themes.

Theme 1: Ethos and Professional Practice

The results of this study have identified learning needs that might improve new professional nurses' professional knowledge and skills during the first year of practice. The first identified learning need was related to the ethos and professional practice. The ethical aspect of nursing is essential for nurses in health services (Ilkafah et al., 2021). According to Hoskins et al. (2018), the nursing profession has an obligation to prepare nurses for the ethical morass of clinical practice; high-quality ethics pedagogy should be an essential component of nursing education. The results of this study are consistent with the conclusion made by the authors suggested that ethics inclusion should begin in nursing school and continue as long as the nurse is practicing (Hoskins et al., 2018).

The current study further reported a lack of patient advocacy from the new professional nurses when caring for the patients. According to Alanezi (2021), patient advocacy is a pillar of nursing; thus, to maintain patients' safety, nurses are responsible for protecting the patient from any unsafe actions by other healthcare team members. In the study conducted by Alsufyani et al. (2020) in Saudi Arabia, nurses reported that they were accessible and approachable and effectively advocated for patients rather than other health professionals. The study further noted that poor patient advocacy could cause unavoidable health complications and death (Alsufyani et al., 2020). Therefore, the need to have continuous training to assist the new professional nurses in enhancing their patient advocacy skills.

Theme 2: Management and Leadership skills

World Health Organization (2021) indicated that most medical errors are generally due to poor or missed communication amongst health professionals. A study by Tiwary et al. (2019) concluded that clear communication is vital in the proper

treatment of the patient, while poor communication may lead to life-threatening complications. Therefore, effective communication was identified as another learning need in this study. The inability to communicate with a multi-disciplinary team has previously been reported as a challenge among new graduate nurses (Aydogan & Ulupinar, 2020; Song & McCreary, 2020). Communication breakdowns among health professionals and patients or their relatives can lead to medical errors, yet effective communication may prevent such mistakes (Street Jr et al., 2020). Therefore, supporting the results of the current study, Tiwary et al. (2019) highlighted that proper communication training for health professionals is paramount for better communication practice.

The current study results revealed that new professional nurses struggle to lead and supervise their juniors in the facilities and units. Major (2019) has stated that leadership can be a daunting exercise for newly qualified nurses if they are not given support. Furthermore, they are not doing well in delegation duties and providing handover reports at the end of their shifts (Major, 2019). The power struggles in delegations between the old-long serving enrolled and assistant nurses and new professional nurses, despite that both categories know their basic patient care activities, have a negative impact on the provision of quality care (Goh et al., 2020). Contrary to the current study, Chua et al. (2022) reported a lack of shared decisions among enrolled nurses as well as registered nurses. Unlike the current study, whereby new registered nurses lacked confidence in the supervision of their juniors, it was reported that registered nurses were not always including the lower category of nurses in the decision-making process related to patient care (Chua et al., 2022).

Theme 3: Assessment and Observation Skills

The current study revealed that some new professional nurses lacked assessment and observation skills, leading to the inability to identify and manage emergency complications. This theme relates to the inability to effectively and efficiently respond to imminent life-threatening situations with competence. According to Dalton et al. (2018), the initial step in detecting and recognizing the deterioration of a patient's health is through effective observation. AlMarzooq (2020) suggests that spot-on training in triage improves the effectiveness of triage nurses and improves confidence they will be prepared to perform more efficiently. The participants in this study reported that new professional nurses lack observational and triaging skills of the patients in the emergency rooms, which might have a negative impact on patients' health. Early recognition of complications is crucial to improving health outcomes (Ernawati & Bratajaya, 2021; van Rossum et al., 2021). The current study supported the study conducted in Turkey, whereby it was reported that newly graduated nurses needed to learn more about nursing interventions such as effective crisis management and code/emergency management (Aydogan & Ulupinar, 2020).

