

**SCHOOL OF NURSING
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**TRANSITION EXPERIENCES OF NEWLY QUALIFIED DIPLOMA NURSES
DURING ROTATION: A STUDY AT THE TEMA GENERAL HOSPITAL**

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DECLARATION

I hereby declare that, except for references to other people's work which has been fully acknowledge, this thesis is a result of my own original research work. No material in this write up has been presented either in whole or in part to any other institution for award of any other degree or certificate.

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ABSTRACT

Background: Over the years it has been assumed that newly qualified nurses are ready for practice immediately after passing their licensure examination. However, studies have shown that, the newly qualified graduate nurse experiences role performance stress, moral distress, discouragement and disillusion. Expectations at the workplace, during the initial months of their introduction to professional practice are inordinately high; structures that promote transition from newly qualified nurse to professional nurse have not been put in place to assist them.

Aim: The study was aimed at exploring the transitional experiences of newly qualified diploma nurses during their one year rotation at the Tema General Hospital.

Method: The study used a qualitative exploratory descriptive research design. A purposive sample size of ten rotation nurses were interviewed. Data was analyzed using content analysis. Seven themes emerged from the data, which included motivation for career choice, preparation for practice, expectations, work experience, supportive work environment, faith and coping strategies, and measure to improve transition experience

Findings: The findings from the study showed that the transition period is stressful, with the new nurses reporting of negative staff attitude towards them, a sense of unfair expectations on them from their senior colleagues, and lack of supportive environment.

Conclusions: The study revealed that the transition from newly qualified diploma nurse to professional nurse was stressful for the participants. It is therefore important that ward managers, and all nurses understand the experiences these new nurses go through and try to organized support systems for tracking and mentoring newly qualified nurses. This will make the rotation period less stressful for them.

DEDICATION

I dedicate this work to my son Samuel, the precious gift God gave to my husband and I in the course of undertaking this thesis for the immense joy he brought into our family.



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To the Almighty God, I am most grateful for granting me the divine wisdom and strength to undertake this work.

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CHAPTER ONE

1.1 Background to the study

Over the years, nursing education in the world over has gone through a considerable number of changes. It has moved away from an apprentice style of approach, where people were given on the job training[“] to an approach where learning occurs primarily within educational institutions in combination with selected experiences in external practice settings (Wolff, Regan, & Pesut, , 2010; Adlam, Dotchin, & Hayward, 2009).

Nursing education in Ghana has also moved away from this apprenticeship model to formal education. In the past five decades, Ghanaians have witnessed a number of policy changes, including a switch from an Enrolled nursing program (a two year program, which included both classroom study, as well as supervised clinical practice), to State Registered nursing (a three year program), then a hospital based diploma programs in nursing to university based degree in nursing education programs. The diploma and the degree nursing education program are however being run at the same time. Ghana therefore now has two entry levels into nursing practice for professional nurses (the degree nursing and the diploma nursing programs), and one entry for auxiliary nurses. The degree nursing program is a four year program that is being run in the public and some private universities leading to the award of a Bachelor of Science degree in nursing, and the diploma program is a three year program that is being run in both public and private nursing schools affiliated to the public universities leading to the award of diploma in nursing. Graduates of both programs are mandated by the Nurses and Midwives Council of Ghana to write and pass its[“] licensure examination at the end of the academic work. This evolution in nursing education, has affected the curriculum and students now find themselves spending more time in the classroom than in the practice area (Adlam, Dotchin, & Hayward,

2009). The question now is whether the educational reforms have adequately equipped newly qualified graduate nurses appropriately with the necessary knowledge, skills and confidence to function in contemporary health care settings. This change in nursing education, according to Romyn, Linton, Giblin, Hendrickson, Limacher, and Murray (2009); Ironside, (2003); Joint Commission on Accreditation of Healthcare Organizations, (2002) has led to a growing gap between preparation and performance expectations in the clinical setting when new graduate nurses enter the workforce. This is a concern among nurse educators and clinicians regardless of the setting or educational preparation of the new nurse graduates. This is because the new nurse graduate enters the work environment with many expectations which often conflict with the harsh realities, and experience uncertainties in the clinical area (Duchscher, 2009; Casey, Fink, Krugman, & Propst, 2004).

The transition from student nurse to new graduate registered nurse is a challenging process that is full of unfamiliar experiences and anxiety-provoking situations. Despite hours of clinical experience and classroom education, new graduates often find themselves unprepared for their first „on the job“ experience (Steen, Gould, Raingruber, & Hill, 2011).

Newly qualified graduates nurses experience reality shock and lack of confidence during the first months on the job (Krammer, 1974; Duchscher 2008). Mastery on the job requires a minimum of one year and the health care culture emphasizes specialization, technology, and perfectionist standards (Kramer, 1974). McKenna and Newton (2008) on the other hand, have reported that it takes approximately 12 to 18 months for a new nurse graduate to report an improvement in competence and confidence as well as a sense of professional identity. Hodges, Keeley, & Troyan (2008) also found that in

addition to skill mastery the new graduates spend a significant amount of time learning his/her place in the organization's social structure.

The newly qualified graduate nurse's experience of transition, when entering professional practice, is viewed as the process of making a significant adjustment to changing personal and professional roles at the beginning of one's nursing career (Oermann & Garvin, 2002; Kramer, 1974). They often identify their initial professional adjustment in terms of their feelings of anxiety, insecurity, inadequacy and the instability it produces. Kramer (1974) coined the term „reality shock“ after studying the new nurse graduates transition to professional practice. This was to illustrate how the new nurse graduate found out that, values learnt in school were different from what they met in the practice area. Disturbing discrepancies between what they understand about nursing in school and what they experience in the „real“ world of healthcare service delivery, leaves them with a sense of groundlessness (Duchscher 2001; Delaney 2003).

Existing knowledge suggests that newly qualified graduate nurses experience role performance stress, moral distress, discouragement and disillusionment. During the initial months of their introduction to professional nursing practice, their expectations of the workplace are inordinately high; while the support they are offered during their orientation period is inadequate (Duchscher & Cowin, 2004). Other studies have shown that some new nurse graduates doubt the relevancy of their educational preparation while others also believe they are unprepared and unable to meet the challenges found in the acute care settings (Dyess & Sherman, 2009; Candela & Bowles, 2008; Hodges, Keeley & Troyan 2008; Etheridge, 2007; Cowin & Hengstberger-Sims, 2006).

Oermann and Garvin (2002) have confirmed that, expectations of critical thinking,

technical skills, and decision making ought to be more realistic as newly qualified graduate nurses encounter continuously new situations that cause distress and challenges for them. Benner (1984) maintained that newly qualified graduate nurses needed 18 to 24 months to move from the level of advanced beginner to that of competence. During the progress from novice status to competence, Casey, Fink, Krugman, and Propst (2004), added that these group of nurses needed time, supervision and support otherwise, the quality of patient care will become jeopardized.

Educational support program can facilitate the new nurse graduates' integration into the workforce, by meeting their learning needs and socializing them into the profession (Duchscher & Cowin, 2004); Oermann & Garvin, 2002). Participating in such programs enhances the newly qualified graduate nurses' self-confidence and job satisfaction (Oermann, & Garvin, 2002). In Canada, a well structured transition to practice program (TPP) has been put in place. This is where new nurse graduates undergo a 12-week internship program with the support of trained preceptors and clinical instructors (Park & Jones, 2010). Similar TPP, spanning up to 12 months, facilitated by preceptors and clinical instructors with support from the employer, have been adopted in the USA and in Australia, (The National Council of State Boards of Nursing [NCSBN], 2009). The Transition to Practice Program is a program that is designed to facilitate the role transition of new nurse graduates from advanced beginner to a competent novice practitioner (Benner 1984). On completion of the TPP, the new graduates show increased confidence in applying their knowledge, and assessment, clinical decision-making skills in their ability to prioritize and solve problems (Smith, 2008). However, no studies were found on transition programs in Ghana and the experiences of newly qualified diploma nurses.

1.2 Statement of the Problem

In Ghana, about 900 newly qualified diploma nurses are turned out each year, who go through a one year rotation program in designated health facilities where they work under the supervision of ward managers before they are given permanent postings to various departments. They are given a Provisional License and a log book by the Deputy Director of Nursing Services which keeps track of their activities during the period. The use of the log book requires effective supervision by their superiors at the clinical areas. After the Rotation/National Service period, they are required to submit their Provisional Licenses and log books in return for Professional Identification Number (PIN) and Certificates of Registration.

The rotation for new diploma nurse graduate in Ghana does not provide support from preceptors or clinical instructors. From the researchers personal experience with rotation as a new nurse graduate and her observations of other new nurse graduates in Ghana, she has noted that no formal educational support program for the newly qualified nurses during rotation has been put in place to ensure the effectiveness of the rotation and offer them the needed support during the transition period. The new diploma nurse graduate is often made to assume too much responsibility such as, taking complete charge of a ward and making critical decisions concerning patient care too early on their own, when they begin their rotation. This has often led to decreased self-confidence of the new diploma nurse graduate and provision of low quality patient care.

Studies have shown that newly qualified graduate nurses who went through a well structured one year program under preceptors and or clinical instructors reported a smooth transition experience. This helped them develop their critical thinking, technical skills, and decision making abilities (Turner & Goudreau, 2011; Almada, Carafoli, Flattery,

French, & McNamara 2004) resulting in the provision of high quality nursing care when the new nurse graduate assumes full staff nurse role after rotation.

The purpose of the rotation for the newly qualified diploma nurses is to equip them with practical skills to enable them provide high quality nursing care. Unfortunately, limited research has been focused on exploring the Ghanaian nurses' experience of their transition period during their one year rotation. This study therefore explored the experiences of the newly qualified diploma nurses in their transition to staff nurses during the rotation period at the Tema General Hospital in Ghana.

1.3 Purpose of the study

The purpose of this study was to explore the transition experiences of rotation nurses during their one year rotation, in order to identify their transitional, socialization and other needs during the process of moving from the role of student nurse to their new role as qualified nurses in the practice setting.

1.4 Main Objective of the Study

The main objective of the study:

- To explore the experiences of newly qualified diploma nurses during rotation.

1.5 Specific Objectives

1. To describe the transitional experiences from a student nurse to a staff nurse role.
2. To identify the perceptions of new diploma nurse graduates competence for clinical practice after graduation.
3. To describe the preparedness for practice as rotation nurses.
4. To explore strategies adopted by rotation nurses in adapting to staff nurse role.

1.6 Research questions

The research attempted to answer the following questions:

- What are the experiences of newly qualified diploma nurses during rotation?
- What is the level of preparedness of newly qualified diploma nurses for their professional practice?
- What perceptions do rotation nurses have about their preparation for practice?
- What are the rotation nurses' perceptions of their competence for nursing practice during rotation?
- What are strategies adopted by the rotation nurses to assist them in adapting to their role as staff nurses

1.7 Significance of the study

The findings of this study will provide information for key stakeholders e.g. policy makers, nurse educators, nurse managers, and the Nurses and Midwives' Council for Ghana put in place a well structured rotation program that will help new diploma and degree nurses in their transition from their role as student nurses' to staff nurses. It will also inform changes in the curriculum for both the diploma and degree program and also help.

This chapter gave the background to the study as well as the objectives and the significance. Chapter two dealt with literature review on the topic being investigated as well as related studies and issues.

1.8 Operational Definition of terms

For the purposes of this study, the following terms are defined as follows:

1. **Newly qualified diploma nurse:** nurses who have received a three year

formal education in diploma awarding nursing schools.

2. **Transition:** Moving from one stage to another stage.
3. **Competence:** The state of being sufficiently qualified to perform a particular action.
4. **Rotation nurse:** A newly qualified nurses who is undergoing a one year practical experience on various units in a hospital.
5. **Role Transition:** Moving from student nurse role to staff nurse role.
6. **Transition to Practice Program (TPP):** Period of 12 months where newly qualified diploma nurses work in various units before they are posted to a permanent unit.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The literature is basically categorized onto three major sections. The first part looks at a brief definition of orientation in professional nursing according to the American Nurses Association (ANA). The subsequent section takes into consideration the rotation process in the Ghanaian context. The rest of the literature review considered the relevant and pertinent studies that have been conducted and was organized under five main headings according to the objectives of the study, which included:

Objective one: To describe the transitional experiences from a student nurse to a staff nurse role.

- The perception and experiences of new nurse graduates,
- Role transition from student to professional nurse,

Objective two: To identify the perceptions of new diploma nurse graduates competence for clinical practice after graduation.

- Educational preparation for professional practice
- New Nurse Graduates' Views about their Educational Preparation

Objective three: To describe the preparedness for practice as rotation nurses.

- Practice readiness of new nurse graduates

Objective four: To explore strategies adopted by rotation nurses in adapting to staff nurse role.

- How new nurse graduates adapt to their role as staff nurse

The literature searched for information on the new nurse graduates transition

experience data was derived from the Cumulative Index to Nursing and Allied Health Literature (CINAHL), HINARI, and Dogpile. Keywords used in the search process were: graduate nurse, transition, socialization, socialization of newly graduated nurses, transition from student to nurse, and transition from student nurse to registered nurse. The articles reviewed were dated between 5 to 10 years, though some of dated back to 1971

2.1 Orientation

The NCSBN adopted the American Nurses Association's definition of orientation when establishing goals for a new nurse graduate orientation practice model. The NCSBN (2009), quoting the ANA, defined orientation as: The process of introducing staff to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting.

2.2 Rotation

In Ghana there are two entries into professional nursing practice, those coming from the three year diploma training schools and those from the four year university program. Both are required to undertake the rotation/national service program before they are given their professional license to practice as nurses. These newly qualified nurses undertake their National Service assignment in the regions where they had their training under Ghana Health Service for twelve months. Upon receipt of their postings, each Nurse/Midwife report to the Regional Director of Health Services or his/her designated representative (i.e., Deputy Director of Nursing Services- DDNS) in charge of the region for further posting instructions. They are given a Provisional License and log book by the Deputy Director of Nursing Services which keeps track of their activities during the

period. The use of the log book requires effective supervision by their superiors at the clinical areas. After the Rotation/National Service period, they are required to submit their Provisional Licenses and log books in return for Professional Identification Number (PIN) and Certificates of Registration.

Upon completion of the National Service/Rotation exercise, newly qualified nurses and midwives are required to collect a letter from the Nurses and Midwives Council of Ghana that testifies that they have duly completed the program and submit it to the National Service Secretariat before they are issued with their National Service certificates and the provisional license is also exchanged for the professional license.

2.3 Objective one: To describe the transitional experiences from a student nurse to staff nurse role.

2.3.1 The perception and experiences of new nurse graduates

Benner (1984) maintained that to achieve proficiency in nursing, the professional nurse has to reflect on past practical experiences to influence present decision making and actions. Though student nurses were assigned to a variety of clinical units (e.g., medical-surgical, obstetrics, pediatrics) during their undergraduate studies, in most cases this limited clinical exposure is not enough for students to acquire sufficient skills, and self-confidence to enable them to practice effectively in any clinical setting after graduation. However, various nursing schools have designed programs that pair student nurses with professional nurses for a period of six to ten weeks in each semester in the course of training. This is intended to facilitate learning to function effectively and efficiently in a nursing role in preparation for their practice as a new nurse graduate after graduation.

Although, this serves as an exposure of students to different clinical specialty, students are not likely to work in those specialty areas after graduation. New nurse graduates often graduate thinking that they are fully prepared to make accurate and safe clinical judgments in all possible situations that are likely to occur in any clinical setting (Etherige, 2007).

Using a qualitative approach, Ethridge (2007) explored the perceptions of new nursing graduates regarding clinical judgments and the education involved in learning how to make clinical decisions in Grand Valley State University, Allendale, Michigan, USA. Findings showed that new nurse graduate expressed fear of lack of knowledge about clients' conditions. This further eroded their confidence in making clinical decisions on their own. The new nurse graduates also reported being surprised by the scope of practice nurses have to undertake and felt they were not sufficiently prepared to assume such a responsibility (Ethridge, 2007). As new nurse graduates went through the transition, they were surprised and distressed about how many independent decisions nurses are required to make regarding patient care (Ethridge, 2007).

Oermann and Moffitt-Wolf (1997) used a quantitative approach to examine: stresses, challenges, and threats associated with new nurse graduates' first clinical experience; and the relationship between social support and new graduates stress. A modified Pagana Clinical Stress Questionnaire was administered to thirty-five new nurse graduates from three different hospitals a month after they had begun their transition after graduation. Pagana's Clinical Stress Questionnaire consists of both open-ended questions and Lickert-type scales to ascertain stresses, challenges, and threats experienced during clinical practice. Information on social support was elicited through a pre tested social support instrument that was made of a series of questions in which the respondents identified five people who provided social support and the extent of the support provided.

Four types of stressors were found to be responsible for the stress that new nurse graduates experienced: lack of experience as a nurse, interactions with physicians, lack of organizational skills, and new situations and procedures (Oermann & Moffitt-Wolf, 1997). In their responses the neophyte nurses identified certain factors that limited their clinical learning experiences, these included time constraints, regular distractions, criticism and questions from staff, feeling anxious and overwhelmed, and the lack of guidance from preceptors. However, when the new nurse graduates reported that when they were exposed to preceptors who had time for them they were self-motivated, with a well-planned orientation program that allowed them, hands-on experience helped in clinical learning experience.. However the findings did not show any significant relationship between social support and stress (Duchscher, 2001; Hodges et al., 2008; Oermann & Garvin, 2002; Oermann & Moffitt- Wolf, 2002; Duchscher 2009; Oermann & Moffitt-Wolf 1997).

Using a quantitative approach Bowles and Candela (2005) looked at the nursing specialty recent graduate chose for their first postings, their perceptions of their first nursing experience, and if they left that what compelled them to leave there. The majority of respondents reported that their working environment was stressful and not conducive to giving safe patient care (Bowles & Candela, 2005). Respondents reported working over-time beyond their shift to finish their work, low staffing level, spends less time with their patients, and floated to areas where they did not feel qualified to provide safe care. However, positive findings were also identified that related to the new nurse graduates' first job experience and how they viewed support from other staff. A majority of respondents felt that there was good team work among the staff. The new nurse graduates also reported being encouraged to be independent in making clinical decisions. Unit size was found to influence respondents' perceptions of their first job.

Students who were assigned to units with less than 20 patients reported more positive perceptions than those who worked on units with 30 or more patients (Bowles & Candela, 2005). This finding implies that the higher the patient load, the higher the frustration and stress level. The majority of the studies cited that looked at the perception and experience of new nurse graduates are based in the high income countries. The findings from a qualitative study on the experiences of new nurse graduates by Casey et al., (2004) suggested that feelings of a lack of confidence, feelings of inadequacy, and the conflicting feelings of needing to be independent yet feeling dependent on others were common sources of stress for graduate nurses. The researcher is of the view that the results of these findings might not be applicable to the Ghanaian setting due to different culture and policies. In another study by Ross and Clifford (2002), and Whitehead (2001) on the experiences of new nurse graduates findings revealed that lack of support, staffing shortages, and limited staff- nurse preceptor opportunities contributed to frustrations voiced by graduate nurses. Specifically, these authors stated that work environment factors that hindered graduate nurses' making the transition into a professional nurse role included graduate nurses who spent minimal time with experienced staff nurses, and those who struggled in performing their work without any assistance by experienced nurses. Some researchers who have also conducted studies on the experiences of new nurse graduate during their transition to staff nurse role, have agreed that working with preceptors assisted this group of nurses to develop competence and independence in their professional practice (Duchsher 2001; Ellerton & Gregor, 2003; Jackson, 2005).

2.3.2 New Nurse Graduates' Views about their Educational Preparation

Support of role transition of new graduate nurses into practice, is described by the National

Council of State Boards of Nursing (NCSBN), (2009) as: "A formal process of active learning, implemented across all settings, for all newly licensed nurses designed to support their progression from education to practice". Role transition, as defined by Duchesher (2008) is "the process of making a significant adjustment to changing personal and professional roles at the start of one's nursing career", and the process consists of nonlinear experiences that moves the new nurse graduates through personal and professional, intellectual and emotive, skill and role relationship changes and contains within it experiences, meanings and expectations.

Transition programs, whether pre-graduation or post-hire, is a strategy that is used to enhance new graduates and their readiness for practice. Despite the growing body of literature on the transition of new graduates into the workplace, it is unclear as to the conceptual meaning of readiness for practice and the over-all contributions of transition programs to nurses' readiness for practice.

The transition from student to professional nurse can be a time of immense stress with emotions ranging from nervous tension to extreme anxiety. New nurse graduates experience a period of uncertainty and vulnerability, and are considered a "vulnerable population" (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). They identified five properties of the transition experience: awareness, engagement, change and difference, time span and critical points, and events. It was initially proposed that a person must have a fundamental awareness that changes are occurring. Though new nurse graduates understand that there will be a period of learning, adjustment, and professional transformation, the depth and length of this transition is most certainly not understood. Recent nursing graduates are ending their educational experience with a fundamental understanding that their professional career will soon commence. However, few understand the level of stress that is typically involved with this role. Engagement the

second property of transition refers to the level of involvement connected with the transition. Most new nurse graduates practice an active level of involvement as they move to their new role. It may include asking questions, seeking out learning experiences, using experienced, more knowledgeable nurses as role models, and researching unknown diagnoses, procedures, and medications (Meleis et al., 2000).

The third property of transition change and difference, comprise of numerous dimensions such as nature, temporality, perceived importance, societal norms, and expectations. New nurse graduates, their family and friends anticipate that their first on the job experience will be positive. The subsequent reality of anxiety, stress and frustration can be surprising for everyone. Difference in transition is connected to divergent expectations and both feeling and being is perceived as being different (Meleis et al., 2000). New nurse graduates are often not prepared adequately for the unexpected emotions that are often encountered during transition. The fourth and fifth properties of transition are time span and critical points and events (Meleis et al., 2000). According to them transitions are often unending with learning and professional growth taking place continually throughout their career. Although orientation periods are mostly six weeks to six months, it is impossible to impose a set timeframe to the transition from student to professional nurse. Apart from new nurse graduates' need for continual learning, nursing knowledge is consistently evolving requiring on-going attention and education.

Critical points and events are notable instances that involve greater awareness of change or an increased level of engagement. In nursing, this period may take place as new nurse graduates feel more confident and sure of assessments, decisions, and skills.

Another study of transition during the orientation period by Delaney (2003), explored graduate nurses' transition from student to professional nurse, using eight associate and two baccalaureate degree holders. One of the presumptions identified

through this process was that an orientation structured from a caring framework makes a difference to graduate nurses' experiences. Findings showed that graduates were aware of conflicting emotions regarding their transition (Delaney, 2003). Positive feelings along with ones of fear and anxiety were identified. Participants remarked that they felt more comfortable and confident with experienced nurses who were consistent with the information they provided. At some point in their orientation, the nurses realized that there was a dichotomy between school and work. Participants wished there had been more experience with a patient load greater than two or three patients. They also wished they had received increased instruction regarding time management in their undergraduate education. As orientation progressed, new nurse graduates believed they began to develop improved organization skills and came to realize the power of their role and the effect their practice had on both their patients and their personal development (Delaney, 2003). Delaney postulated that the majority of nurses felt that 12 weeks was sufficient to feel confident in their skills, assessments, and critical thinking abilities.

2.4 Objective two: To identify the perceptions of new diploma nurse graduates competence for clinical practice after graduation.

2.4.1 New Nurse Graduates' Views about their Educational Preparation

Many debates have gone on over the years about the appropriateness and relevance of nursing education. Nurse employers most of the times feel new nurses are entering the professional practice inadequately prepared to take on the challenges of contemporary healthcare. Cheek and Jones (2003) conducted a qualitative study using a purposive sampling to determine what nurses are doing, skills that are needed, and the challenges that are being faced by new nurses in a variety of healthcare settings in Australia. The study

looked at what nurses were doing in their everyday work place in an attempt to identify the necessary educational preparation. Several themes emerged from the analysis of the data. The first theme was that there is no typical day for the nurse. Nurses must remain flexible and adaptable in an unpredictable and changing work environment. The second theme was that nurses must work with different people including patients, families, and other members of the health team. The third theme was assessment, which included physical assessment, ability to anticipate events, and problem solving. Cheek and Jones (2003) identified three challenges nurses face in practice. One challenge was conflict, at the individual level, level of patient care, and resource allocation. Another challenge was the pace of change in the work setting, which was described as declining resources in an environment of increasing demands. The final challenge identified the need for a greater clinical component in nursing education. This clinical component was defined more specifically as communication skills, problem solving skills, lifelong learning, information technology, negotiation and conflict resolution skills, time management, and learning to work along with others in the healthcare setting. The clinical component involved not only the physical care of patients, but also how to manage the environment in which they worked. The researchers recommended that nursing education should not be limited to what modern nursing is thought to be, but should include flexibility and adaptability that supports critical thinking and life-long learning skills throughout nursing education programs (Cheek & Jones, 2003).

Maben, Latter, and Clark (2006) conducted a study using a mix method to establish whether the educational reform introduced into nursing education in England in 1986 helped address the problem of the theory-practice gap. The education reform, Project 2000, was introduced to help address the differences between practice ideals taught in school and those actually encountered in the practice area. The study was divided into

three phases. In phase one; data was gathered using questionnaires with final year nursing students. Phase two involved in-depth interviews at 4 to 6 months post graduation. Phase three included an interview at 11 to 15 months post graduation. Findings from phase two and three showed that new graduates were not able to put values and ideals into practice due to organizational and professional sabotage. The organizational factors included time pressures, role constraints, staff shortages, task-oriented work, and work overload, and the professional sabotage was due to the nursing culture they encountered. This nursing culture included adherent to covert rules including hurried physical care, no shirking, not getting involved with the patients, fitting in, and not rocking the boat. The findings of this study confirmed that the theory- practice gap still existed in spite of the educational reform. The researchers found that nursing education was not congruent with what graduate nurses were finding in the reality of the healthcare setting. They therefore recommended finding qualified role models, providing mentors to give support, having formal preceptor programs, and examining the case for mandatory nurse-patient ratios in healthcare agencies.

Nursing faculty, clinical nurse specialists, clinical nurse educators, and nursing administration are all involved in the education and preparation of students and novice nurses. Current research is focused on how new nurses learn, experience, and retain critical concepts in nursing, by the use of contemporary teaching methods (Hofler, 2008; Cantrell & Browne, 2006; Ellerton & Gregor, 2003; Ironside, 2003).

To ascertain the effect of nurse externship program (this where students in their final year work under preceptors at the end of their final semester) on transition from student to registered nurse, Cantrell and Browne (2006) used a quantitative design to explore the employment history of 193 students in a 10-week summer externship program. The nurse externship program which is summer based affords students the opportunity to work under

experienced nurses. Findings showed that for students to gain insight into the nursing role and provide practical experiences and technical skills, more of preceptor support is needed to assist new graduates to learn and understand critical thinking.

In her earlier study Forneris (2004) asserted that to develop critical thinking, it was important to use reflective learning. To analyze this further Forneris and Peden-McAlpine (2006) investigated the use of reflective learning to improve critical thinking. Results confirmed earlier findings by Forneris (2004) that developing critical thinking in nursing required the use of reflective learning. In recent times apart from contextual learning which improves critical thinking in novice nurses, nursing education has also looked at using narrative pedagogy to enhance learning and critical thinking based on questioning assumptions (Ironside, 2003). Narrative pedagogy is focused on creating a learning environment that encourages more active student participation in every aspect of learning by encouraging students to question existing assumptions and practices. Instead of focusing on teaching strategies, Ironside (2003) considered the primary assumptions inherent in any teaching strategy and how these affect students' thinking. A qualitative study was undertaken by Ironside (2003) to find out how narrative pedagogy influenced student nurses learning. The study participants acknowledged a change in the nature of questions used in this teaching approach compared to their previous learning experiences. Challenging questions frequently elicited complex answers, provoking critical thinking and interaction amongst students. While both students and educators acknowledged the importance of learning nursing fundamentals, they expanded on other means of imparting information. Students are asked to discuss a clinical event they have encountered and to describe assessment findings and possible interventions. This way the students were encouraged to think critically (Ironside, 2003).

Ensuring safer healthcare system has become the focus of all health professions following reports from the Institute of Medicine (IOM, 2000, 2001, 2004), American Hospital Association (2002), Robert Wood Johnson Foundation (Kimball & O'Neill, 2002), the Joint Commission (2002) and other authorities. Nursing has been recognized as having the potential for making an impact on a transformation of healthcare delivery to a safer, higher quality, and more cost effective system. With the increasing consciousness of the need for change in the healthcare system, the clinical functional units have become an important focus for improving healthcare outcomes (Nelson, Batalden & Godfrey, 2007). Apart from the concern over healthcare outcomes, the United States and the global market are experiencing shortage of nurses that is expected to intensify as the demand for more and different nursing services grow. Buerhaus, Staiger and Auerbach (2008) reported that the U.S. may experience a shortage of more than 500,000 registered nurses by the year 2025. Although there has been an annual increase in enrolments in entry level baccalaureate nursing programs since 2001 (Fang, Htut, & Bednash, 2008), these increases are not sufficient to meet the projected demand for nurses. Enrolment in nursing programs would have to increase at least 40% annually to replace the nurses expected to leave the workforce through retirement (Buerhaus, et. al., 2008).

As a critical component of the healthcare workforce, the nursing profession must keep pace with changes in the healthcare environment to ensure the continued delivery of high quality, safe, and effective patient care. To stay current, new nurses must be trained and equipped with the appropriate skills. A more highly educated nursing workforce is essential to assure higher quality and safer, healthcare. Nurses comprise the largest single component of hospital staff, are the primary providers of hospital patient care and deliver most of the long-term healthcare needs of patients. Nurses prepared with the baccalaureate and higher degrees provide better patient outcomes, have lower levels of

medication errors and procedural and practice violations, stronger critical thinking and leadership skills (Aiken, Clarke, Cheung, Sloane & Silber, 2003).

2.4.2 New Nurse Graduates Views about their Educational Preparation

A qualitative study by Ellerton and Gregor(2003) explored views about the adequacy of baccalaureate nursing education, in preparing students for the role of staff nurse. A sample of eleven newly qualified nurses was interviewed on three occasions (within three months, six months and one year after graduation). The findings from the study revealed that at three months, the novice nurses were still learning the role and considered their job as a “set of skills.” They defined their work and patients by what procedures and requirements each needed. Most of the participants reported frustration at the level of stress and felt overwhelmed by the patient load and complexity of work. In addition to rethinking the type of education provided to nursing students, hospital-based orientation programs are also using unique methods to promote critical thinking in new nurse graduates to facilitate teaching, learning and retention of knowledge. Hahnemann University Hospital in Philadelphia, Pennsylvania developed a six-week orientation program for new nurse graduate with the goal of promoting critical thinking and problem solving skills (Celia & Gordon, 2001). The education department chose to use problem-based learning (PBL) for the non-clinical portion of the program. PBL is a method of teaching where students are placed in groups of five or seven, presented with a clinical situation, and asked to work together to decide what they need to know to deal with the situation, gather relevant information from credible sources, and come together to discuss how the information is applied to the situation. The teacher becomes the facilitator directs the focus on learning, guides the process and provides appropriate feedback (Celia & Gordon, 2001). Findings established that participants preferred the PBL method to the traditional lecture

method. They rated the most helpful aspects of PBL as group participation, self-directed learning, interacting with others, and how to apply critical thinking (Celia & Gordon, 2001).

In a study conducted by The National Council of State Boards of Nursing (NCSBN) to examine new nurse graduates perceptions of the importance of learned content in clinical practice (2003), showed that communication skills, knowledge of performing psychomotor skills, and nursing procedures were important to practice. Respondents reported gaps in their preparation regarding the level with patient assignments. A study by Smith and Crawford (2003) on the link between perceived adequacy of preparation to practice and the perceived difficulty of new nurse graduates indicated that new nurse graduates said they lacked educational preparation on when to call a physician, how to supervise others, and how to handle increasing case load. The results of a qualitative study by Goh and Watt (2003) on the transition from student to RN revealed that the clinical experiences they had as students did not prepare them for the realities of being RNs. The transition from learner in a supported environment to RN with a full patient load was sudden and stressful for the respondents.

They suggested that educational programs should do more to prepare them for the fast-paced realities of the workplace. Hofler (2008) conducted a synthesis of national reports from 1995 to 2005 in North Carolina, USA, on nursing education and the transition to the work environment. The identified reports contained recommendations for nursing education to ease this transitional period. The reports recommended that new nurse graduates go through individualized mentoring programs to ease the transition and improve their clinical practice. It was also recommended that hospitals restructure their orientation, and that internship programs include career and personal growth opportunities. Finally, it was agreed that hospitals should partner with educational

institutions to set realistic expectations for new graduate competencies (Hofler, 2008).

Finally, there is a wealth of literature describing the need for curricula that prepare graduates for work in a changing health care environment Porter-O'Grady, (2003). Several articles address the need for curricular reform in preparing nurses for 21st century practice. The constantly changing, dynamic nature of the health care environment, coupled with technological advancement and changing demographics, call for a rethinking of how faculty approach curriculum development, implementation, and evaluation.

2.5 Objective three: To describe the preparedness for practice as rotation nurses.

Practice readiness of new nurse graduates

Concerns about the practice readiness or job readiness of new nurse graduates continues to be strong rationale for more research (Regan, Thorne, & Mildon, 2009; Berkow, Virkstis, Stewart & Conway, 2009; Hickey, 2009; Candela & Bowles, 2008). In spite of the major improvement in the education new nurse graduates receive during their undergraduate preparation, lack of practice readiness has been a major rationale for assessing the competency of new nurse graduates for clinical performance by some researchers (Lofmark, Smide, & Wikblad, 2006; Baramée & Blegen, 2003), and for comparing the competence of degree and diploma nursing graduates (Clinton, Murrells & Robinson, 2005; Bartlett, Simonite, Westcott, & Taylor, 2000).

Practice readiness is most of the time described as a shortfall, rather than a set of clearly defined and agreed-upon attributes. A study by Pringle, (2007) and Keahey, (2008) on the practice readiness of new nurse graduates, questioned nurses who have been in practice for more than five years on the level of proficiency that is expected of entry level graduates in the practice settings. Findings from the study revealed that often nurses with more than five years clinical experience normally judged new nurse graduates' competence more

harshly than nurses with less than five years of experience.

It is not reasonable to expect new nurse graduates to be ready for practice immediately after school, because according to a research carried out by Cowin and Hengstberger-Sims (2005) on the practice readiness of new nurse graduate it normally takes twelve months or longer for new nurse graduates to become accustomed, develop confidence, begin to independently apply what they have learned and develop the confidence needed to integrate leadership responsibilities into their nursing role. This time period contrasts sharply with the frequent expectation of experienced nurses that new graduates will assume charge nurse duties almost immediately.

Recent research has also focused on assessing readiness for practice (Berkow, et. al., 2009; Hickey, 2009; Candela & Bowles, 2008). The researchers sought the opinion of nurse managers (Berkow et al., 2009), students in their final semester, recent graduates (Candela & Bowles, 2008) and preceptors on their perceptions of new nurse graduates readiness for practice (Hickey, 2009). In three of these studies (Berkow et al., 2009; Hickey, 2009; Candela & Bowles, 2008) the researchers operationalized the concept, readiness for practice, through the development and use of survey instruments. Findings showed a significant distinction in the perspectives of new graduates, managers, and educators on whether new nurse graduate are ready for registered nurse roles. Research on the apparent lack of new nurse graduates who demonstrate readiness for practice has mainly focused on the transition of students and new graduates to practice. This research included both pre-graduation clinical programs and strategies (Nash, Lemcke, & Sacre, 2009; Edwards, Smith, Courtney, Finlayson & Chapman, (2004) and post-hire transition programs and experiences (Zinsmeister & Schafer, 2009; Ellerton & Gregor, 2003). Pre-graduation transition strategies mainly centre on the final consolidated clinical placement, where students work with preceptors. The post-hire transition initiatives include internship

programs (Blanzola, Lindeman, & King, 2004), comprehensive orientation programs (Scott, Engelke, & Swanson, 2008; Delaney, 2003) and the use of nurse preceptors during the first few months of hire (Hickey, 2009).

2.6 Objective four: To explore strategies adopted by rotation nurses in adapting to staff nurse role.

2.6.1 How new nurse graduates adapt to their role as staff nurse

According to Heslop, McIntyre, and Ives, (2001) students in their final year felt unprepared for larger caseloads, caring for patients with complex health problems, and communicating with physicians. For this reason, new nurse graduates depend upon the knowledge and expertise of others (Dyess & Sherman, 2009; Fink, Krugman, Casey & Goode, 2008; Ethridge, 2007; Cantrell & Browne, 2006; Delaney, 2002; Oermann & Garvin, 2002), focus their attention on finishing tasks on time, and tend to accept the routines and practices of the unit without question (Ellerton & Gregor, 2003). New nurse graduates are normally expected to perform just as the experienced nurses while learning the policies, procedures, and norms of the employing organization (Johnstone & Kanitsaki, 2008; Millwater, Taylor, Nash, & Wise, 2006). Most often, new nurse graduates are expected to follow the norms of the units where they find themselves, without question (Axford, 2005). This brings about a gap between theory and practice. The transition from student to graduate nurse is difficult due to the stress of dealing with constant change, lack of self-confidence, limited support, and experiences of loss, disappointment, and disillusionment (Boychuk- Duchscher, 2001). At 6 to 9 months, new nurse graduates experience a positive shift in focus toward aligning with “good” people and “getting to know the system” (Fox, Henderson, & Malko-Nyhan, 2005). The conclusion drawn from the above mentioned studies regarding new nurse graduates “focusing on tasks and relying upon the knowledge of others is consistent with Benner (1984), who described five

phases in the development of expertise in nursing practice: novice, advanced beginner, competent, proficient, and expert. The novice nurse (student nurse) is task-oriented, rule-governed, and focused on skill acquisition. After graduation, the novice nurse acquires qualities of the advanced beginner, including the ability to formulate and act on principles. After two to three years of experience and reflection, he/she develops more skills and gains competent, proficient, and finally, expert practice (Benner, 1984). According to Benner, Hooper-Kyriakidis and Stannard (1999) it is appropriate to see new nurse graduates as advanced beginners rather than experts. Similarly, Tanner (2006) posited that nurses are able to make meaning of clinical situations with experience, leading to clinical learning which guides future clinical decisions. As new nurse graduates become more self-confident and identify more strongly with their colleagues, they gain a sense of control and reconstruct their professional self-concept (Kelly & Courts, 2007).

Kramer (1974), in her seminal work discovered the effect of anticipatory socialization in helping new nurse graduates' transition to practice. According to the author, new nurse graduates must be encouraged to question the values of the profession so as to be identified and exposed to the difference between it and the reality of the work environment. Caron (2004) also drew attention to the importance of preparing new graduates for the work environment due to increased workloads and constant staff shortages. More attention to this area should result in fewer reports among new graduates about feeling demoralized and unmotivated and improve productivity, staff retention, and quality of care.