The International Council of Nurses (ICN) (2019) emphasizes that to maintain a culture of trust, honesty, integrity, and open communication among patients and health care providers, early identification of risk towards the patient is essential. Nurses are expected to identify complications by assessing the vital signs of the patients. Nurses have substantial knowledge to judge the subtle change of the

patients, thus able to identify the patient care needs (Anton et al., 2021). The current study proves otherwise that new professional nurses lack the ability to recognize the subtle change in the patient's health status. It is therefore vital for new professional nurses to be able to identify and manage emergencies and complications. However, from the results of this study, new professional nurses are having difficulties with regard to the identification and management of emergency complications as perceived by the operational managers.

Furthermore, the operational managers echoed concern about the lack of urgency and unresponsiveness behavior in the new professional nurses they are receiving in the unit. This defeats the purpose of management of the complications through timely escalation of care to save lives (Massey et al., 2017). South African Nursing Council (SANC) (2005) asserted that clinical decisions and judgments are always not compliant with minimum expectations as stipulated in the legal-ethical prescripts of the nursing profession. The study participants stated that the new professional nurses were clueless about most nursing care skills used in the units.

Theme 4: Documentation and Record Keeping

Participants emphasized that complete and accurate documentation is the evidence that shows the standard care given to the patient. Participants reported the new professional nurses' inability to adhere to the principles of record keeping. Tuinman et al. (2017) suggest that accurate nursing documentation is vital to ensure the safety of the patients. Some participants raised a concern with regard to the inadequate documentation and writing of nursing care rendered as, most of the time, patients' records are inaccurate and incomplete when being audited by operational managers. The results of this study concurred with the previous studies that show that insufficient documentation in the nursing profession is a universal challenge (Kamil et al., 2018; Mutshatshi et al., 2018; Tasew et al., 2019). The participants of the current study reported documentation as a nursing practice gap amongst the new professional nurses. According to the study by Tasew et al. (2019), half of the nursing care documentation was inadequate.

Furthermore, the participants echoed the element of dishonesty regarding documentation of the care and medication given to patients by the new professional nurses. Hence, they believed that the quality of nursing documentation would improve with the training, and accurate reporting would increase. Because the accuracy of documentation is critical in nursing documentation as it promotes communication and collaboration by systematically providing the care rendered to the patient (Kamil et al., 2018). The study by Kinnunen et al. (2020) suggested that inadequate, missing, or incorrect patient information is mostly related to poor documentation. Furthermore, it has several adverse effects on patient care processes and, thus, on quality of care, care continuity, and patient safety. It is one of the causes of patient claims (Kinnunen et al., 2020). Therefore, it is evident from the current study that inadequate documentation is a serious concern that needs urgent attention.

Implications of the Study

Operational managers reported that the majority of new professional nurses display a lack of knowledge when it comes

to ethics and professional conduct, which is regarded as the main concern as it is seen as the foundation of the nursing profession. Therefore, the results of this study may help nursing education in South Africa to strengthen the curriculum when it comes to teaching ethos and professional practice to be comparable with the international standards. Furthermore, these results may assist the public hospital administrators in the North West Province in planning to enhance the clinical competence of newly employed professional nurses in terms of providing effective training and development to improve patient quality care. Finally, these results can inspire other public hospitals outside the province, the country, and internationally to prepare structured training and development programs that can enhance the clinical competence of new professional nurses.

Limitations of the Study

This paper reports the described and explored views of the operational managers regarding the learning needs to enhance the clinical competence of new professional nurses. This is the first step in understanding the learning needs of new nurses in selected public hospitals in three of the four districts of the North West Province in South Africa from the perspectives of the operational managers as direct supervisors. Therefore, there is a need for a comparative study with primary health care clinics as well as the new professional nurses themselves would be appropriate.

Additionally, the limitations of this study were related to participants' maximum variation sampling. Furthermore, the gender of the participants was key, as the study includes more females than males because the nursing profession is mainly female-dominated. Lastly, the study setting significantly varied because it was conducted in urban and deep rural areas. Hence, enhancing clinical competence might reveal different results based on gender and context variation.

Conclusion

This study set the possible framework for future studies. Based on the results, new professional nurses permanently employed in public hospitals have several learning needs in order for their clinical competence to be enhanced. These identified learning needs can be considered gaps that need more attention and further research during the training and preparation for the nursing programs. This can also be achieved by strengthening the continuous professional programs and in-service training in the hospitals. Attending these identified learning needs gaps to enhance the clinical competence of new professional nurses may improve the quality of nursing care, leading to patient satisfaction.

Declaration of Conflicting Interest

The authors declare that they have no conflict of interest in this study.

Funding

The study was self-funded by both authors.

Acknowledgment

The authors would like to acknowledge the participants of this study.

Authors' Contributions

Both authors contributed to the study conceptualization, methodology, data collection, data analysis, writing, and manuscript editing and approved the final and submitted version of the article.

Authors' Biographies

Kholofelo L. Mathaba, RN, M.Sc., PhD is a Senior Lecturer for Health Sciences Education at the Department of Health Studies, College of Human Sciences, School of Social Sciences, University of South Africa. Her research interest is health sciences education focusing on teaching and learning and clinical competence.

Naomi L. Nkoane, RN, M.Sc., PhD is a Senior Lecturer for Community Health Nursing at the Department of Health Studies, College of Human Sciences, School of Social Sciences, University of South Africa. Her research interest is community and maternal health focusing on health care service delivery, quality and professionalism.

Data Availability

The datasets generated and analyzed during the current study are available from the corresponding author on reasonable request.

References

- Alanezi, F. Z. (2021). Nurses' attitude towards patient advocacy in a single tertiary care hospital. *Nursing Open*. <https://doi.org/10.1002/nop2.958>
- AlMarzooq, A. M. (2020). Emergency department nurses' knowledge regarding triage. *International Journal of Nursing*, 7(2), 29-44. <https://doi.org/10.15640/ijn.v7n2a5>
- Alsufyani, A. M., Aldawsari, A. A., Aljuaid, S. M., Almalki, K. E., & Alsufyani, Y. M. (2020). Quality of nursing care in Saudi Arabia: Are empathy, advocacy, and caring important attributes for nurses. *Nurse Media Journal of Nursing*, 10(3), 244-259. <https://doi.org/10.14710/nmjn.v10i3.32210>
- Anton, N., Hornbeck, T., Modlin, S., Haque, M. M., Crites, M., & Yu, D. (2021). Identifying factors that nurses consider in the decision-making process related to patient care during the COVID-19 pandemic. *PLoS One*, 16(7), e0254077. <https://doi.org/10.1371/journal.pone.0254077>
- Aydogan, Y., & Ulupinar, S. (2020). Determining the learning needs of new graduated nurses working in inpatient care institutions. *Nurse Education Today*, 92, 104510. <https://doi.org/10.1016/j.nedt.2020.104510>
- Benner, P. (2001). *From novice to expert excellence and power in clinical nursing practice* (Commemorative ed.). Upper Saddle River: Prentice Hall.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Cambridge Dictionary. (2021). Cambridge dictionary. In <https://dictionary.cambridge.org/us/dictionary/english/enhancement>
- Chua, W. L., Rahim, N. R. B. A., McKenna, L., Ho, J. T. Y., & Liaw, S. Y. (2022). Intraprofessional collaboration between enrolled and registered nurses in the care of clinically deteriorating ward patients: A qualitative study. *Australian Critical Care*, 35(1), 81-88. <https://doi.org/10.1016/j.aucc.2021.01.009>
- Dalton, M., Harrison, J., Malin, A., & Leavey, C. (2018). Factors that influence nurses' assessment of patient acuity and response to acute deterioration. *British Journal of Nursing*, 27(4), 212-218. <https://doi.org/10.12968/bjon.2018.27.4.212>
- Ernawati, E., & Bratajaya, C. N. A. (2021). Senior nurses' perceptions of essential soft skills for novice nurses in a private hospital in Jakarta, Indonesia: A phenomenological study. *Belitung Nursing Journal*, 7(4), 320-328. <https://doi.org/10.33546/bnj.1549>
- Goh, P. Q. L., Ser, T. F., Cooper, S., Cheng, L. J., & Liaw, S. Y. (2020). Nursing teamwork in general ward settings: A mixed-methods exploratory study among enrolled and registered nurses. *Journal of Clinical Nursing*, 29(19-20), 3802-3811. <https://doi.org/10.1111/jocn.15410>
- Hoskins, K., Grady, C., & Ulrich, C. M. (2018). Ethics education in nursing: Instruction for future generations of nurses. *OJIN: The Online Journal of Issues in Nursing*, 23(1), 1-4. <https://doi.org/10.3912/OJIN.Vol23No01Man03>
- Ilkafah, I., Mei Tyas, A. P., & Haryanto, J. (2021). Factors related to implementation of nursing care ethical principles in Indonesia. *Journal*