2.7 Summary

Although there is a wealth of literature regarding the experiences of new nurses who graduate with a bachelors' degree during their first year of practice, a gap has been

identified regarding the experiences of new nurses who graduate with diploma. Also most of the studies were also conducted in high income-earning countries such as Canada, Australia, and USA and their results may not be applicable to the setting of the proposed study. This study therefore, will focus on the experiences of newly graduated diploma nurses in Ghana, a middle income- earning country. Literature has supported that stress is common in new nurse graduates while they learn their first professional nursing role. Several factors contribute to this stress, such as limited nursing experience, interactions with physicians, lack of organization and prioritization of skills, and encountering new situations and procedures. However, the literature also showed the importance for new nurse graduates to feel that their preceptors, hospital administrators, and fellow nurses are supportive.

The transition from student nurse to professional nurse is often a complicated process that requires understanding and on-going support from the nurse educator, the preceptor, and hospital administration.

This chapter reviewed literature on the topic under investigation. Chapter three looked at the detailed account of the method employed in conducting the research as well as ethical consideration.

CHAPTER THREE

METHODS

3.0 Introduction

This chapter presents the methods and procedures that were used in this study. In addition, the research design, setting, sampling technique and size, data collection instrument and procedures were discussed, as well as methodological rigour and ethical consideration.

3.1 Research Design

A research design is a plan that explains how, when and where data are collected and analyzed (Parahoo, 2006). In the conduct of a research, the researcher must choose the most suitable design to meet the aims and objectives of the study. A qualitative exploratory research design was used for the study, because it focuses primarily on human experiences. Qualitative research aims to help understand social phenomena, occurring in a natural rather than an experimental setting, while emphasising the experiences, attitudes, and views of the participants, rather than providing quantified answers to a question (Nieswiadomy 2008; Whitehead, 2007). Qualitative research data obtained is usually in the form of words and is based on observations and interviews, rather than numbers, which is the basis for quantitative research. Qualitative research is more in-depth and holistic than quantitative and it generates rich material, on which to base the findings of a piece of research (Polit & Beck 2010). It was therefore appropriate to use this design because it allowed the researcher to explore meanings and explanations of experiences of newly qualified diploma nurses during their one year professional rotation.

3.2 Research Setting

The study was conducted at the Tema General Hospital in the Greater Accra region of Ghana. This is a district hospital and the largest public health institution situated in the Tema municipality. The hospital was constructed in 1954 by J. William Harcrow and Sons Limited, constructors of the Tema harbour, for the health needs of their workers. After the construction of the harbour, it was handed over to the government of Ghana, in 1962. The hospital is a two hundred and ninety five (295) bedded facility. The services provided by the hospital include Internal Medicine, Surgical/Orthopedics, Obstetrics and Gynecology, Reproductive and Child Welfare, Emergency, Theatre, and Pediatrics. It also provides specialized services such as Eye care, Public health, Diabetic care and Sickle Cell clinic.

The Tema General Hospital started taking on rotation nurses from 1994 with two State Registered Nurses, however, in recent years and with the expansion of the hospital it has been receiving at least fifty rotation nurses each year.

3.2.1 Population Served

The hospital serves a population of approximately 628,053 people and also, because it is very close to three major highways, that is, the Accra-Tema motorway, the Tema-Aflao and Tema- Akosombo roads, which is an accident prone area, receives many accident cases. Being situated in a highly industrialized city it receives numerous referrals from the surrounding private and company clinics.

The hospital serves the whole of the Tema municipality and its satellite towns such as Tema New Town, Kpone, Ashaiman, Afiencya, Kakasunanka, Katamanso, Apollonia, Dawhenya, Prampram, Sakumono, Lashibi, and Klagon. It also provides services to communities such as Nungua, Dawa, Sege, Kasse and Ada.

3.3 Population of interest of the study

The population of interest in the study was all diploma nurse graduates who were doing their professional nursing rotation at Tema General Hospital and accepted to be part of the study.

3.4 Sample and Sampling Technique

Participants were recruited from the various ward of the Tema General Hospital. An approval was sought from the hospital authorities who subsequently introduced the researcher to the rotation nurses at the hospital. A copy of the information sheet was distributed to provide adequate information to the participants about the nature of the study. They were told that they will be interviewed which will be recorded. Some expressed fear about being heard by their senior colleagues of some of the things they were going to say and be victimized. They therefore assured that their privacy and confidentiality would be kept and that no other person (s) apart from the researcher and her two supervisors will have access to the recordings.

Most of the participants were recruited from the in-service training unit of The Tema General Hospital where they come for letters to be sent to the next ward they will be working on at the end of their rotation on a particular ward. This was done with the assistance of the training co-coordinator since she was in-charge of scheduling their rotation on the various units.

In research, a sample is a portion of the population chosen to represent the entire population (Polit & Beck, 2010). The researcher used a purposive sampling technique to study the population of interest, because it allowed the researcher to intentionally select participants who provided credible data that answered the research questions.

Whitehead and Annells (2007) have suggested that a common range used by researchers

in qualitative research is usually between eight and fifteen participants but this can vary. This small sample size is suitable because of the potentially detailed data that can be generated from each participant. In this research ten (10) participants were recruited which comprised both male and female rotation nurses at different levels of their rotation where saturation occurred with the tenth participant.

3.4.1 Inclusion Criteria

This refers to specific characteristics or criteria that participants must possess in order to be included in a study. For this study the inclusion criteria included participants who were;

- Diploma nurse graduates who had passed the licensure examination conducted by the Nurses and Midwives Council of Ghana and were doing their rotation ,
- Who accepted to participate in the study,
- At least, three months into the rotation.

3.4.2 Exclusion Criteria

- Participants who had pass the licensure examination conducted by the Nurses and Midwives Council of Ghana for Diploma nurses and had spent less than three months into the rotation
- Diploma nurse graduates who had spent more than three months into their rotation but declined to be part of the study.

3.5 Data Gathering Instrument

After approval from the ethical review board the first set of semi-structured interview guide was developed by taking into consideration the research objectives and the purpose of the study. To establish content validation, the initial interview guide was

presented to two of the researchers supervisors who had experience in qualitative research for their perusal and suggestions. After reviewing and correction made the semi-structured interview guide was used. She critiqued the interview questions for relevance and coverage. According to Yun and Ulrich (2002), these approaches to organize research items have the means of making the items valid. The interview guide consisted of sections A, B, and C. Section A considered the biographic data of the participants. The essence of this section was to establish rapport with the participants in order to get rich data in the subsequent sections. Section B considered the preparation of participants for practice, which involved their curriculum content, the teaching and learning experiences they went through as well as their practice readiness at the time of commencing their one year professional nursing rotation. Finally section C looked at their work experience during the rotation period.

3.6 Data Gathering and Collection Procedure

To gain access to the research setting and subsequently the target population the researcher obtained an introductory letter from the University of Ghana, School of Nursing (Appendix B). Prior to data collection, a familiarization visit was paid to the hospital to inform participants about the purpose of the study and also agreement made on the conduct of the interview (i.e. through notes taking and recording). The in-charges of the various wards and the co-coordinator for the rotation at the in-service training unit of the Tema General Hospital were subsequently contacted and they introduced the researcher to the rotation nurses. The purpose, objectives, and the benefits of the study were explained to the participants by the researcher and they were made aware that the interviews would be audio-taped and transcribed. Each participant was given consent form (Appendix C) to sign to indicate their willingness to participate in the study. A private meeting was arranged with each of the participants who had agreed to

participate in the study to schedule a timetable that was convenient to them for the conduct of the interviews. Individual semi-structured interviews were conducted with the participants. The interviews took on the average 45 – 60 minutes and were audio-taped.

Data was collected by the interview method using a semi-structured interview guide developed by the researcher (Appendix D). This method of data collection allows the participant to expand and reflect through guided questions. It also allows the researcher to be flexible and allows him/her to follow responses given by the participants and probe accordingly. In this study, the researcher scheduled a meeting with the selected participants. A day prior to and on the day of the interview, participants were called on phone and reminded of the appointment and their consent reaffirmed. The semi-structured interviews were all conducted in English as all the participants spoke English. Before the conduction of each interview, rapport was established between the participant and the researcher by engaging in conversation with them. This helped them to relax and build a trusting relationship in the researcher and also make them feel comfortable enough to be able to express their views honestly. Fraenkel and Norman (2003) noted that for a qualitative research the kinds of data collected include interview transcripts, field notes, photographs, audio recordings, video tapes, dairies, personal comments, memos, official records, textbook pages, and anything else that can express the actual words or actions of the participants. The main tool that was used for the data collection in this study was interviews.

The interviews were conducted in a setting that was conducive enough to allow the participant to talk freely. Probes were used to follow up open-ended questions in order to elicit further detail on relevant topics. With the participant's permission, the

interview was audio-taped and lasted between approximately 45 minutes to 60 minutes. Audio taping of interviews is common in qualitative research, (Davies, 2007). It allows the researcher to pay full attention to the participants and also, take note of participants' non-verbal behaviors. The audio recording also facilitates a detailed account of the participant's responses and a verbatim transcript for analysis (Meadows, 2003). This prevented the researcher from being biased, as a result of poor notes or memory of the interview. Field notes were taken during each of the interviews to record the researcher's observations. Demographic data was also obtained at the beginning of every interview.

3.7 Data analysis

Data was analyzed using Miles and Huberman (1994) framework for qualitative data analysis. The framework is directed at tracing out lawful and stable relationship between social phenomena. The content analysis involved the following steps:

- a. Data was transcribed verbatim. The transcribed data was read several times to ensure that the meaning and depth of each interview was fully understood.
- b. The transcribed data was summarized into sentences and phrases.
- c. A coding system was developed by putting tags, names and labels against pieces of data.
- d. Themes were generated and placed in clusters.

According to Burns and Grove (2011) data collection and data analysis occur simultaneously in qualitative research, as the emerging results may require further data collection. The researcher conducted data gathering and analysis concurrently.

After an interview was conducted, verbatim transcription of the audio taped interview was done as soon as possible; this was in accordance to Polit and Beck, (2010) who asked for accurate verbatim transcription of audio-taped interviews to be done soon as possible after the interview had been conducted. Transcribed data was reviewed several times and examined to obtain a general view of the data before coding. Data was manually coded using two methods described by Saldana (2009). This involves initial coding which was followed by an open coding approach. Initial coding includes taking the data apart and examining it for similarities and differences. This helped to organize the data into themes.

3.8 Methodological Rigour

The aim of methodological rigour in qualitative research is to correctly represent the study participants experiences (Streubert-Speziale, 2007). This is achieved by ensuring trustworthiness. According to Lincoln and Guba (1985), trustworthiness refers to the “truth value” of the study findings or how accurately the researcher interpreted the participant’s experiences. Generally, rigour in qualitative research is established through credibility, auditability, and fittingness (Streubert-Speziale, 2007).

3.8.1 Credibility

Credibility refers to the degree to which a study findings represent the meanings of the research participants (Lincoln & Guba, 1985). This was ensured by carrying out repeated contact with participants, sharing questions about the research process and findings with a peer who provided an additional perspective on analysis and interpretation. I discussed with my supervisor, my initial transcript and my style of interview evaluated to ensure the objectives of the study was being met. A skilled qualitative researcher was contacted to detect and help correct deficiencies in my

interview. Corrections such as leading questions and lack of probing were made which helped improve the quality of data. Member checking was done by returning findings to participants, to determine if the findings reflect their experiences. The researcher's reflexivity was written down in a journal this helped the reader to be more aware of possible influences on the study.

Reflexivity is one's assumptions and preconceptions, and how these affect research decisions, particularly, the selection and wording of questions. One way of ensuring rigour in a qualitative work is the use of reflexivity. The researcher kept a reflexive journal. Also through member checking, the researcher had the opportunity to cross-check the information gathered with other participants. Prolonged engagement on a particular phenomenon helped the researcher to understand the issues better, and prevent any error of judgment.

Other steps taken to ensure the credibility of this study included, frequent debriefing sessions between the researcher and her supervisors, peer scrutiny of the research project by colleagues, and other research scholars. Previous findings on similar research studies were assessed to identify the degree to which the study results agreed with these previous studies. To prevent preconceived interpretations, the researcher kept a journal to record all the biases towards promoting truthfulness of the data.

3.8.2 Auditability

According to Carpenter (1995) auditability is the ability of another researcher to follow the methods and conclusions of the original researcher. Drawing on Guba and Lincoln (1981) criterion of auditability, Beck (1993) describes it as reflecting the consistency of the research study. Auditability is demonstrated when another researcher is able to follow the audit trail of all the decisions made by a researcher at every stage of data

analysis (Beck 1993). The researcher ensured this by keeping a paper-trail of her thinking, decisions, and methods used in the study in the form of field notes, memos, transcripts, and the reflexivity journal which will enable the reader to follow the researcher's decision making.

3.8.3 Fittingness

Fittingness is the possibility of the findings having meaning to another group or its applicability in another context (Streubert-Speziale, 2007), it is also referred to as transferability, and it pertains to the probability that the research findings have meaning to others in similar situations (Carpenter & Rinaldi; 1995). Beck (1993) describes it as reflecting how applicable the „working hypotheses or propositions generated from the research fit into a context other than the one from which they were generated. Toward this a thick and rich description of the participants and the context was done by the researcher.

3.8.4 Bracketing

Another means by which the researcher ensured trustworthiness of the study was the use of bracketing. In order for the researcher to exclude all preconceptions of the phenomenon under study it was necessary to use bracketing before the data was analyzed. Bracketing according to Polit and Hungler (1999) is the process of identifying and setting aside any preconceived beliefs and opinions one might have about the phenomenon under investigation by writing them down in a field notes. The researcher wrote down in a field note of all that she knew about rotation nurses, including the preconceived ideas about what goes on during the rotation period. The interviews were therefore conducted using a semi-structured interview guide developed by the researcher which was approved by the supervisors, and probes were

used to seek further clarification depending on the answers given by the participants.

3.8.5 Ethical Considerations

The nature of qualitative research always raises a number of ethical concerns and most often, one cannot tell exactly what will happen during an interaction with participants in the study. For this reason the researcher sought and obtained ethical approval from the Institutional Review Board of the Noguchi Memorial Institute for Medical Research of the University of Ghana, Legon in order to gain access to the research setting and the participants. The researcher ensured that the conduct of the study did not violate the rights of the participants. An introductory letter from the School of Nursing to the Director of Health Services at the Tema General Hospital gave the researcher permission to the setting before recruitment of research participants began. This helped the researcher to get access to the participants on the various wards in the hospital.

Autonomy

To gain their consent the study was carefully explained to the participants and all doubts cleared. The participants were given the opportunity to ask questions before they signed the consent form. After understanding what the study was about, participants willingly gave their consent to participate in the study and signed their individual consent forms. They were however told that they have the right to withdraw from the study at any point in time without fear of any consequence; however none of the participants withdrew from the study. They were also told that their participation in the study or not will not affect their work in the hospital. Participants were provided with an information sheet which described the purpose of the study, the potential risks and benefits, and stated the voluntary nature of participation. Those who agreed signed the consent form (Appendix C) for record purposes. The interviews were conducted at the

convenience and a place chosen by the participants. The researcher ensured that all participants were given proper protection, privacy and anonymity by not allowing any other nurse to where the interviews were conducted, especially those that were held in the hospital. To ensure anonymity each interviewee was code named and all identifying information in the transcript blocked out.

Confidentiality

Confidentiality was ensured by not discussing participant's personal information with other participants or any senior nurses. Participants were reassured that their decision to participate in the study and the information disclosed during the interviews would not in any way affect their job or promotions. Pseudonyms were used to identify quotes.

Discussion of Findings

Findings of this study have been discussed using existing literature. It was used to confirm and/or build on ideas from the literature about rotation of student nurses upon completion of their program of study. Where necessary findings have been used to refute existing literature.

3.9 Data Management

According to Burns and Grove (1993) data collected during a qualitative study is usually a description of observations, transcripts and tape recording of interviews. All interviews were transcribed verbatim, some of them were hand written first and then later typed using Microsoft word. Extra hard copies were made and kept in a safe to avoid loss of data. A soft copy was preserved as a backup on an external memory device and kept in a different safe for future verification. All paper documents related to this

study were kept secured in a locked cabinet and the key kept by the researcher. All electronic data including transcripts and digital recordings of interviews were kept in a password-protected computer within password-protected files for five (5) years following the completion of the study. Only members of the supervisory team had access to the documents. The storage duration offers an opportunity for these documents and audio tapes to be retrieved for legal purposes and until such time, it cannot be destroyed purposely for the benefits of observing data protection.

The researcher assigned an identification number to each respondent's file for proper identification. The researcher used upper case alphabet "P" to represent the participants and the numbers 1-10 to represent interviews. Therefore a label of "P1" meant first participant and first interview, "P2" meant second participant and second interview and so on. The files contained copies of the consent form, information sheet and confirmation of informed consent form which are of relevance to the study.

In conclusion, this chapter has presented an overview of the research methodology.

Chapter four focused on the analysis of the transcribed data.

CHAPTER FOUR

ANALYSIS AND FINDINGS

4.0 Findings of the study

This chapter presents findings of the research. The main purpose of the research study was to explore the transition experience rotation nurses had, during their one year rotation at the Tema General Hospital. Ten (10) participants who were doing their rotation at this hospital were identified and selected. Using a semi-structured interview guide, data was collected from these participants from November 2012 to March 2013. They were interviewed on their experiences during their one year rotation. The interviews were audio-taped, transcribed verbatim and analyzed using content analysis. Comprehensive field notes were compiled by the researcher on the behavior, mannerism and reactions of the participants not captured by the recorder.

4.1 General characteristics of participants

The characteristics of the participants obtained included the age, sex, year of qualification, and the number of months spent on the rotation program. The results are presented in Table 4.1 below:

Table 4.1: Characteristics of participants

Participants' Label/ Pseudonym	Age	Sex	Year of qualification	Number of months spent on rotation
P1- Kafui	25	Female	June 2012	10
P2- Selorm	25	Female	June 2012	7
P3- Akpene	28	Female	June 2011	8
P4- Kojo	23	Male	June 2012	10
P5- Nunya	28	Male	June 2010	7
P6- Edem	24	Female	June 2012	8 ½
P7- Bubu	26	Female	June 2012	6
P8- Faakor	28	Male	June 2012	9
P9- Esinam	23	Female	June 2011	11 ½
P10- Dzidudu	24	Male	June 2011	10

4.1.1 Description of the sample

The ten (10) participants comprised six (6) females and four (4) males and their ages were between twenty three (23) and twenty eight (28) years. They had all completed the three year diploma nursing course in various nursing schools in Ghana and were doing their one year rotation at the Tema General Hospital. Their language of communication during the interview was English language.

4.2 Description of themes and categories generated from the study

Description of themes and sub-themes generated from the study is provided in this section. In all seven (7) main themes were generated with twenty one (21) sub-themes emerging from the study. The themes and sub-themes are summarized in Table 4.2 below according to the objectives of the study.

Table 4.2: Themes and Sub-Themes

SRL	THEMES	SUB-THEMES
Objective two: To identify the perceptions of new diploma nurse graduates competence for clinical practice after graduation.		
1	Motivation for Career Choice	<input type="checkbox"/> Parental influence <input type="checkbox"/> Personal interest <input type="checkbox"/> Peer influence <input type="checkbox"/> Economic factors
2	Preparation for practice	<input type="checkbox"/> Curriculum content <input type="checkbox"/> Teaching and Learning Experiences <input type="checkbox"/> Practice readiness
Objective three: To describe the preparedness for practice as rotation nurses.		
3	Inordinate Expectations	
	Preparation for practice	<ul style="list-style-type: none"> ● Practice readiness
Objective one: To describe the transitional experiences from a student nurse to a staff nurse role.		
4	Work Experience	<input type="checkbox"/> General Work Experience <input type="checkbox"/> Bullying <input type="checkbox"/> Motivation <input type="checkbox"/> Stress <input type="checkbox"/> Developing Confidence <input type="checkbox"/> Financial difficulty
5	Supportive work environment	<input type="checkbox"/> Supervision <input type="checkbox"/> Staff relationship <input type="checkbox"/> Support from hospital management <input type="checkbox"/> Support from senior nurses <input type="checkbox"/> Peer support <input type="checkbox"/> Family support
6	Measure to Improve Transition Experience	
Objective four: To explore strategies adopted by rotation nurses in adapting to staff nurse role.		
7	Coping Strategies	<input type="checkbox"/> Spiritual coping
		<input type="checkbox"/> Psychological coping

Objective two: To identify the perceptions of new diploma nurse graduates competence for clinical practice after graduation.

4.2.1 Motivation for Career Choice

The motivation for career choice was explored to determine what influenced the participants to choose nursing as a career. Data generated showed that the participants were influenced by varied reasons to choose nursing as a career.

4.2.1.1 Parental influence

This is when a person was influenced by a parent to choose nursing as a career.

Akpene who is 28 years and is in her eighth month into her rotation also indicated why she became a nurse:

After senior high school I applied to the university to do another program but my mother insisted I become a nurse, so she got me enrolled into a private nursing school to be trained as a registered general nurse.

Kafui, who is 25 years old and has been on the rotation program for ten months, mentioned that:

I got the inspiration from my father who is also a nurse but retired now.

The above account shows that parents have a lot of influence on their children it comes to the choice of their future career.

4.2.1.2 Personal interest

Personal interest is when one decides on their own to choose nursing as a career without any external influence.

Edem a 24 year old rotation nurse, who has been doing her rotation for the past eight and a half months had a different reason for choosing nursing as a career. She stated that:

I have loved nursing all my life since I was a child..... I developed the interest from this point.

Bubu a 26 year old female nurse with 6 months rotation experience said that:

Well I have passion for the work; I thought it wise therefore to enter into this profession so I assist or help those who are sick, those who are in need, those who don't have the strength to do what they have to do for themselves.

Dzidudu 23 years and who is half way through his rotation had this to say:

Well I thought that people really needed to be helped and I felt I could offer them my help by becoming a nurse, which was why I entered nursing.

4.2.1.3 Job availability and Economic Factors

Some of the participants said they chose to become nurses because of job availability and the economic situation in the country. Here are some verbatim quotes from the participants:

Nunya a 28 year old male nurse who has 2 months to complete his rotation said that:

I chose nursing due to the economic situation in the country, because I realized that when you graduate for instance from the polytechnic getting a job is difficult, but when you graduate as a nurse there is a ready job for you, hence, I decided to become a nurse.

Kojo mentioned that:

It just came up and my mother did not want me to go to the university and come out without a job so she will like me to enter into nursing where I will be able to get a job on graduation.

4.2.1.4 Peer Influence

One however said she was influence by a friend when they were in high school. This is what she said:

When I was in senior high school I had a friend who was always saying that she wanted to be a nurse after we complete school. At that time I didn't have nursing in mind, but any time we were chatting she kept saying that she wants to become a nurse one day, so that was how I became interested in nursing and decided to pursue it.

(P9-Esinam)

4.2.2 Preparation for Practice

Preparation for practice in the context of this study referred to the content of the nursing education participants had undergone and whether it prepared them adequately for entry practice.

The following subthemes were obtained from the participants under the major theme of preparation for practice. The verbatim reports made by most participants are presented.

4.2.2.1 Curriculum Content

Curriculum Content refers to the various courses that went into the training of the participants. The content of the curriculum for nursing education can go a long way to influence the quality of nursing care that is rendered to the patients on the ward. The participants were asked to describe what went into their nursing education. All of them spoke about having done the approved courses as laid down in the curriculum by the Nurses' and Midwives Council of Ghana as captured in the statements by (Bubu and Esinam) below:

Bubu is 26 years and has been on rotation for 6 months said:

First year we did anatomy and physiology, basic nursing, communication skills, perspectives of nursing and health promotion, microbiology. Second year we did medical- surgical nursing, obstetrics, public health and management, advance nursing, pharmacology and in the final year we do our case study and research, traditional medicine, geriatric nursing, palliative care. We also went for clinical placement at the end of every semester.

Esinam a 23 year old female nurse with 11 ½ months experience of rotation also stated that:

We did the theory, that is the classroom work and then we go to the ward for our practical sections. At times we spent some time in the classroom and then we go to the ward for two weeks that is how it was. First year we did physics, perspectives of nursing, anatomy and physiology, and communication skills. Second year we did medicine and medical nursing and surgery and surgical nursing. Third year we did psychiatry, public health nursing, palliative care and theory based nursing.

4.2.2.2 Teaching and Learning Experiences

This is how the participants described how they felt about their educational preparation. It was observed during the interview that some of the participants view that their educational preparation as being adequate for entry level practice. The following are some verbatim quotes from some of the participants.

Akpene a 28 year old female nurse who has been on rotation for the past 8 months puts it this way:

I feel it is adequate because as a rotation nurse there are some of the wards when you get there they leave the ward for you especially when you do things for the ward in-charges to know that you are good.

Kafui who is 25 years with 10 months rotation experience also had this to say:

I feel the preparation was very adequate, because the tutor who taught us nursing practical was always on us and got us busy in the demonstration room especially when we got to the final year.

On the other hand some of the participants felt their educational preparation for practice was not adequate. They were of the opinion that they needed to have spent more time in both the classroom and the ward to acquire more knowledge and practical skills.

Nunya had this to say:

I can say to some extent it is adequate but not really adequate. I feel we did not have enough time in the classroom because every now and then we have to come to the ward so a lot of what was needed to be taught was not taught..... The preparation in school and on the ward is therefore inadequate.

Esinam made this remark:

For me I think it is not adequate. I say so because whatever procedure we are taught in school we supposed to go and practice it on the ward..... We don't get the chance to practice the exact things we have been taught, and on top of that we don't get any proper supervision.

Edem had a similar view as well:

Well I will say it is about 80% adequate. I say this because sometimes the resources are not there, both in the school and the hospitals. In school it wasn't everything we found on the ward during our practical exams that we had in our demonstration room at school.

Findings showed that there were varied opinions about the adequacy of the nursing education for nursing practice. Some of the participants were happy with their educational preparation while others felt that the education was inadequate to allow them practice properly as nurses. While some said their preparation was adequate others of the view that they felt inadequately prepared.

4.2.2.3 Practice readiness

In expressing their view on the way their nursing education has prepared them for nursing practice almost all of them thought the sort of educational preparation they had received has given them the foundation they needed to practice as nurses.

Bubu reported that:

The training I received has really prepared me a lot; at least it has given me the nursing knowledge. When I am taking care of a patient at least I know I am supposed to do this or that, what to do and what not to do at every given point in time.

Esinam also said that:

My education has given me the knowledge to be able to practice on the ward, because most of the times we came to the ward to practice what we have been taught in the classroom.

Nunya also had a similar assertion to make:

I will say my training has prepared me to be able to foresee a potential problem of a patient before it occurs both on the ward and at home. It has also taught me how to relate and talk to people and to give of my substance to others who are in need.

Most of the participants were both excited and nervous about starting their new job newly qualified diploma nurses, but for different reasons.

Akpene was excited, she said.

I was happy because, I had finally qualified..... So when I finally made it I was in a hurry to start working for people to know that I have qualified and I am working. I therefore did not miss work even for a day on my first ward; I came to work from Monday to Sunday.

Nunya who was also excited stated that:

I was very happy when I qualified..... I also loved the job so I was nick named surgeon in school so I was very happy when I qualified and I also realized that I have a lot of opportunity in the future.

Kojo on the other hand was nervous about starting his new job. He stated that:

I was a bit nervous about starting work as a rotation nurse. I asked myself what am I going to do, will I be able to perform. When I am asked to do something? In fact I wasn't sure of myself.

According to Edem she had mix feelings about starting her new job. She said:

The feelings were mixed up in the sense that I was happy I had qualified and coming to work as a full time nurse, I wouldn't have to work for two weeks and go back to school so I was happy I had completed school and was coming to be part of the team on the ward. On the other hand I wasn't so happy because of some of the experiences I had on the ward with some of the nurses when I was in school.

Faakor had a similar experience just as Edem. He reported that:

Though I was happy I had passed my exams successfully and was about starting my rotation I also felt uncertain and was afraid about getting to the ward where I will meet a case that I am not familiar with and much will be expected of me that I can perform.

Objective three: To describe the preparedness for practice as rotation nurses.

4.2.3 Inordinate Expectation

The reason why newly qualified nurses are made to go through rotation for one year is to sharpen their clinical skills so that they can provide safe and quality nursing care to their patients. However, some of the participants in this study said the senior staff expected them to perform at the level of the more experienced staff and when they failed to measure up to that standard they were criticized unfairly.

Esinam commented:

On the ward sometimes you do certain things, you are a rotation nurse who is now learning certain things, those on the ward are experienced so they have to teach you but they expect you to do everything the right way.

Dzidudu also said that:

My main concern is that as a rotation nurse people over-estimate you and when you fall short of their expectation would want to criticize you so much., because sometimes the comments that come out "as a rotation nurse you can't do this, you can't do that and you feel embarrassed".

He continues:

I feel angered in the sense that it looked as if when you are a rotation nurse then you must know everything. I don't think that is how it should be, because as I have said I am still working under supervision but with a higher expectation of me than a student nurse.

Edem also reported that:

The in-charge at the OPD thinks once you have qualify you should know everything, so when things go wrong her approach to it makes you feel....., I felt very bad because there were a lot of people at the OPD, and she did this in the presence of everybody there. The worst part was that she was shouting on top of her voice and I felt very intimidated.

Objective one: To describe the transitional experiences from a student nurse to a staff nurse role.

4.2.4 Work Experience

In describing the experiences they had gone through during their rotation period most of the participants said it has been a good, smooth so far, and nice experience but with some challenges. However, one participant described the experience as tiring. After reading through the various transcript over and over again several categories was formulated.

4.2.4.1 General Work Experience

Following are a few quotes of what the participants said about their general work experience.

Dzidudu said:

For me as a male nurse and a general nurse for that matter it's been good, looking at the areas I have touched, medical-surgical, obstetrics I think it has been good.

According to Faakor :

It has been a good experience, because during this period I have been able to get a deeper understanding of some of the things I learnt in the classroom that I didn't understand why I have to learn them.

Selorm reported that:

It was a nice experience, I really enjoyed working at Ashiaman polyclinic because the nurses were really nice to us, probably because they've never had rotation nurses with them and this was the first time they were having us.

4.2.4.2 Bullying

It came to light during the interview that some of the participants felt the senior nurses' attitude towards them was unacceptable. According to them the way some nurses spoke to them was not the best, others also felt intimidated and debased, leading to stress as they worked. It can be deduced from participants' account that they were bullied, which came in the form of staff attitude, and discrimination from midwives and other senior nurses.

While agreeing that it has been a good experience for them, the participants had their successes and challenges. Some reported that staff attitude towards them in some instances was good; however they had challenges with some of the senior nurses on the ward.

Faakor reported that:

Some nurses will tell you this is the last time we are going to have you in our hands, hence, they are particular about you and try to bully you for the last time..... they were just waiting for this day to come when I will bring the forms for them to sign. Now they can write whatever they want about me.

He continues:

I was on a ward where there was a pulmonary tuberculosis patient, nobody warned me about it and I was all the time being sent to that patient because the staff nurses refused to attend to him. However due to the knowledge I had about the condition from school and the little experience I had during our clinical placement at a glance when you see some patients you know you must take precaution.

Esinam also had this to say:

If you do something and you make a mistake some will shout at you, others will insult you, the way they will talk to you in front of patients and other staff if care is not taken you will cry. For me I won't cry but my eyes will be filled with tears wanting to come out.

Edem added that:

Staff attitude has been my biggest problem from when I was in school till now that I am doing my rotation..... they will just ignore you and continue with whatever they were doing. Others will respond and that is all that you get from them that will be their first and last interaction with you.

Selorm also said:

Some the wards you work well but rotation nurses are always blamed when a patient's lab investigation has not done. So those were some of the times that I wish I could continue school and be in the administrative area and be fine.

Some of the participants felt discriminated against by midwives because they were not trained midwives in spite of their knowledge in obstetrics and gynecological nursing, which qualify them to be on the unit to sharpen their practical skills.

Kafui said:

I felt disappointed in some of the wards that I have been to, especially the gynecological wards. Over there you are not allowed to do major procedures because you are not a midwife, you only assist during procedures, such as deliveries and evacuation of the uterus. You are only allowed to check vital signs of the patients.

Kojo has this to say:

My in-charge on my first day on the obstetrics and gynecological ward exclaimed ehi what is a man doing on a gynecological ward? Can you conduct a delivery? So she asked me to be at the admission bay and admit the patients and set up infusion on them.

Bubu also had the same experience her other colleagues were going through. She said:

When I call my other colleagues in the main hospitals to find out how they were doing? They will tell me they are not allowed to conduct deliveries because they were not midwives. In fact when I started at my place for the first week I was also not being allowed to be involved in conducting deliveries, and I had to report to the nurse in-charge of the centre.

Dzidudu felt the rotation nurses were discriminated against by the senior nurses on the ward because, he felt:

Some of the things they (ward in-charge) should be considerate. When you fall sick and you are given an excuse duty exceeding three days you have to come and make up for the days you missed....., I don't think that is fair, because if I were a staff nurse and I fell sick and had to be given an excuse duty for more than three days nobody will have asked me to come and make up for the extra days.

Bullying is one key issue that came up during the data collection, which has the tendency to lead to staff turnover. It may be necessary to conduct a study on bullying at the work place to determine its effect on staff retention.

4.2.4.3 Motivation

Motivation is a way to inspire people especially workers to do what they do best. Participants who took part in this study are not different from workers in other institutions like the banks who are often given bonuses. During the interaction with participants one key issue that they spoke about was motivation for them as they work as rotation nurses.

Some of the participants felt if they were motivated financially they would have done better by reporting to duty anytime they were on duty than they were doing as at the time the researcher interacted with them. The following were some of the verbatim quotes from some of the participants.

Akpene reported that:

It is the motivation to work that is lacking. There is nothing motivating you to work because you've been insulted, you are not been paid well, before I started with my part time job there were times I went to work with Gh¢1.00, meaning that day no food for you and you will be feeling hungry. I had to stay with a friend for six months before I was able to rent this room.

Kojo also shared the same sentiment as Akpene. He said:

I think if the allowance had been given to us it would have motivated us to be coming to work all the time. To be honest with you I don't come to work every day because at times I don't have money for transport to work. I think more attention should be paid to nurses; the attention now is going more to the doctors than the nurses.

Dzidudu who shared similar view just as his colleagues said:

I think the first thing is for us to be given some form of incentive. I went to a private nursing school and assuming we were not being paid this national service allowance I wouldn't be getting form of allowance so I would have to be paying for my transportation and feeding. If the hospital therefore does not help me financially I don't think I will be encouraged to come to work.

Nunya a 28 year old male rotation nurse also mentioned that:

Motivation is what is lacking. You know students will always be students, so you have to motivate them. Especially the transportation allowance promised by the hospital, if it had been given us would have compelled us to be coming to work every day.

On the other hand, Selorm felt she was motivated to work by her ward in-charges"

attitude towards work. According to her the ward in-charge was always on her feet working, this she said motivated she and her colleague rotation nurses to work harder.

This is what she said:

The ward in-charge will come to work and start doing things that we are supposed to do. As rotation nurses when we see this we are encouraged to work harder, sometimes you tell her to go and sit, and she will tell you she cannot sit down because she is there to serve and not to be served.

Faakor who also felt motivated by the gesture of his ward in-charge said:

Well a patient who I nursed on a particular ward who felt satisfied gave an amount of money to my ward in-charge and there were two us on day, she gave us some of the money to use for our transport fare. Even though it wasn't any big money but then the gesture, and the fact that she appreciated our presence on the ward with her I was so happy.

4.2.4.4 Stress

Participants experienced stress in their work as a result of heavy workload, distance travelled to work, and work schedule.

They were of the opinion that if the senior staff were considerate especially in the allocation of the schedule, and allowing them to run it as stated on the duty schedule it would have helped them a lot.

The following is what some of them said about the distance to work and unfavorable duty schedule:

Sometimes on the ward they don't consider where you stay, so that if for some reason you are late or can't come to work, you are treated as staffs that are being paid. Sometimes the duty schedule doesn't really make you want to come to work, because you are on duty every week- end sometimes Sundays and must forego some of your plans because you have to run the shift to suit your ward. It is stressful.

(Dzidudu)

When I request that something be done about my duty roster due to the distance I have to travel to get to work I am turned down with the reason that I am no longer a student and I will become a staff soon, hence I have to be treated like a staff, it is frustrating. Especially when I come for afternoon duty, I close sometimes at 9pm, get to the house at 10pm and the following day I will be on morning duty I get stressed out.

(Nunya)

Other participants said that they had to deal with heavy work load, because the senior staff felt they are new from school, hence they needed more experience. They however felt it was not right because they had just come out of school and were still learning.

This produced a lot of stress in the new nurse. They share their experiences as presented in the following verbatim quotes from some of the participants.

Edem said:

The other thing that stresses me is the work load. There are more patients each and every day, but the number of nurses caring for them is the same..... This is inadequate and you end up doing a lot of work, going up and down. At the end, you will be tired and it makes the whole thing very stressful.

Faakor stated that:

At a point I felt I was the only one on duty, when it happens like this the day becomes very stressful for me. This is because I have to be going up and down to ensure that I attend to every patient as they call for help.

Kojo stated that:

Theatre is stressful for me, especially the gynecological theatre at night, there will so many caesarean sections throughout the night and by morning you are so tired and you get home very tired. It is the same story when you are in the theatre recovery, because you have to monitor the patients until they recover fully from the anesthesia.

Dzidudu intimated that:

The challenge I have met is the unfair treatment I get on the ward, a lot more of the work is left for you to do just because you are a rotation nurse....., it was a very big challenge for me.

The transition from student nurse to professional nurse is a stressful moment; ward managers must therefore consider this period and be considerate when planning their duty roster.

4.2.4.5 Developing Confidence

At the end of their rotation the newly qualified nurses are expected to develop their self confidence, a tool they will need to be able to provide safe client care as they practice throughout their professional life. Some participants said they developed their self confidence through the encouragement they had from the senior nurses they worked with on the wards other said after working for some time.

Kafui stated that:

I developed the confidence because of the encouragement I receive from the senior nurses and at times I try to ask questions, and any time there is a major procedure on the ward I try to participate.

Bubu attributed her self-confidence to the help of her ward in-charges who were always there to supervise her work. She reported that:

What I like about the in-charges here is that they see you as an in-coming staff and they give us the space to work and they supervise us..... They do it in such a way that by the time you finish with your rotation you would have developed confidence in yourself because you've been allowed to do the things several times so you have developed the confidence and I think it is a good thing.

Faakor also mentioned that:

....., now I don't have any fear or uncertainty about any condition or procedure because I have been on the wards for some since last year June so I have become familiar with the routines and procedures which have given confidence.

Kojo also said:

Now I work with no anxiety, when a patient need help I go to him/her, I only call my in- charges when what the patient needs is beyond me unlike initially when I started the rotation when a patient calls for help I also call the in-charge . Now when a patient calls I go to attend to the person.

4.2.4.6 Financial Difficulty

One major problem the participants encountered was financial difficulty. All the participants were catered for by their family when they were in school, and upon completion of school they are expected to cater for themselves and their family. However, they are unable to do so because they are just on allowance and not salary which can barely take care of their needs, they are therefore forced to fall back on their family or take on a part-time nursing job to able to meet their financial obligations. The following are what some of them said:

Akpen reported that:

Tema renting this room was not easy Gh¢100.00 a month and the land lady took two years rent advance which is Gh¢2400.00, eating, clothing and transportation that was the main reason why I decided to do the part time work.