- of *Public Health Research*, 10(2), jphr-2021. <https://doi.org/10.4081%2Fjphr.2021.2211>
- International Council of Nurses (ICN). (2012). *The ICN code of ethics for nurses*. https://www.icn.ch/sites/default/files/inlinefiles/2012_ICN_Codeofethicsfornurses_%20eng.pdf
- International Council of Nurses (ICN). (2019). *Patient safety-ICN position*. https://www.icn.ch/sites/default/files/inline-files/D05_Patient_Safety_0.pdf
- Kaihlanen, A. M., Haavisto, E., Strandell-Laine, C., & Salminen, L. (2018). Facilitating the transition from a nursing student to a registered nurse in the final clinical practicum: A scoping literature review. *Scandinavian Journal of Caring Sciences*, 32(2), 466-477. <https://doi.org/10.1111/scs.12494>
- Kamil, H., Rachmah, R., & Wardani, E. (2018). What is the problem with nursing documentation? Perspective of Indonesian nurses. *International Journal of Africa Nursing Sciences*, 9, 111-114. <https://doi.org/10.1016/j.ijans.2018.09.002>
- Kinnunen, U.-M., Kivekäs, E., Palojoki, S., & Saranto, K. (2020). Register-based research of adverse events revealing incomplete records threatening patient safety. *Digital Personalized Health and Medicine. Proceedings of MIE 2020*, 270, 771-775. <http://dx.doi.org/10.3233/SHTI200265>
- Lengetti, E., Kronk, R., Ulmer, K. W., Wilf, K., Murphy, D., Rosanelli, M., & Taylor, A. (2018). An innovative approach to educating nurses to clinical competence: A randomized controlled trial. *Nurse Education in Practice*, 33, 159-163. <https://doi.org/10.1016/j.nepr.2018.08.007>
- Major, D. (2019). Developing effective nurse leadership skills. *Nursing Standard*, 34(6), 61-66. <https://doi.org/10.7748/ns.2019.e11247>
- Massey, D., Chaboyer, W., & Anderson, V. (2017). What factors influence ward nurses' recognition of and response to patient deterioration? An integrative review of the literature. *Nursing Open*, 4(1), 6-23. <https://doi.org/10.1002/nop2.53>
- Matlhaba, K. L., Pienaar, A. J., & Sehularo, L. A. (2021a). Professional nurses' perceptions regarding clinical competence of community service nurses in North West province, South Africa. *Health SA Gesondheid*, 26, 1688. <https://doi.org/10.4102%2Fhsg.v26i0.1688>
- Matlhaba, K. L., Pienaar, A. J., & Sehularo, L. A. (2021b). Validation of a clinical competence evaluation tool for community service nurses in North West province, South Africa. *Health SA Gesondheid*, 26, 1602. <https://doi.org/10.4102%2Fhsg.v26i0.1602>
- Minister for Public Service and Administration. (2007). *Occupation Specific Dispensation (OSD): Professional nurse*. South Africa: Minister for Public Service and Administration, Republic of South Africa
- Mutshatshi, T. E., Mothiba, T. M., Mamogobo, P. M., & Mbombi, M. O. (2018). Record-keeping: Challenges experienced by nurses in selected public hospitals. *Curationis*, 41(1), 1-6. <https://dx.doi.org/10.4102/curationis.v41i1.1931>
- Nabizadeh-Gharghozar, Z., Alavi, N. M., & Ajorpez, N. M. (2021). Clinical competence in nursing: A hybrid concept analysis. *Nurse Education Today*, 97, 104728. <https://doi.org/10.1016/j.nedt.2020.104728>
- Price, S., & Reichert, C. (2017). The importance of continuing professional development to career satisfaction and patient care: Meeting the needs of novice to mid-to late-career nurses throughout their career span. *Administrative Sciences*, 7(2), 17. <https://doi.org/10.3390/admsci7020017>
- Song, Y., & McCreary, L. L. (2020). New graduate nurses' self-assessed competencies: An integrative review. *Nurse Education in Practice*, 45, 102801. <https://doi.org/10.1016/j.nepr.2020.102801>
- South African Nursing Council (SANC). (2005). *Code of ethics for nursing practitioners in South Africa*. <https://www.sanc.co.za/wp-content/uploads/2021/04/Code-of-Ethics-for-Nursing-in-South-Africa.pdf>
- Street Jr, R. L., Petrocelli, J. V., Amroze, A., Bergelt, C., Murphy, M., Wieting, J. M., & Mazor, K. M. (2020). How communication "failed" or "saved the day": Counterfactual accounts of medical errors. *Journal of Patient Experience*, 7(6), 1247-1254. <https://doi.org/10.1177%2F2374373520925270>
- Tasew, H., Mariye, T., & Teklay, G. (2019). Nursing documentation practice and associated factors among nurses in public hospitals, Tigray, Ethiopia. *BMC Research Notes*, 12(1), 1-6. <https://doi.org/10.1186/s13104-019-4661-x>
- Tiwary, A., Rimal, A., Paudyal, B., Sigdel, K. R., & Basnyat, B. (2019). Poor communication by health care professionals may lead to life-threatening complications: Examples from two case reports. *Wellcome Open Research*, 4(7). <https://doi.org/10.12688%2Fwellcomeopenres.15042.1>
- Tuinman, A., de Greef, M. H. G., Krijnen, W. P., Paans, W., & Roodbol, P. F. (2017). Accuracy of documentation in the nursing care plan in long-term institutional care. *Geriatric Nursing*, 38(6), 578-583. <https://doi.org/10.1016/j.gerinurse.2017.04.007>
- Vaismoradi, M., Tella, S., A. Logan, P., Khakurel, J., & Vizcaya-Moreno, F. (2020). Nurses' adherence to patient safety principles: A systematic review. *International Journal of Environmental Research and Public Health*, 17(6), 2028. <https://doi.org/10.3390/ijerph17062028>
- van Rooyen, D. R. M., Jordan, P. J., ten Ham-Baloyi, W., & Caka, E. M. (2018). A comprehensive literature review of guidelines facilitating transition of newly graduated nurses to professional nurses. *Nurse Education in Practice*, 30, 35-41. <https://doi.org/10.1016/j.nepr.2018.02.010>
- van Rossum, M., Leenen, J., Kingma, F., Breteler, M., van Hillegersberg, R., Ruurda, J., Kouwenhoven, E., van Det, M., Luyer, M., & Nieuwenhuijzen, G. (2021). Expectations of continuous vital signs monitoring for recognizing complications after esophagectomy: Interview study among nurses and surgeons. *JMIR Perioperative Medicine*, 4(1), e22387. <https://doi.org/10.2196/22387>
- Willman, A., Bjuresäter, K., & Nilsson, J. (2021). Insufficiently supported in handling responsibility and demands: Findings from a qualitative study of newly graduated nurses. *Journal of Clinical Nursing*, 30(1-2), 83-92. <https://doi.org/10.1111/jocn.15483>
- World Health Organization. (2020). *World health statistics 2020: Monitoring health for the SDGs, sustainable development goals*. Geneva: World Health Organization. <https://apps.who.int/iris/handle/10665/332070>
- World Health Organization. (2021). *Global action on patient safety*. https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_6-en.pdf

Cite this article as: Matlhaba, K. L., & Nkoane, N. L. (2022). Understanding the learning needs to enhance clinical competence of new professional nurses in public hospitals of South Africa: A qualitative study. *Belitung Nursing Journal*, 8(5), 414-421. <https://doi.org/10.33546/bnj.2180>