Selorm agreed with Akpen. She said

Now that the price of petrol has been increased I spent Gh¢8.00 on transportation everyday excluding food, and the allowance from the government is not enough, it can't even cater for half of my transport fare for the month.

Nunya added that:

Sometimes finances become a problem, because I come from Takoradi I have to rent an apartment in Teshie, hence sometimes getting money for transportation to work becomes difficult.

4.2.5 Supportive Work Environment

One of the issues that came up during the interviews was supportive work environment. Support is vital in the life of anybody beginning their employment life to be able to give of their best. All most all of participants said support from the hospital management was not forthcoming, and although some senior nurses gave them the needed support others did not. Majority of them relied on their family while others took refuge in their faith in God. The following categories were therefore generated from the above theme, support from hospital management, support from nursing management, financial support, support from senior nurses, peer support, spiritual support, and family support.

4.2.5.1 Supervision

In sharing their experiences some participants indicated that supervision was not the best, even though they were to work under supervision as stated in their log book since there is a portion for supervisors to sign. They felt the lack of supervision had a negative effect on their performance, since sometimes they were not sure of the

procedures they had to do without supervision. Some therefore suggested that rotation nurses should work with preceptors who will be there to support them as they develop and polish their clinical skills.

Following is what some of them said about the lack of supervision for them as they

work: Bubu mentioned that:

When I perform a procedure and the nurses do not say anything about it I become doubtful, and question myself whether I have done the right thing. I become scared but I do not show it because of the presence of student nurses on the ward.

Esinam had this to say:

For me it all boils down to supervision, we are supposed to work under supervision but many at times we don't get any staff nurse to supervise us, because on the ward everybody is busy. Everybody wants to finish with their work and rest or go home so nobody takes keen interest in what you are doing. I wish therefore that supervision will be improved.

Dzidudu also commented that:

If you look into our log book there is a portion for our supervisor to sign, and so if I don't have anybody supervising me to ask the person whether what I am doing is right or wrong, I might learn the wrong thing and pick it up from there and grow up with it. From here wherever I go I take it as that is what I know is done and that is what I will be doing, hence if everything should be left for me to do without any supervision it is not helpful.

Though some participants complained of the lack of supervision as they worked as rotation a few others said the nurses were on hand to supervise them as they worked and this helped them in developing their practical skills. Here are a few quotes from what they said:

Kafui reported that:

....., you are allowed to do major procedures with guidance. You are allowed to start a procedure and when you go off then they direct you to the right path.

Kojo also said:

It depends on what you are doing at a particular time, there are some things you will be allowed to do under supervision such as passing of NG tube and Foley's catheter.

Bubu agreed with his colleagues and stated that:

However as a rotation nurse, what I like about the in-charges here is that they see you as an in-coming staff and they give us the space to work and they supervise us.

4.2.5.2 Staff relationship

For work to go on successfully in any situation there must be a good relationship among the workers, this in turn foster high productivity. Some of the participants reported that the relationship between them and the senior staff was a cordial one. This is expressed in the following quotes:

It is nice to work here in this hospital, we work as a team. Nobody looks down on the other, they all encourage me to work with them as a team and where I am lacking the team members are always ready to help me.

(Kafui)

It's been very cordial; there hasn't been any reason why there shouldn't be a good relationship between us. We work like colleagues on the ward, we learn from them and they also learn from us. It is a very friendly relationship.

(Dzidudu)

It's been good; when you see us on the ward you will think we are sisters from one family.

When you don't know something you are free to ask and vice versa, we work hand-in-hand. (Bubu)

Oh some of them are quite good. Most of them are like a mother to me though not very close. I give them the respect that is due them and they also respect me. They advice me talk to me and teach me, so I will say it is quite good.

(Selorm)

The above accounts from the participants showed that there was a cordial relationship between the staff and the rotation nurses. This in no doubt had a positive impact on their work.

4.2.5.3 Support from hospital management

The participant described support from the management of the hospital as not forthcoming. They cited the fact that house officers were given accommodation and transport allowance. Meanwhile the transport allowance that was promised them was never given. The following are excerpts of what they said:

Though we were promised some transportation allowance since June last year by the management of the hospital, we have still not received it. The hospital gave transportation allowance to those who completed their rotation just before we started. We went to remind management of their promise but we were told to forget about it, therefore I don't come to work when I don't have money for transport.

(Nunya)

We went to the hospital administration to ask for our transport allowance and we were asked to hold on for a memo to be written and a meeting be held for a budget to be drawn for us. Up till now we have not heard anything from the management,

(Kojo)

If there were buses to pick us at vantage points to work then you can be held accountable when you come to work late.

(Akpene)

House officers have been given accommodation by the hospital, even some of our counterparts from the universities and the Polytechnics have also been given accommodation excluding rotation nurses. Meanwhile most of us come from other regions, so I think if we are also given accommodation it will be so much appreciated.

(Kojo)

Akpene stated that:

The doctors including the house officers are served with snacks, they are given ticket to take lunch from the hospital's cafeteria without paying for it, but nurses are not accorded the same privilege and because of that some of us (rotation nurses) leave the ward to go on break for about an hour or two and will still not be back.

Kojo who is 23 years old and has spent 10 months into his rotation indicated that:

Doctors and house officers are given certain favours in this hospital that we nurses don't receive, such as lunch and transportation allowances especially to the house officers. There is nothing like that for us rotation nurses. In another incidence I went for a sickle cell clinic last week Friday, with a doctor, a senior nurse and another colleague of mine. When they brought snacks it was given to only the doctor and the senior nurse, leaving my colleague

and me. Meanwhile we worked together, why should they be given the snack and exclude us? That is not fair and there was nothing we could do about it.

It was clear from the data that support from the hospital management to the rotation nurses was lacking. To ensure a smooth transition period for these rotation nurses, the hospital management must extend the same support given to junior doctors doing their houseman ship to the rotation nurse.

4.2.5.4 Support from senior nurses

Some of the participants reported that the senior nurses they worked with gave them the needed support which encouraged them to work hard, others were not just concerned, whether they did the right thing or not.

Kafui mentioned that:

The nurses support and encourage me, therefore, sometimes when I am for afternoon shift I come early to help the morning staff before I take up. It therefore gives me the encouragement to come to work all the time.

Selorm who said she had fun working with midwives in a polyclinic reported that:

The nurses there were very nice because they were much older hence they knew what it entails coming as a fresh nurse. They took their time to teach me a lot of things that though I am not a midwife they taught me so much that I can conduct delivery from the time a women onto the labour ward comes till she leaves.

Edem also mentioned that:

Support has been very good, those on the ward have helped me knowing very well that I am a rotation nurse I don't know so much, and they use their experience on the ward to help me.

4.2.5.5 Peer support

As the participants recount their experiences some of the fell on their peers for the needed support when it was not forthcoming from the senior nurses.

Nunya who felt frustrated about the attitude of a senior staff stated that:

I feel so bad sometimes I just leave the ward and go sit somewhere just to cool off, because I get so angry and I don't want to offend anybody. Most of the times I go to my colleagues who have already been on that particular ward to ask them about how they handled the staff on that ward. They tell me that is how they are so I should just ignore the particular staff.

He continues:

I later told my friends in a conversation that the ways some of the doctors and nurses behave have made me regret being a nurse. They make you feel you are a nobody, that you don't know what you are the very senior nurses.

According to Dzidudu whenever he needed any clarification on a procedure he wasn't sure of though he sometimes consulted the senior nurse, he preferred most of the times to talk to his colleague rotation nurses. He did this because of the unpleasant comments that came from some of the senior nurses any time he tries to clarify things from them. He said:

Though sometimes I ask a senior colleague, however most of the times I preferred talking to my colleague rotation nurses to get what I needed, because sometimes the comments that come out "and you claim to be a rotation nurse you can't do this or that" and you feel embarrassed.

4.2.5.6 Family support

Recounting their experiences some participants said their family supported them in many ways without which they couldn't have come this far.

Bubu who has a five months old baby said her sister in-law helps her with her baby so she could come to work in the morning while her husband supports her financially. She stated that:

Well the challenges, hmmm...., rotation is really demanding. If you don't have anyone supporting you financially in spite of the allowance we are being paid which is not adequate, looking at your transport fare in and out, your feeding daily it is stressful. Well my husband supports me a little financially.

She continues:

My sister in-law helps me. She said she can only take care of him during the mornings because she also has to prepare for hers in the afternoons.

Esinam mentioned that:

The other thing is the transport fare; we are not being paid even though we are taking some allowance alright....., my parents supported me with my transport fare without which I don't think I would have been able to be coming to work all the time.

Dzidudu stated that:

Though I receive my national service allowance, half of it goes into paying for my transport fare to work. Though I receive support from family and friends it is not much so I have taken on a part-time job in a private hospital to make up for the rest.

In spite of the fact that participants have completed school, they still depended on their family for financial support.

4.2.5.7 Measure to Improve Transition Experience

The one year rotation program is an opportunity for the newly qualified diploma nurses to gain knowledge and skills, which is supposed to be under supervision. However it came out during this study that supervision is not being done as it should, most of the time the participants were left on their own as they work. They suggested therefore that either the hospitals or NMC should ensure that rotation nurses work with preceptors so that by the end of the rotation period they would have develop their nursing skills.

P5- Nunya said:

I think the ward in-charges or the senior nurses have to be made aware that rotation nurses are still learning hence whenever we are assigned a task it should be done under serious supervision. I also wish that once a week rotation nurses should be brought together for a ward conference, where various topics can be discussed and our concerns addressed.

He further stated that:

If we had a preceptor who will come around and find out about our performance from our ward in-charges it would have been the best and as I have said earlier on clinical conference once a week. At this conference the preceptor will address whatever our shortfalls are I believe by so doing we will be able to sharpen our clinical skills much better.

P9- Esinam added that:

..... so they should intensify the supervision by having preceptors on the ward. So you know whichever ward you are going you are made aware of the preceptor you are going to work with and that whatever problem you may have we can approach them it will help very much.

Working with preceptors have proven to assist new nurses in developing their clinical skills during this period, it will therefore be important to train a lot more preceptors who will assist the rotation nurse in consolidating their clinical skills.

Objective four: To explore strategies adopted by rotation nurses in adapting to staff nurse role.

4.2.6 Coping Strategies

In order to cope with the stress that came with their rotation, participants adopted various means to cope with the situation which included spiritual and psychological means.

4.2.6.1 Spiritual Coping

The study revealed that rotation period presented some level of stress to the participants and in order to cope with it they resorted to praying to God because they were all Christians. Some believed that not all the things that happened on the ward were physical, they said some had spiritual under tones. Others also explained that their Christian background tells them that they cannot do anything with their physical strength and therefore needed to pray to God to give them strength to be able to cope and for protection. The following verbatim quote represents what they said:

Selorm indicated that:

Sometimes I just pray to God to take away anger from me and help me cope with it, because if I should get angry it is the patient who will suffer.

She continues:

Erhmmm I always say He does something without me knowing. When I wake up in the morning I pray that whoever I am going to meet God should make me a better person to improve upon that person's life in one way or the other....., so I always pray to God whenever I am on duty, and it really helps. Sometimes we admit some bad cases that make me want to cry but then I just pray to God to give me the strength.

Edem was passionate of her faith in God. She stated:

My Christian faith makes me to understand that we can't do it alone with our strength but it is by the grace of God and the Holy Spirit that enables us..... Even with this up and down, having to travel to work every morning, afternoon and night, some nurses on their way to work are attacked but then by the grace of God I am through and almost finished with my rotation.

Kojo also said:

I do pray in the morning before I leave for work every day, because anything can happen on the ward at any point in time. One way or the other I believe I have a maker who guides and saves from minor, minor problems. I personally don't see everything that happen on the ward to be physical, at least one or the other has a spiritual backing and one may not know, you will just get there without any backing that thing falls on you. I believe whatever it is can be transferred to you just because you were there to help the person, so I believe with God all things are possible.

Bubu added that:

In fact I will say God did everything. Ooh, well He protected us, for me God was my provider, because sometimes when you look at the conditions in the house, there was no money but at the end of the day I was able to go to all the hospitals I was placed to do my clinical. Sometimes I ask myself how I did it. But some way somehow God provides and I do what I am supposed to do. That is why I said God did a lot.

In Ghana spirituality is key in the day to day activities of every individual, everything is attributed to a spirit, it is therefore not surprising that these participants attributed their experience to God.

4.2.6.2 Psychological coping

Majority of the participants thought that rotation is an important and necessary part in their development as nurses, because they are still learning. But there is still an expression of dissatisfaction regarding the fact that rotation is mandatory, participants found diverse means of adapting to the situation so they could go through the rotation successfully. They make up their mind not to allow whatever difficulties they were going through to deter them. Others said their nature or temperament helped them, some said through their faith in God. The various means used are illustrated in the following quotes:

Hmm, all I know is changes would come and I have to adjust to them. Nobody cares where you leave and what problems you have, so one has made the effort to adjust to the situation. Assuming I got to a stressful ward where I report early to work but may not close early, I make up my mind that I am just going to work and forget about watching the clock and concentrate on what I am doing. Sometimes by the time I finish it is about 3pm. So I prepare myself psychologically.

(Selorm)

I take it as a learning period so I ignore most of the things some of the nurses do against me and focus on my work so I can be better staff nurse after my rotation.

(Akpene)

Well you know it is something we must go through so whether good or bad, one must stay focused and do it. You know why you are here and without that you cannot move forward on to the next stage in the profession so we don't have any option but go through it. We have come this far by faith.

(Kojo)

In conclusion, this chapter has presented a detailed description of the participants' accounts of their experiences they have had so far during their one year rotation. The discussion in the next chapter was centered on these accounts.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

The previous chapter looked at the analysis of the findings of this study. In this chapter, findings of the study have been discussed with relevant and pertinent literature.

The purpose of this study was to explore the transition experience rotation nurses had during their one year rotation, in order to identify their transitional and socialization needs during the process of moving from the role of student nurse to their new role as qualified nurses in the practice setting. To achieve the objective data was collected from identified participants through interviews and was analyzed using Miles and Huberman (1994) framework of content analysis.

5.1 Motivation for Career Choice

Participants expressed diverse views on why they chose to become nurses, the most influencing reason for the choice in order of preference was personal interest, parental influence and economic and job availability, and the least of all was peer influence. This finding is consistent with previous studies (Manzoor, Daud & Hashmi, 2010; Mooneya, Glacken, Natan & Becker, 2009; Porter, Edwards & Granger, 2009; Cho, Jung & Jang, 2009; Rheaume et al., 2003; Larsen, McGill & Palmer, 2003), which all reported that the image of nursing as a profession and the availability of nursing jobs, parental influence, personal interest were the motivation for the decision to choose nursing as a career. Motivation for career choice has implication for job performance, satisfaction and commitment. New graduates ability to experience smooth transition is indirectly linked to career choices and must be a consideration in enrollment to schools of nursing.

The rationale for choosing nursing as a career also influences the willingness to study and

be prepared for the transition process. Further study may be required to determine the extent to which motivation for career choices influences preparation for practice.

5.2 Preparation for Practice

Preparation for practice is the formal nursing education that an individual goes through in the nursing school as laid down by the Nurses and Midwives Council of Ghana for three years in any nursing school accredited by the National Accreditation Board and the Nurses and Midwives Council of Ghana.

5.2.1 Curriculum Content

The basic nursing program is the curriculum that student nurses are taken through for three years in a nursing school.

All participants in this study indicated that they had all passed through the basic nursing programs as outlined in the curriculum by the Nurses and Midwives Council of Ghana, and this had equipped them with the basic knowledge they needed for nursing practice. This finding is consistent with findings of a study conducted by Chernomas et al., (2010) on the perspectives of new nurse graduates and nurse managers practice readiness during their transition to professional nurses. The findings revealed that participants felt their basic nursing program had prepared them for professional practice.

5.2.2 Teaching and Learning Experiences

Most of the participants in this study were happy they had completed school and had passed their licensure examinations successfully. Some of them express their joy of not being students any more. This finding corroborates that of Lalani and Dias (2011) who conducted a study on the role transition of new nurses in Pakistan, where participants expressed joy upon completion of school.

Others had mixed feelings of joy and anxiety as they were not sure what lay ahead of

them. This finding is similar to that of Evans (2001) and Whitehead (2001).

According to Evans (2001) the initial movement from student to staff is a period of separation that causes uncertainty and anxiety among new graduates. The participants in the study expressed feelings of excitement, a sense of achievement, pride and motivation for the new role. On the other hand, Whitehead (2001) pointed out that initial anxiety and feelings of uncertainty are a normal part of transition, and these feelings declines with experience.

This study however revealed that while some participants felt adequately prepared others felt that the preparation for nursing practice was not adequate. Some were of the view that the classroom work and the clinical placement was not adequate due to insufficient times spent in both instances, and also not being allowed to follow the objectives for each particular clinical placement by the nurses they worked with on the ward. The findings of this study supports that of several previous studies on the perceptions of recent nurse graduates of their educational preparation. These studies showed that some new nurse graduates doubt the relevancy of their educational preparation while others also believe they are unprepared and unable to meet the challenges found in the acute care setting. Participants from this current study were of the view that having more time both in the classroom and the clinical area would have helped them in acquiring more knowledge and clinical skills. Some of them also complained of not being assisted by the nurses on the ward to follow the objectives set out by their schools when they come for their clinical placements (Clark & Springer, 2011; Benner, Sutphen, Leonard, & Day, 2010; Dyess & Sherman, 2009; Candela & Bowles, 2008; Hodges et al., 2008; Berkow, et al., 2008; Etheridge, 2007; Cowin & Hengstberger-Sims, 2006). Making room for any change however could prove difficult for several reasons, including the need to adhere to the semester system and specific number of credit hours.

There is the need for nursing faculty to ensure that theoretical concepts taught in the school and clinical experiences run concurrently, the quality of clinical experiences, and the communication between clinical agencies and the nursing program (King, 2004). Collaboration between faculty and clinical staff to ensure that students are assisted to follow the objectives for their clinical placement each time they come to the ward could help them acquire more skills.

5.2.3 Practice Readiness

Practice readiness is when a newly qualified nurse has skills to give safe care immediately after passing the licensure examinations and begins rotation.

The findings of this study revealed that the participants were excited about completing school and passing their licensure examinations and were eager and ready to begin work; however they got to the work environment and were met with the realities of nursing practice. They experienced uncertainty, and doubted their ability to perform. This led to some of them expressing the desire to further their education so they could branch into other areas either than bedside nursing. This finding agrees with a study conducted on the experience of the graduate nurse, qualitative residency program outcome by Duchscher, (2009) and Fink et al., (2004). These studies revealed that the new nurse graduate enters the work environment with many expectations which often conflict with the harsh realities and experience uncertainties in the clinical area. This is what Kramer referred to this as “reality shock” after a study on the new nurse graduates transition to professional practice. Findings showed that the new nurse graduates found that, values learnt in school were different from what they met in the practice area (Kramer, 1974). The phases of reality shock include the honeymoon, shock and rejection, recovery, and resolution.

The key element in the honeymoon phase is the new graduate's excitement about completing nursing school (Kramer, 1974), which is characterized by idealism and excitement about nursing which is often short-lived. The honeymoon phase is closely followed by the shock phase, exhibited by feelings of disillusionment. Then comes the recovery phase, where the new nurse begins to weigh, assess, and objectively evaluate the work environment and gains insight into actual nursing practice. In the resolution phase, the new nurse graduate makes a decision about his/her future, which may include adapting to the current position, changing positions, returning to school, or leaving nursing altogether (Kramer, 1974). This can be linked to coping as individual rotation nurse come to terms with the issues at stake and begin to adapt to the situation. The participants in this study went through all the phases as outlined above, the newly qualified diploma nurse therefore needs support during this transition period, and having the support of nurse managers, and their senior colleagues is essential.

5.3. Inordinate Expectations

Participants in this study perceived that the senior nurses expected them to perform at the level of the more experienced nurses and be fully functional and competent nurse as soon as they enter the workplace which they found very frustrating. This finding is similar to what Duchscher and Cowin, (2004) found in their study on the experiences of new nurse graduates during their first few months of introduction to nursing practice. Some studies on new nurse graduates transition period also reported unfair expectations by their senior colleagues (Allan & O'Driscoll, 2011; Maxwell, Brigham, Logan, & Smith, 2011; and Fox, Henderson, & Malko-Nyhan, 2005). Their findings showed that the expectations of the workplace were very high, and the support they received during the period was inadequate.

To ensure smooth transition for the newly qualified diploma nurses, it is necessary for the staff and the unit heads to realize that though the new graduate nurse have the basic knowledge to provide entry level care, they still needed the support of all the staff on the ward. According to Benner (1984) new nurse graduate need 18 to 24 months to move from the level of advanced beginner to that of competence, Casey, et al., (2004), added that these group of nurses needed time, supervision and support, to be able to make a successful transition otherwise the quality of the nursing care they provide to patients will be compromised. It is therefore not safe to expect these newly qualified diploma nurses to be ready to provide safe nursing care to patients immediately after school. Cowin and Hengstberger-Sims (2006) therefore cautions that, it is unreasonable to expect new nurse graduates to be ready for practice immediately after school, as it normally takes twelve months or longer for this group of nurses to become accustomed, develop confidence, begin to independently apply what they have learned and develop the confidence needed to integrate leadership responsibilities into their nursing role. This time period contrasts sharply with the frequent expectation, that new graduate will assume charge nurse duties almost immediately after they begin their practice. Duchscher and Cowin, (2004), and Oermann and Garvin, (2002) therefore suggested that an educational support program is necessary to help socialize them into the profession by integrating them into the workforce and meeting their learning needs. A well thought out educational support program by the hospital during the rotation period for the newly qualified diploma nurses can go a long way to ease the transition for new graduate nurse.

5.4 Work Experience

This refers to the all that the newly qualified diploma nurses went through during their rotation period, which included the positive and negative experiences.

5.4.1 General Work Experience

All the participants except one described their experiences as newly qualified diploma nurses as positive. Although more challenging than they thought it would be, all of them stated that being a nurse is exactly what they desired to be even before they entered nursing school. Some participants also mentioned feeling happy to be given the opportunity to practice what they had been taught in school. One participant said it had been tiring for her.

5.4.2 Bullying

One of the challenges some of the participants had to deal with was bullying at the work place which came in the form of negative staff attitude towards them, discrimination by midwives and some senior staff and withholding of information from some of them. This results agrees with that of Duchscher (2008), Woelfle and McCaffrey (2007), Lea and Cruickshank (2007). Most of the participants wanted support from the senior staff, but often the senior staffs were unpleasant and this was not helpful to the newly qualified diploma nurses. A study conducted by Lee (2009) on the first year experience of new nurses in Taiwan revealed that the nurses accepted and internalized the bullying behaviour as part of the nursing culture. The participants did not only accept the bullying behaviour from their senior colleagues, but also were grateful to the bullies and saw the bullying experiences as a way of professional growth. They learn through this process and aimed to become one of these professionals. The participants in this study on the other hand felt it was unacceptable for them to be treated that way. Bullying in the work place could negatively affect healthcare organizations (Johnson, 2009), because new nurses who experienced bullying at the work place may consider leaving the profession (Simons, 2008; McKenna et al., 2003).

This could lead to staff shortage which is already a problem for many healthcare organisations. Results from this study is congruent with that of Simons (2008) and McKenna et al., (2003) , as the new nurses who experienced bullying behaviour expressed the intention to pursue higher education so they could leave bed side nursing and go into nursing administration or academia. McKenna et al. (2003) recommended the provision of adequate reporting mechanisms and supportive services for those exposed to bullying behaviour. It is therefore important for nurse administrators and educators to recognise that work place bullying exist in our health care facilities and pay attention to it, in order to ensure an environment free from bullying for the new nurses as they make the transition to staff nurses.

5.4.3 Motivation

Findings from this study showed that participants viewed motivation as a morale booster in the face of many challenges that they faced as they make the transition to professional nurses.

They spoke of motivation in terms of allowances that was promised them by the hospital management that was never given to them and lack of encouragement from senior staff, insults and intimidations from their senior colleagues. These they said discouraged them from performing at their optimum best. There was paucity of literature as regards to motivation of new nurse graduates as they make the transition to professional nurse, but then it was a key finding in this study. Nurse Managers and hospital management must be aware of this and try as much as possible to put in place measures that will motivate this group of nurses and make the transition to professional nurses a smooth and pleasant experience for them. Motivations can come in the form of accommodation either in or close to the health facility, or provision of transportation to convey them to and from work just like their counterpart house officers.

This will go a long way to reduce the financial burden and the stress they go through during this period, which will in turn affect their performance and output.

5.4.4 Stress

Findings of this study revealed that participants felt stressed with heavy workloads, unfavourable work schedule and the distance they had to travel to work. This acted as a barrier to role transition and further professional development. They reported that the more experienced nurses left the work for them to do, because they assumed that the completion of their nursing education and also having passed the licensure examination meant they were capable of handling higher case loads which overwhelmed them. They reported this as unfair and stressful, coupled with the fact that they were not receiving salary as their senior counterparts. The transition from being a student to becoming a professional nurse is said to be associated with stressful experience (Duchscher, 2008; Newton & McKenna, 2007). Similar circumstances have been identified in other countries, such as the United States of America and Canada where newly qualified nurses found themselves in situations that they were inadequately prepared for, such as managing higher case load and making critical clinical decisions. This finding is similar to that of Casey et al., (2004) and Ellerton and Gregor, (2003) who worked on the experiences of the new nurse graduate. Participants in these studies described their work environments as being understaffed and expressed being overwhelmed with the nurse-to-patient ratio, having difficulty in adjusting to shift, a perceived lack of time off with no leave and frustrations with pay. There is the need for nurse managers to consider the plight of these new nurses when preparing their duty roster by taking their personal needs into consideration. The senior staffs also have to realise that by leaving all the work (heavy case load) for these newly qualified diploma nurses to do can jeopardise the lives of their patients.

They should therefore assist them by increasing the number of patients this group of nurses have to care for in their first year of practice gradually, by so doing they will develop their clinical skills well and build their confidence. Though Ghana has achieved middle income status, we still have issues with shortage of staff. In certain situations especially the rural areas, rotation nurses as well as student nurses are heavily relied upon for patient care and services, though it is a learning situation for these groups of nurses it places stress on them due to the high patient load.

5.4.5 Developing Confidence

Developing confidence as a newly qualified nurse is when this nurse is able to give safe and quality nursing care with little or no supervision over the one year rotation period. Developing confidence by the newly qualified diploma nurse was one of the key findings that were revealed by this study. Five of the participants spoke about how they developed confidence as they went through their transition. According to the participants in this study some of them had encouragement and the support of the senior staff as they worked which enabled them to handle patient care independently. Others also said having worked for at least six months on ward, and after repeated hands- on experience they were able to develop their self confidence. Studies have shown that new nurses experience lack of confidence during their first months in the workforce (Duchscher 2008). However, Casey et. al., (2004), and Ellerton and Gregor (2003) found that graduate nurses needed at least 12 months to feel confident and comfortable practicing in an acute care setting. They also reported that graduate nurses in the early months of employment, expressed feelings of inadequacy but then, these feelings began to resolve getting to the end of the first year clinical practice. Self- confidence was found to be present for some participants and lacking for others in this study which is consistent with the results of Casey et. al., (2004), Ellerton and Gregor (2003).

The results of these studies is congruent with that of the current study, where participants reported lacking confidence at the beginning of their rotation, but developed confidence as they progressed in their rotation. This is due to their constant practice which makes them acquire more clinical skills.

5.5 Supportive Work Environment

Supportive work environment in the context of this study means work place that provides and encourage a healthy environment for their employee.

5.5.1 Supervision and Staff Relationship

The general impression derived from the data by the researcher was that most of the new nurses had no supervision as they worked which was very frustrating for them. In the course of the study, it became obvious that there was no support tailored to their individual learning needs, leading to a dissonance between the support and supervision that participants felt they needed. Supportive supervisor and positive relationships with co-workers in the early stages of employment is very important as indicated by Halfer and Graf (2006), Casey et., al. (2004), Roberts et., al. (2004), and Oermann and Moffatt-Wolf (1997). Participants in this study indicated that a supportive work environment could have contributed positively to their transition into the professional nurse role. As new diploma nurses, they had expected that the more experienced nurses would provide guidance for them, as they developed their clinical skills, assist them with decision making, and help them meet their patients' needs and the organizational requirements of the hospital. These findings are consistent with previous studies by Bjerkins and Bjørk (2012), Martin and Wilson (2011), Oslon (2009), and Maben, Latter and Clark (2006) whose studies on new nurse graduates' first year experience revealed lack of a supportive work environment and role models increased the new nurses' experience of overwhelming responsibility in their daily work situations.

In Ghana this group of nurses most of the times are left on their own to work with little or no supervision, with the reason that they are now qualified nurses hence should be able to work on their own. This situation has led to poor quality nursing care to patients. Experienced registered nurses and ward managers therefore need to be cautioned on the influence they have on newly qualified nurses and know that this group of nurses need to be nurtured.

5.5.2 Support from Hospital Management

The findings of the study revealed that support from the hospital management was not forthcoming. All the participants lived far from the hospital facility, and so reporting to work every day and on time was difficult for them. Participants were of the view that if the hospital management had provided them with accommodation in or close to the hospital it would have had a positive effect on their transition and patient care, or if transportation has been provided for them, they would have been reporting to work early all the time. This finding was not supported in the literature which might be due to the difference settings of the past and present studies. The past studies were done in the high income countries such as the USA, Canada, Australia and the UK where structures has been put in place so as to afford this group of nurses easy access to hospitals. Where accommodation is far from the hospital facility, there is easy access to transport and affordable. This is a problem in government hospitals in Ghana, where nurses live far away from the health facilities where they work and have to look for their own means of transport to and from work. However, the situation is far different in the mission hospitals, where most of the time nurses are provided accommodation within the health facility, and where it is not possible transportation is made available to bring them to and from work.

5.5.3 Financial Difficulty

Findings from this study revealed financial difficulty as one of the challenges that the participants had to deal with. According to the participants they are not on salary but allowance, which according to them is not sufficient to cater for their needs, because most of them had to pay for their accommodation, feeding, transportation and other necessities. As a result some of them have to do part-time nursing job so as to be able to cater for their needs. This finding though not supported by the literature still was one of the major challenges faced by the participants, which has forced some of them to take on part-time nursing job in various private clinics in the Tema metropolis, which is illegal; because this group of nurses do not have the license to practice as staff nurses. What they have is a provisional license which allows them to do their rotation in the public hospitals, after which it will be revoked and be given their actual professional license which then qualifies them to practice anywhere in Ghana. Working in private clinics as rotation nurses with little experience has negative implications on the quality of care and patient safety. To prevent this illegal practice of rotation nurses taking up part-time nursing job and reducing the financial burden on their families, there is the need for government to take a second look at the remuneration of rotation nurses so as to help ease their financial burden on them. It may be prudent to conduct a further study on the experiences of these rotation nurses at different or multiple sites to unearth their problems and to find out how best to support them during this period.

5.5.4 Family Support

During the first year after the newly qualified diploma nurses' graduation, the family played a supportive role. When they were in school they had the full financial support from their parents and guardians.

However, this support was partially withdrawn from the participants and directed to other members of the family, because they have completed school and are assumed to be financially independent now. Nevertheless, some of them still receive financial support from their parents, and for some of the female nurses who are married their husbands which they say has brought extra financial burden on their families.

5.6 Coping Strategies

As the newly qualified nurses went through their rotation there were several challenges that they had to deal with. Coping strategies are measures they adopted to deal with their challenges which included spiritual and psychological coping.

There are many reasons as to why people are drawn to a religious or spiritual way of life. Many find comfort and guidance from the teachings of wise thinkers and prophets. Having faith in a supreme being encourage strength in times of trial. According to Assimeng (2010), religion arises out of human inadequacy, fear, and apprehension with regard to the unknown, the unstructured, the disordered, and the discordant. The transition from being a student to becoming a professional nurse has been said to be a stressful experience (Duchscher, 2008; Newton & McKenna, 2007). The participants in this study were confronted with many issues as they made the transition to professional nurses. In order to cope with it six out of the ten participants resorted to praying to God because they believed they couldn't help themselves and therefore needed the assistance of a supreme being. Some of them believed not all the events on the ward were physical, but had spiritual implications. They further explained that their Christian background tells them that they cannot do anything with their own strength, and therefore needed to pray to God to give them strength to cope with whatever challenges they encounter in life.

One participant indicated that she prays to God for protection and feels God gave it to her, because some nurses on their way to work at night had been attacked by armed robbers but for the period she had to report on duty at night she had not experienced any of such attacks. Though there was paucity of literature on new nurse graduates use of their religious belief to cope with stress as they make their transition, participants in this study as asserted by Assimeng (2010) felt humanly inadequate. Hence the need for them to turn to a supreme being (God) for help. In Ghana spirituality and religiousity is very paramount in the lives of the individual, hence it was not surprising that these nurses placed their hope in a supreme being for their protection. For others because the rotation was mandatory they resolved to go through it no matter what.

5.7 Measure to Improve Transition Experience

These were some suggestions that came from some of the participants during the data collection on measures to improve transition experience and are reported by the researcher in this section.

One remarkable finding of this study was the lack of preceptor support during the introduction to clinical nursing practice for the participants. According to them the lack for guidance and support from preceptors inhibited their learning, as some doubted their clinical judgements and competence. In order to facilitate a smooth transition to staff nurse, newly qualified nurses need support. Literature has shown that new nurses need appropriate support and guidance from more experienced nurses during their first few months of clinical practice (Karlłowicz & Ternus, 2009; Thrall, 2007; Jackson, 2005; Casey et. al., 2004; Ellerton & Gregor, 2003). Findings from this study showed that participants did not have the opportunity of working with preceptors like their counterparts in the USA, Canada, UK and Australia.

This lack of preceptor support has implications on patient safety, as one of the participant said “if I do not learn the right thing during this period, I may end up picking the wrong thing and growing up with it”. Making safe clinical decisions then is compromised and quality of care cannot be guaranteed when the participants assume full staff nurse status. The participants therefore suggested that rotation nurses should work with preceptors during their transition to professional nurses as this will help them acquire the right professional skills and attitude. It is therefore imperative for nurse administrators and nurse educators to collaborate and put in place a comprehensive preceptor-lead rotation program to assist new nurses have a smooth transition in future. Other participants also conditioned their mind that because the rotation period is mandatory they will go through it no matter what.

This chapter discussed the findings generated from the participants „accounts in relation to the reviewed literature on the topic and illustrated the experiences that the newly qualified diploma nurses had gone through. During the transition, some of the newly qualified diploma nurses felt they were underprepared for nursing work; differences existed between what they had learnt and what they were currently doing coupled with not too supportive work environment. However, participants who had worked in a unit for a period of time were able to acquire the necessary knowledge and skills to deal with the patients“ problems and their work. Findings from this study have some implications for practice, which is now considered in the next chapter.

CHAPTER SIX

6.0 Implication for Nursing

This chapter covers the implications of the study, the limitations encountered during the conduct of the research, and recommendations which have been suggested. At the end of the chapter summary and conclusions have been drawn from the study. The implications have been further divided into that related to education, clinical practice and research

6.1 Implication for Nursing Education

In the area of nursing education, the study brings out the need for the curriculum to be reviewed from time to time and new teaching strategies to be developed to help new nurse graduates develop the characteristics needed for clinical practice. Collaboration between faculty and clinical staff should be carried out to ensure that students are assisted to follow the objectives for their clinical placement each time they come to the ward.

6.2 Implication for Clinical Practice

Support must be provided for newly qualified nurses in their new nursing role by assigning them to preceptors during their rotation. These preceptors must be well trained in their roles and responsibilities because individuals' beliefs about themselves and what they become are directly linked to how they were treated by those around them and what was expected of them.

6.3 Implication for Research

The findings of this study have implications for nursing research. For the nursing profession in Ghana to be abreast with the current global trends in the health care setting, both nursing academia and clinicians need to conduct a research on the views of the practicing nurses' expectations of the rotation nurse.

Another study can also look at the supervisory role of the practicing nurses of the rotation nurse as well as the student nurse. The outcome of such studies will offer nurse managers and educators how to assist these practicing nurses in their supervisory role of the rotation nurse.

6.4 Limitations of the study

Several limitations were encountered in the course of conducting this study. The first limitation was the sample size. Though the sample size was appropriate for the research design, it is likely that it may not be a true representation of the experiences of all newly qualified diploma nurses during their rotation; its results therefore cannot be generalized. Again, a purposive sample was used due to the proximity of the research participants for the investigator to easily interview each person. For this reason, all participants were from the Tema General Hospital an urban and a metropolitan city, there may be the need therefore to employ participants from multiple sites to do an expanded research on the experiences of rotation nurses. The fact that I was a novice researcher needs to be recognized as a limitation.

6.5 Recommendations in line with the Findings of the Study

After completion of nursing school and having passed the licensure examination, one expects the newly qualified diploma nurse to go through their rotation smoothly. However, findings from this study do not suggest so; therefore the following recommendations can be considered by stakeholders in nursing education and practice.

6.5.1 Nursing Education

It is recommended that heads of the various nursing schools, especially the private ones ensure that they have adequate staff so that students are able to complete the curriculum before the end of their training.

There is also the need for stakeholders in nursing education and administration to look for nurses who have the love to teach on the ward and train them as preceptors, so they can assist the newly qualified diploma nurses as well as student nurses in skill acquisition on the ward. When students are being sent to the hospitals for their clinical placements, it is important that their practical objectives be clearly communicated to staff nurses on the wards well in advance by faculty before the students gets to the ward. This will guide the staff nurses to be able to communicate and interact with students with an understanding of what has been taught in the classroom and in the skills laboratory and what they are expected to learn in the clinical area.

6.5.2 Clinical Practice

It is recommended that in the absence of or insufficient number of preceptors in the clinical area, experienced registered nurses be encouraged to mentor these newly qualified diploma nurses during their rotation period to make the transition to professional practice less stressful for them. Stakeholders should also consider housing this group of nurses in or close to the hospital facility, so as to lessen the financial burden on them and their family. Work negative staff attitude was one significant findings of this study, it is therefore important for hospital and nursing administration to put in place proper reporting mechanism where victims of any bullying act can report without fear. The various hospitals where this group of nurses do their rotation can develop their own transition to practice model to assist them to consolidate their clinical skills by the end of their rotation. This is because findings from the study revealed that the one year rotation period is adequate for them to acquire enough skills for their future nursing practice. However it will be easier for them to make the transition to staff nurses if a formal preceptor lead educational program is put in place to assist them.

6.5.3 Future Research

A quantitative approach can be adopted as a follow-up study using a larger population. This will make replicating the study in a different setting possible and results will be representative of a larger population. Studies looking at experiences of newly qualified midwives and mental health nurses during their rotation can be conducted to find out how they make the transition to professional nurses. Results from such studies can assist nurse educators and hospital administrators to assist this group of nurses to develop their skills and organizational ethics. A comparative study could also be conducted on the experiences of newly qualified diploma and degree nurses to find out what each of these group of nurses go through during their rotation.

6.6 Summary

This qualitative study examined the experiences of newly qualified diploma nurses during their one year rotation at the Tema General Hospital. Ten participants who have had between three months to one year of experience of the rotation program were interviewed. The study provided insight into what these diploma nurses went through during the rotation. Seven themes showing how the researcher gained a better understanding of the experiences emerged. The themes were; motivation for career choice, preparation for practice, inordinate expectations, work experience, supportive work environment, faith and coping strategies, and participants' suggestions.

In spite of the many challenges these newly qualified diploma nurses went through, they were happy they had finished school and were now part of the health team on the ward.

6.7 Conclusion

In conclusion, the study set out to find out about the experiences of newly qualified diploma nurses during their one year rotation. The study revealed that the transition from newly qualified diploma nurse to professional nurse was stressful for these participants especially, due to negative staff attitude which included bullying, unfair expectations from their senior colleagues, having to deal with heavy work load. Findings of the study also showed that although new nurse graduates experience difficulties at the beginning, they felt prepared at the end of their rotation period. It is therefore important that ward managers, and all staff understand the experiences these new nurses go through and try to make the rotation period less stressful by providing support for the newly qualified diploma nurses. This could be achieved by creating and communicating realistic expectations on the first days of their rotation.

REFERENCES

- Adlam, K. A., Dotchin, M., & Hayward, S. (2009) Nursing First Year Practice, Past, Present and Future: Documenting the Journey in New Zealand. *Journal of Nursing Management*, 17 (5), 570-575.
- Aiken, L., Clarke, S., Cheung R., Sloane, D. & Silber J. (2003) Educational levels of hospital nurses and surgical patient mortality. *Journal of the American Medical Association*, 290(12), 1617–1623.
- Almada, P., Carafoli, K., Flattery, J. B., French, D. A., & McNamara, M. (2004). Improving the retention rate of newly graduated nurses. *Journal for Nurses in Staff Development*, 20(6), 268-273.
- Allan H.T., Smith P. & O' Driscoll M. (2011) Experiences of supernumerary status and the hidden curriculum in nursing: a new twist in the theory-practice gap? *Journal of Clinical Nursing*. 20, pp. 847-855.
- Assimeng, M. (2010) Religion and Social Change in West Africa: An Introductory to the Sociology of Religion. (2nd Ed), Woeli Publishing. Accra , Ghana.
- Australian Institute of Health and Welfare (AIHW) (2008) Nursing and Midwifery Labour Force 2005. National health labour force series no. 39. Cat. No. HWL 40. AIHW, Canberra.
- Axford, B. (2005). Entering professional practice in the new work order: A study of undergraduate students and their induction into professional work. *The Australian Educational Researcher*, 32, 87-104.
- Bandura, A. 1986. *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Baramée, J., & Blegen, M. A. (2003). New graduate perception of clinical competence: Testing a causal model. *International Journal of Nursing Studies*, 40, 389-399.
- Bartlett, H. P., Simonite, V., Westcott, E., & Taylor, H. R. (2000). A comparison of the nursing competence of graduates and diplomats from UK nursing programs. *Journal of Clinical Nursing*, 9, 369-379.
- Beck, C.T. (1993) Qualitative research: the evaluation of its credibility, fittingness, and auditability. *Western Journal of Nursing Research* 15, 263–266
- Beck, C. T. (1993). Nursing students' initial clinical experience: a phenomenological study. *International Journal of Nursing Studies*, 30(6), 489-497.
- Beck, C. (2000) *The experience of choosing nursing as a career*. *Journal of Nursing Education* 39 (7), 320–322.

- Benner P (1984) *From Novice to Expert; Excellence and Power in Clinical Nursing Practice*, Prentice - Hall, Upper Saddle River.
- Benner, P., Hooper-Kyriakidis, P., & Stannard, D. (1999). *Clinical wisdom and interventions in critical care: A thinking-in-action approach*. Toronto, ON: Saunders
- Bennett P, Brown J, Barlow V & Jones D (2010) What do new graduate registered nurses say they want from jobs in remote communities? *Australian Journal of Rural Health* 18(5):212-213.
- Bjerkins M.S & Bjørk I.T, (2012) Entry into Nursing: An Ethnographic Study of Newly Qualified Nurses Taking on the Nursing Role in a Hospital Setting. *Nursing Research and Practice*. 2012 (2012), 7 pages
- Berkow, S., Virkstis, K., Stewart, J., & Conway, L. (2009). Assessing new graduate nurse performance. *Nurse Educator*, 34, 17-22.
- Beyea S, Von Reyn L & Slattery M (2007) A nurse residency program for competency development using human patient simulation, *Journal for Nurses in Staff Development* 23(2): 77-82.
- Boychuk- Duchscher, J. E. (2001). Out in the real world: Newly graduated nurses in acute-care speak out. *Journal of Nursing Administration*, 31, 426-439.
- Buerhaus, P. (2002) Shortages of hospital registered nurses: Causes and perspectives on public and private sector actions. *Nursing Outlook*, 50(1), 4-6.
- Buerhaus P., Staiger D. & Auerbach D. (2008) Implications of an aging registered nurse workforce. *Journal of the American Medical Association* 14(283), 2948–2954.
- Blanzola, C., Lindeman, R., & King, M. L. (2004). Nurse internship pathway to clinical comfort, confidence, and competency. *Journal for Nurses in Staff Development*, 20, 27-37
- Bowles, C., & Candela, L. (2005) First job experiences of recent RN graduates: Improving the work environment, *Journal of Nursing Administration* 35(3): 130-137.
- Boychuk-Duchscher, J.E., & Cowin, L.S. (2004). "The Experience of Marginalization in New Nursing Graduates." *Nursing Outlook* 52: 289–96.
- Burnard, P. (1991) A method of analysing interview transcripts in qualitative research, *Nurse Education Today* 11:461-466.
- Burns, N., & Grove, S., K. (2011) *Understanding Nursing Research Building an Evidence-Based Practice*, (5th Ed). Elsevier Saunders, U.S.A. Candela, L., & Bowles, C. (2008). Recent RN graduate perceptions of educational preparation. *Nursing Education Perspectives*, 29, 266-271.

- Cantrell, M.A., & Browne, A.M. (2006). The impact of a nurse externship program on the transition process from graduate to registered nurse. *Journal for Nurses in Staff Development*, 22(1), 11-14.
- Carpenter Rinaldi D. (1995) Grounded theory research approach. In *Qualitative Research and in Nursing: Advancing the Humanistic Imperative* (Streubert H.J. and CarpenterRinaldi D., Eds), J.B. Lippincott Company, Philadelphia, pp. 145–161.
- Caron, V. F. (2004). *The nursing shortage in the United States: What can be done to solve the crisis?* Retrieved September 21, 2012, from http://www.uri.edu/research/lrc/research/papers/Caron_Nurse_Shortage.pdf
- Casey K, Fink R, Krugman M & Popst J (2004) The Graduate Nurse Experience, *Journal of Nursing Administration* 34(6): 303-311.
- Chang E and Hancock K (2003) Role stress and role ambiguity in new nursing graduates in Australia, *Nursing and Health Sciences* 5: 155-163.
- Chapman J. Collegial support linked to reduction of job stress. *Nurse Manage.* 1993; (24):5, 52-56.
- Chernomas, W.M., Dean Care, W., McKenzie, J.L., Lorna Guse, L., & Jan Currie, J. (2010)"Hit the Ground Running": Perspectives of New Nurses and Nurse Managers on Role Transition and Integration of New Graduates. 22(4), 70-86
- Cheek, J., & Jones, J. (2003). What nurses say they do and need: Implications for the educational preparation of nurse. *Nurse Education Today*, 23, 40-50.
- Jung, S.Y., & Jang, S. (2009) Who Enters Nursing School and why do they Choose Nursing? A Comparison Study with Female non Nursing Students using Longitudinal Data. *Nurse Education Today*.
- Cleary, M., Matheson, S, & Happell, B. (2009) Evaluation of a transition to practice program for mental health nursing, *Journal of Advanced Nursing* 65(4): 844-850.
- Cowin, L. S., & Hengstberger-Sims, C. (2006). New graduate nurse self-concept and retention: A longitudinal survey. *International Journal of Nursing Studies*, 43, 59-70.
- Clinton, D. M., Murrells, T., & Robinson, S. (2005). Assessing competency in nursing: A comparison of nurses prepared through degree and diploma programs. *Journal of Clinical Nursing*, 14, 82-94.
- Davies, M.B. (2007) *Doing a Successful Research Project: Using Qualitative or Quantitative Methods.* Palgrave MacMillian, Houndsmill
- Delaney, C. (2003). "Walking a Fine Line: Graduate Nurses' Transition Experience during Orientation." *Journal of Nursing Education* 42(10): 437–43

- Deverell, C. (2008). *Town Booklet*. Retrieved on March 11, 2012 from http://www.gwahs.nsw.gov.au/CountryCareers/index.php?select=Town_Booklets
- de Witt, L., & Ploeg, J. (2006) Critical appraisal of rigour in interpretive phenomenological nursing research, *Journal of Advanced Nursing* 55(2): 215-229.
- Dyess, S., & Sherman, R. (2009). The first year of practice: New graduate nurses' transition and learning needs. *Journal of Continuing Education in Nursing*, 40(9), 403-410.
- Duchscher, J.B. (2001). Out in the real world: Newly graduated nurses in acute-care speak out. *The Journal of Nursing Administration*, 31(9), 426-439.
- Duchscher, J., B. (2008). A process of becoming: the stages of new nursing graduate professional role transition. *Journal of Continuing Education in Nursing*, 39(10), 441-450.
- Duchscher, J., B. (2009). Transitional shock: The initial stage of role adaption for newly graduated registered nurses. *Journal of Advanced Nursing*, 65(5), 1103-1113
- Duchscher, J. E., & Cowin, L. (2004). Multigenerational nurses in the workplace. *Journal of Nursing Administration*, 34, 493-501.
- Edwards, H., Smith, S., Courtney, M., Finlayson, K., & Chapman, H. (2004). The impact of clinical placement location on nursing students' competence and preparedness for practice. *Nurse Education Today*, 24, 248-255.
- Ellerton, M., & Gregor, F. (2003) A study of transition: The new nurse graduate at 3 months. *The Journal of Continuing Education in Nursing* 34(3): 103-107.
- Engebretson, J. (1997) A multi-paradigm approach to nursing, *Advances in Nursing Science* 20(1): 21 - 33.
- Etheridge, S. A. (2007). Learning to think like a nurse: Stories from new nurse graduates. *The Journal of Continuing Education in Nursing*, 38(1), 24-30.
- Evans, K. (2001). Expectations of newly qualified nurses. *Nursing Standard*, 15(41), 33-38
- Ewens, A. (2003). "Changes in Nursing Identities: Supporting a Successful Transition." *Journal of Nursing Management* 11(4): 224-28
- Fang, D., Htut, A., & Bednash, G. (2008). *2007/2008 Enrolment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: American Association of Colleges of Nursing.
- Fraenkel, J. R. & Wallen, N. E., (2003), *Student work book to accompany: how to design and evaluate research in education*, Boston: McGraw-Hill.

- Fink R, Krugman M, Casey, K., & Goode, C. (2008) The graduate nurse experience: Qualitative residency program outcomes, *Journal of Nursing Administration* 38(7/8): 341-348.
- Floyd, B., Kretschmann, S., & Young, H. (2005) Facilitating role transition for new graduate RNs in a semi-rural healthcare setting, *Journal for Nurses in Staff Development* 21(6): 284-290.
- Forneris, S.G. (2004). Exploring the attributes of critical thinking: A conceptual basis. *International Journal of Nursing Education Scholarship*, 1(1), 1-18.
- Forneris, S.G., & Peden-McAlpine, C.J. (2006). Contextual learning: A reflective learning Intervention for nursing education. *International Journal of Nursing Education Scholarship*, 3(1), 1-18.
- Fox, R., Henderson, A., & Malko-Nyhan, K. (2005). „They survive despite the organizational culture, not because of it“ : A longitudinal study of new staff perceptions of what constitutes support during the transition to an acute tertiary facility. *International Journal of Nursing Practice*, 11, 193-199.
- Fussell, B., McInerney, F., & Patterson, E. (2009) Experiences of graduate registered nurses in aged care: A case study, *Contemporary Nurse* 33(2): 210-223.
- Goh, K., & Watt, E. (2003) From 'dependant on' to 'depended on': The experience of transition from student to registered nurse in a private hospital graduate program, *Australian Journal of Advanced Nursing* 21(1): 14-20.
- Gough, J., Johnson, L., Waldron, S., Tyler, P. & Donath, S. (2009) Clinical communication: Innovative education for graduate nurses in paediatrics, *Nurse Education in Practice* 9(3): 209-214.
- Graneheim, U., & Lundman, B. (2003) Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness, *Nurse Education Today* 24:105-112.
- Grant B & Giddings L (2002) Making sense of methodologies: A paradigm framework for the novice researcher, *Contemporary Nurse* 13(1): 10-28.
- Greco, P., Laschinger, H.K.S., & Wong, C. (2006). "Leader Empowering Behaviors, Staff Nurse Empowerment and Work Engagement/Burnout." *Canadian Journal of Nursing Leadership* 19(4): 41–56.
- Guba, E., & Lincoln, Y. (1981) *Effective Evaluation*. Jossey-Bass, San Francisco, CA.
- Guba, E.G., & Lincoln, Y.S. (1985) *Naturalistic Inquiry*, Sage Publications, Beverly Hills CA.
- Halfer, D., & Graf, E. (2006) Graduate nurse perceptions of the work experience, Accessed at <http://www.medscape.com/viewarticle/541778> Retrieved on 9 May 2012.

- Halfer, D. (2007) A magnetic strategy for new graduate nurses, *Nursing Economics*, Accessed at <http://www.medscape.com/viewarticle/555118> Retrieved on 9 May 2012.
- Happell, B., & Gough, K. (2007) Employment through residency programs: A strategy to address the workforce crisis in psychiatric nursing, *Archives of Psychiatric Nursing* 21(3): 126-131.
- Hardy, M.E. (1978). "Role Stress and Role Strain." In M.E. Hardy and M.E. Conway. *Role Theory: Perspectives for Health Professionals*. New York: Appleton Century Crofts.
- Heslop, L., McIntyre, M., & Ives, G. (2001). Undergraduate student nurses, experiences and their self-reported preparedness for the graduate year role. *Journal of Advanced Nursing*, 36(5), 626-634.
- Hickey, M. (2009) Preceptor perceptions of new graduate nurse readiness for practice *Journal for nurses in staff development* 25(1): 35-41.
- Hofler, L.D. (2008). Nursing education and transition to the work environment: A synthesis of national reports. *Journal of Nursing Education*, 47(1), 5-12.
- Hodges, H. F., Keeley, A. C., & Troyan, P. J. (2008). Professional resilience in baccalaureate-prepared acute care nurses: First steps. *Nursing Education Perspectives*, 29(2), 80-89. Retrieved on May 9 2012 from <http://www.nlnjournal.org/>
- Holland, K. (1999). "A Journey to Becoming: The Student Nurse Transition." *Journal of Advanced Nursing* 29: 229–36.
- Ironside, P.M. (2003). New pedagogies for teaching thinking: The lived experiences of students and teachers enacting narrative pedagogy *Journal of Nursing Education*, 42(11), 509-516.
- Jackson, K. (2005). The roles and responsibilities of newly qualified children's nurses. *Paediatric Nursing*, 17(6), 26-30
- Jackson, C. (2005). The experience of a good day: a phenomenological study to explain a good day as experienced by a newly qualified RN. *International Journal of Nursing Studies*, 42(1), 85-95.
- Johnson, S. L. (2009). International perspective on workplace bullying among nurses: a review. *International Nursing Review*, 56, 34-40.
- Johnstone, M., Kanitsaki, O., & Currie, T. (2008) The nature and implications of support in graduate nurse transition programs: An Australian study, *Journal of Professional Nursing* 24(1): 46-53.
- Joint Commission on the Accreditation of Healthcare Organizations. (2002) *Health care at the crossroads: Strategies for addressing the evolving nursing shortage*. Retrieved March 16, 2012, from http://www.jointcommission.org/NR/rdonlyres/5C138711-ED76-4D6F-909F-B06E0309F36D/0/health_care_at_the_crossroads.pdf

- Kanter, R.M. (1993). *Men and Women of the Corporation*. New York: Basic Books.
- Keahey, S. (2008). Against the odds: Orienting and retaining rural nurses. *Journal for Nurses in Staff Development*, 24, E15-20.
- Kelly, J., & Ahern, K. (2009) Preparing nurse for practice: A phenomenological study of the new graduate in Australia, *Journal of Clinical Nursing* 18(6): 910-918.
- Kelly, S., & Courts, N. (2007). The professional self-concept of new graduate nurses. *Nurse Education in Practice*, 7, 332-337.
- Kimball, B., & O'Neil, E. (2002). *Health care's human crisis: The American nursing shortage*. Princeton, NJ: The Robert Wood Johnson Foundation.
- Kilstoff, K., & Rochester, S. (2004) Hitting the floor running: Transitional experiences of graduates previously trained as enrolled nurses, *Australian Journal of Advanced Nursing* 22(1): 13-17.
- King, R. L. (2004). Issues and innovations in nursing education: Nurses' perceptions of their pharmacology educational needs. *Journal of Advanced Nursing*, 45(4), 392-400.
- Klein, G. (2009). Beyond orientation: developing and retaining new graduate nurses, *Nursing Management* 40(1): 10-13.
- Kramer, M. (1974). *Reality Shock: Why nurses leave nursing*. St Louis: C.V. Mosby.
- Lalani, N.,S. & Dias, J.,M. (2011) The Role Transition of Nurses in a University Teaching Hospital in Pakistan. *Journal for Nurses in Staff Development*. 27(4), pp E1-E5;
- Larsen, P.D., McGill, J.S., & Palmer, S.J., (2003) *Journal of Nursing Education*; 42, 4; ProQuest Medical Library pg. 168
- Laschinger, H.K.S. & J. Finegan.(2005). "Empowering Nurses for Work Engagement and Health in Hospital Settings." *Journal of Nursing Administration* 35: 439-49
- Lea, H.D., & Monsen, R. (2003). Preparing nurses for a 21st century role in genomics-based health care. *Nursing Education Perspectives*, 21(2), 75-80.
- Lea, J., & Cruickshank, M. (2007) The experience of new graduate nurses in rural practice in New South Wales, *Rural and Remote Health* 7(814): 1-11.
- Lee, L. (2009) A Phenomenological Study Exploring The First Year Experiences of Neophyte Nurses In Taiwan. Thesis submitted to the University of Nottingham for the degree of Doctor of Philosophy

- Lee, S., & Mackenzie, L. (2003) Starting out in rural New South Wales: The experiences of new graduate occupational therapists, *The Australian Journal of Rural Health* 11(1): 36-43.
- Levett-Jones, T., & Fitzgerald, M. (2006) A review of graduate nurse transition programs in Australia, *Australian Journal of Advanced Nursing* 23(3): 40-46.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. London, UK: Sage.
- Lofmark, A., Smide, B., & Wikblad, K. (2006). Competence of newly-graduated nurses: A comparison of the perceptions of qualified nurses and students. *Journal of Advanced Nursing*, 53, 721-728
- Maben, J., Latter, S., & Clark, J., M. (2006) "The theory-practice gap: impact of professional-bureaucratic work conflict on newly-qualified nurses," *Journal of Advanced Nursing*, 55(4), pp. 465-477.
- McKenna, B. G., Smith, N. A., Poole, S. J., & Coverdale, J. H. (2003). Horizontal violence: experiences of registered nurses in their first year of practice. *Journal of Advanced Nursing*, 42(1), 90-96.
- McKenna, L., & Newton, J. M. (2008). After the graduate year: a phenomenological exploration of how new nurses develop their knowledge and skill over the first 18 months following graduation. *Australian Journal of Advanced Nursing*, 25(4), 9-15.
- Magnussen, L. (1998) *Women's choices: An historical perspective of nursing as a career choice* *Journal of Professional Nursing*, 14 (3) 175-183.
- Manzoor, I., Daud, S., & Hashmi, N.R. (2010) *Reasons for Selection of Nursing as a Profession in Pakistan*. *Professional Medical Journal*; 17(4): 728-734
- Martin, K., & Wilson, C. (2011) "Newly registered nurses" experience in the first year of practice: a phenomenological study," *International Journal For Human Caring*, 15(2), pp. 21-27,
- Maxwell, C., Brigham L., Logan J. & Smith A. (2011) challenges facing newly qualified community nurses: a qualitative study. *British Journal of Community Nursing*. 16 (9), pp. 428-434.
- Meadows, K., A. (2003) So you want to do research? 1: an overview of the research process. *British Journal of Community Nursing* 8(8), 369-375
- McEwen, M., & Brown, S. (2002). Conceptual frameworks in undergraduate nursing curricula: Report of a national survey. *Journal of Nursing Education*, 41(1), 5-13.
- McKenna, L., & Newton, J. M. (2008). After the graduate year: a phenomenological exploration of how new nurses develop their knowledge and skill over the first 18 months following graduation. *Australian Journal of Advanced Nursing*, 25(4), 9-15.

- McKenna, B., Smith, N., Poole, S., & Coverdale, J. (2003) Horizontal violence: experiences of registered nurses in their first year of practice, *Journal of Advanced Nursing* 42(1): 90-96.
- Meleis, A.I., Sawyer, L.M., Im, E., Messias, D.K., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science*, 12-28.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd Ed). Thousand Oaks, CA: Sage.
- Millwater, J., Taylor, P., Nash, R., & Wise, J. (2006). Proceedings of the 2006 Australian Teacher Education Association Conference. Retrieved on May 9 2012 from www.atea.edu.au/ConfPapers/2006/millwater.pdf
- Mooneya ,M., Glacken, M., & Brien, F.O. (2008) *Choosing nursing as a career: A qualitative study*. *Nursing Education Today* . 28(3).
- Morrow, S. (2009) New graduate transitions: leaving the nest, joining the flight, *Journal of Nursing Management* 17(3): 278-287.
- Nash, R., Lemcke, P., & Sacre, S. (2009). Enhancing transition: An enhanced model of clinical placement for final year nursing students. *Nurse Education Today*, 29, 48-56.
- Natan, M., & Becker, F. (2009) *Israelis' perceived motivation for choosing a nursing career*, *Nurse Education Today*
- National Council of State Boards of Nursing. (2009, April). *Goals of NCSBN's transition to practice model*. Retrieved on June 5, 2012, from the National Council of State Boards of Nursing: <http://www.ncsbn.org>
- National League for Nursing. (2003). Innovation in nursing education: A call to reform [Position statement]. Retrieved on May 15 2012 from www.nln.org/aboutnln/PositionStatements/index.htm.
- Nelson, E. A., Batalden, P. B., & Godfrey, M. M. (2007). *Quality by design: A clinical microsystems approach*. San Francisco, CA: JosseyBass.
- Nyda, R., & Cheri, J. (2008) From enrolled nurse to registered nurse in the rural setting: the graduate nurse experience, *Rural and Remote Health* 8(900): 1-9.
- Newhouse, R., Hoffman, J., Sufilta, J., & Hairston, D. (2007) Evaluating an innovative program to improve new nurse graduate socialization into the acute healthcare setting, *Nursing Administration Quarterly* 31(1): 50-60.
- Newton, J., & McKenna, L. (2007) The transitional journey through the graduate year: A focus group study, *International Journal of Nursing Studies* 44: 1231-1237.

- Nieswiadomy, R. M. (2008) *Foundations of Nursing Research*, (5th Ed). Pearson Prentice Hall, New Jersey.
- Nugent, E. (2008). Implementing changes in educational strategies based on orientation experience of the new graduate, *Journal for Nurses in Staff Development* 24(5): E13-E18.
- Oermann, M. H., & Garvin, M. F. (2002). Stresses and challenges for new graduates in hospitals. *Nurse Education Today*, 22(3), 225-230.
- Oermann, M.H., & Moffitt-Wolf, A. New graduates' perceptions of clinical practice. *J ContinEducNurs*. 1997; 28 (1):20–25
- Olson, M.E. (2009) "The "Millennials": first year in practice," *Nursing Outlook*, 57(1), pp. 10–17.
- Parahoo, K. (2006) *Nursing Research: Principles, Process and Issues*, (2nd Ed). *Palgrave MacMillian, Houndsmill*.
- Park, M. & Jones, C., B. (2010) A retention strategy for newly graduated nurses: an integrative review of orientation programs. *Journal of Staff Development*. 26(4):142-149
- Parker, V., Plank, A. & Hegney, D. (2003) Adequacy of support for new graduates during their transition into the workplace, *International Journal of Nursing Practice* 9: 300-305.
- Patton, M. (2002) The Nature of Qualitative enquiry, in *Qualitative research and evaluation methods* 3rd edn, pp. 3-29, Sage Publications, Thousand Oakes.
- Polit, D., & Beck, C T. (2010). *Nursing Research. Generating and Assessing Evidence for Nursing Practise*. Philadelphia: Lippincott Williams & Wilkins.
- Polit, D.F., & Hungler, B.P. (1999). *Nursing research principles and methods*. Philadelphia, PA: J.B. Lippincott Company.
- Porter, G., Edwards, P., & Granger, B. (2009) Stagnant of Nursing Among High School Students: Results of a Shadowing Intervention Study, *Journal of Professional Nursing*, 2009, 25(4) 227-233 18.
- Porter-O'Grady, T. (2003). A different age for leadership, Part 1: New context, new roles. *Journal of Nursing Administration*, 33(2), 105-110.
- Punch, K. (2006) *Developing Effective Research Proposals* (2nd Ed), Sage Publications, London.

- Pringle, D., Green, L., & Johnson, S. (2004). *Nursing education in Canada: Historical review and current capacity*. Ottawa: ON: Nursing Sector Study Corporation
- Pringle, D. (2007). From the Editor-in-Chief: Desperately seeking new graduates with specialized expertise. *Canadian Journal of Nursing Leadership*, 20(3), 1-4.
- Prymachuk, S. (1996) A nursing perspective on the interrelationships Between theory, research and practice, *Journal of Advance Nursing* 2: 679-68
- Regan, S., Thorne, S., & Mildon, B. (2009). Uncovering blind spots in education and practice leadership: Towards a collaborative response to the nurse shortage. *Nursing Leadership*, 22, 30-40.
- Resnick, B. (2009). "Self-Efficacy." In S.J. Peterson and T.S. Bredow. *Middle Range Theories: Application to Nursing Research* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins
- Rheame, A., Woodside, R., Gautreau, G., & DiTommaso, E., (2003). Why students choose nursing. *Canadian Nurse* 99 (5), 25–29.
- Roberts, C., & Burke, S. (1989) *Nursing Research: A Quantitative and Qualitative Approach*, Jones and Bartlett, Boston.
- Romyn, D.M., Linton, N., Giblin, C., Hendrickson, B., Limacher, L.H., Murray, C., et al. (2009). Successful transition of the new graduate nurse. *International Journal of Education Scholarship*, 6, 1-17.
- Ross, H., & Clifford, K. (2002). Research as a catalyst for change: The transition from student to registered nurse. *Journal of Clinical Nursing*, 11, 545–553.
- Saldana, J. (2009). *The coding manual for qualitative researchers*. London: SAGE Publications Ltd.
- Salt, J., & Cummings, G. (2008) Increasing retention of new graduate nurses: a systematic review of interventions by healthcare organizations, *Journal of Nursing Administration* 38(6): 287-296.
- Santucci, J. (2004) Facilitating the transition into nursing practice: Concepts and strategies for mentoring new graduates, *Journal for Nurses in Staff Development* 20(6): 274-284.
- Scott, E. S., Engelke, M. K., & Swanson, M. (2008). New graduate nurse transitioning: Necessary or nice? *Applied Nursing Research*, 21, 75-83.
- Schoessler, M., & Waldo, M. (2006). The first 18 months in practice: A developmental transition model for the newly graduated nurse. *Journal for Nurses in Staff Development*, 22(2), 47-52.

- Sengstock, B. (2008). *A grounded theory study of nursing student's experiences in the off-campus clinical setting*, Phd thesis, central Queensland University, Australia.
- Sim, J., & Wright, C. (2000) *Research in health care: Concepts, designs and methods*, Stanley Thornes (Publishers) Ltd, Cheltenham.
- Simons, S. (2008). Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Advances in Nursing Science*, 31(2), E48-E59.
- Simmons, S. (1995) From paradigm to method in interpretive action research, *Journal of Advanced Nursing* 21(5): 837-844.
- Sivamalai, S. (2008) Desired attributes of new graduate nurses as identified by the rural community, *Rural and Remote Health*, 8: 938.
- Smith, C., A. (2008). Implementing a nursing internship program. *Healthcare Quarterly*, 11, 76-79.
- Smith J. & Crawford L. (2003) Medication errors and difficulty in first patient assignments of newly licensed nurses. *JONAS Healthcare Law, Ethics and Regulation* 5, 65–67.
- Sofaer, S. (2002) Qualitative research methods, *International Journal for Quality in Health Care* 14(4): 329-336.
- Speziale, H.J., & Carpenter, D.R. (2007). *Qualitative Research in Nursing: Advancing the Humanistic Imperative* (4th Ed.). Philadelphia: Lippincott Williams & Wilkins.
- Standing, M. (2007) Clinical decision-making skills on the developmental journey from student to registered nurse: a longitudinal inquiry, *Journal of Advanced Nursing* 60(3): 57-269.
- Steen, J., E., Gould, E., W., Raingruber, B., & Hill, J. (2011) Effect of Student Nurse Intern Position on Ease of Transition From Student Nurse to Registered Nurse. *Journal for Nurses in Staff Development*. 27(4), pp 181-186
- Steenbergen, K., & Mackenzie, L. (2004) Professional support in rural New South Wales: Perceptions of new graduate occupational therapists, *The Australian Journal of Rural Health* 12(4): 160-165.
- Streubert-Speziale H.J (2007) Evaluating qualitative research. In *Nursing Research: Methods and Critical Appraisal for Evidence-Based Practice*, (6th Ed). Mosby Elsevier, St.Louis, pp.176-200.
- Tanner, C. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45(17), 204-211.

- Thrall, T. H. (2007). Shock absorbers: hospital residency programs smooth the bumps for new nurses. *Hospital & Health Networks*, 81(6), 60, 62, 64.
- Turner, N., & Goudreau, J. (2011) From Student to Emergency Nurse: A Qualitative Study of an Educational Support Seminar. *Journal for Nurses in Staff Development* 27(5), 210-215
- Twedell, D.M., & Jackson Gray, J. (2007). "Role Transition." In P.S. Yoder-Wise, *Leading and Managing in Nursing*. New York: Mosby Elsevier
- Wainwright, S. (1997) A new paradigm for nursing: The potential of realism, *Journal of Advance Nursing* 26(6): 1262 - 1271.
- Wangensteen, S. (2008) The first year as a graduate nurse - an experience of growth and development, *Journal of Clinical Nursing* 17(14): 1877-1885.
- West, S., Ahern, M., Byrnes, M., & Kwanten, L. (2007) New graduate nurses' adaption to shift work: Can we help? *Collegian* 14(1): 23-30.
- Webber, B. P. (2002).A curriculum framework for nursing. *Journal of Nursing Education*, 41(1), 15-24.
- Whitehead, J. (2001). Newly qualified staff nurses' perceptions of the role transition. *British Journal of Nursing*, 10(5), 330-332, 334-339.
- Whitehead, D. & Annells, M. (2007) Sampling data and data collection in qualitative research. In *Nursing & Midwifery Research: Methods and Appraisal for Evidence- Based Practice*, (3rd Ed). Mosby Elsevier, Sydney, pp. 122-137.
- Woelfle, C.Y., & McCaffrey, R. (2007). Nurse on nurse. *Nursing Forum*. 42, 123–131.
- Wolff, A. C., Pesut, B., & Regan, S. (2010). New graduate nurse practice readiness: Perspectives on the context shaping our understanding and expectations. *Nurse Education Today*, 30 187-191.
- Wray, K., Whitehead, T., Setter, R., & Treas, L. (2006) Use of NCLEX preparation strategies in a hospital orientation program for graduate nurses, *Nursing Administration Quarterly* 30(2): 162-177.
- Young, M., Stuenkel, D. & Bawel- Brinkley, K. (2008) Strategies for easing the role transformation of graduate nurses, *Journal for Nurses in Staff Development* 24(3): 105-110.

Yun, J., & Ulrich, D.A., (2002). Estimating measurement validity: A tutorial. *Adapted Physical Activity Quarterly*, 19, 32-47.

Zinsmeister, L.B., & Schafer, D.M. (2009) The Exploration of the Lived Experience of the graduate nurse making the transition to registered nurse during the first year of practice, *Journal for Nurses in Staff Development* 25 (1): 28-34.

APPENDIX B: INTRODUCTORY LETTER**SCHOOL OF NURSING
COLLEGE OF HEALTH SCIENCES
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LEGON**

Telephone: 021-513255 (Dean)
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021-513250 } Secretary
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E-mail: nursing@ug.edu.gh



P. O. Box LG 43
LEGON, GHANA

Our Ref:..... SON/F.11
Your Ref:.....

December 5, 2012

The Medical Director
Tema General Hospital
Tema.

Dear Sir/Madam,

INTRODUCTORY LETTER

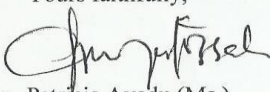
I write to introduce to you Justina Serwaa Mensah, an M.Phil student of the School of Nursing, University of Ghana, Legon. She is conducting a research on "**Transition experiences of newly qualified diploma nurses during rotation: A study at the Tema General Hospital**". She has already gained ethical approval from the Institutional Review Board for Medical Research at the University of Ghana.

Please if you need further information about the student do not hesitate to contact me. My email address is kakorsah@ug.edu.gh/korsah19@yahoo.com

I should be grateful if you could offer her assistance.

Thank you.

Yours faithfully,


for: Patricia Avadu (Ms.)
(Thesis Supervisor)

Cc: DDNS
In-Service Co-ordinator
Ward In-charges

APPENDIX C: CONCENT FORM

Title: Transition Experiences of newly Qualified Diploma Nurses during Rotation: A Study at the Tema General Hospital

Principal Investigator: Justina Serwaa Mensah

Address: [Name of institution/company and complete address]

General Information about Research

You are being invited to participate in this research study because you are a rotation nurse. The information in this consent form is meant to help you decide whether or not to participate in the study. If you have any questions, please feel free to ask me, the primary investigator at any time.

The purpose of this study is to explore the transition experience of newly qualified diploma nurses during their one year rotation, in order to identify their transitional and socialization needs during the process of moving from the role of student nurse to their new role as qualified nurses in the practice setting. To achieve the objective of this study, I want to interview newly qualified diploma nurses who have been working for at least three months after graduating. With your permission the interviews will be tape- recorded lasting for 45minutes to 1hour.

To ensure participants privacy the interview sections would be conducted by the researcher alone. No name will appear on the transcript and no identifying information will be included. The audiotapes will be kept in a locked cabinet for at least five years after the study.

This study is being done for a Master^{''} s thesis and there are plans to publish the findings in academic journals and presentations at research conferences. Data will always be presented as group data. No individual participants will be identified.

Possible Risks and Discomforts

It is anticipated that the study will not cause any harm to you, however, if you feel uncomfortable with any question, I will skip that question. Your participation in the study is voluntary, and you are free to withdraw from the study at any point in the course of the study by just telling the researcher. There will be no consequences for you if you decide to withdraw from the study.

Possible Benefits

A fundamental ethical principle in research is beneficence, where the responsibility lies on researcher to minimise harm and maximise benefits for the participants themselves, other individuals or society as a whole. The sole aim of this study is to be of benefit. The researcher hopes that this study will be of benefit to the nursing profession and subsequently improve the rotation program for newly qualified nurses.

Alternatives to Participation

Instead of being in this research study you can choose not to participate.

Confidentiality

Confidentiality is essential; the researcher will safeguard participant's identities and responses from public disclosure. Assurances will be offered by. The researcher will ensure confidentiality of participants at all times. Pseudonyms will be used throughout the study. Participants will be assigned an identification number which will be used throughout the study and no identifying information will be entered onto computer files. The only persons who will have access to the research records are my supervisors and external examiners without your permission.

Compensation

There will be no compensation or fee paid to the subject participating in the study.

Voluntary Participation and Right to Leave the Research

You are free to participate in this research study or to withdraw your consent and discontinue participating in the study at any time without penalty.

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org or HBaidoo@noguchi.mimcom.org . You may also contact the chairman, Rev. Dr. Ayete-Nyampong through mobile number 0208152360 when necessary.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title (**Experiences of newly Qualified Diploma Nurses during Rotation: A Study at the Tema General Hospital**) has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

.....
Date.....
Name and signature or mark of volunteer**If volunteers cannot read the form themselves, a witness must sign here:**

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date_____
Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date_____
Name Signature of Person Who Obtained Consent

Title of Proposal: Transition Experiences of newly Qualified Diploma Nurses during
Rotation: A Study at the Tema General Hospital

Principal Investigator: (Justina Serwaa Mensah, Qualification (Specialty), School of Nursing, Department of Adult Health, Postal Address, telephone, Fax number, email address)

Co-PIs: (Name, Qualification (Specialty), department, Postal Address, telephone, Fax number, email address)

NMIMR STC NUMBER (If Applicable): STC Approval Date (If Applicable):

For Students: Attach approval letter from head of department and supervisor

Collaborating Institutions (Attach Letter of Approval) Source/s of Funding: Type of

Research: (Biomedical/Social/Behavioural/Animal etc:)

APPENDIX D: INTERVIEW GUIDE

Section A

Demographic Data

Age: Sex:

Year of Qualification:

Duration of employment at work: Rank on employment:

Contact address:

Section B

Motivation for Career Choice

What made you decide to become a nurse?

Educational Preparation and Adequacy

1. Please tell me about the nursing education you received for nursing practice.
2. In what way has your education prepared you for nursing practice?

Probes- i) Please tell me your feeling about your preparation for nursing practice. ii)

How do you feel about your preparation for nursing practice?

iii) How helpful were your tutors in your preparation for nursing practice?

iv) How useful were the contribution of the nurses you met on the ward during the period of your education?

Section C

Work Experience

3. Tell me about the experience you have had since you graduated since you graduated.

Probes: i). What did this experience mean to you?

ii) Please give me the description of your job as a rotation nurse. iii) Tell me about your work schedule.

iv) Tell me about the challenges you meet in your work. v) How do you handle these challenges?

vi) What were your feelings about beginning your job as a newly qualified RN nurse?

vii) Did your feelings about your new role change after starting your rotation? In what way(s)

viii) What are the primary concerns that you have experienced as a rotation?

ix) What would you consider to be the primary stressors in your new role?

x) What do you consider to be the most important factor (s) that would/did contribute to your success as a rotation nurse?

xi) What do you like most about working as a rotation nurse?

xii) What makes it interesting?

xiii) What don't you like?

xiv) What could have been done differently or more effectively in assisting you in becoming well acquainted to your new role?

xv) What would you say is lacking during your rotation?

xvi) How would you describe the support you have so far received since started your rotation?

xvii) Tell me about the relation between you and the nursing team. xviii) Do you enjoy being a nurse?

xix) Any other experiences you would like to share with me?