NEWLY QUALIFIED REGISTERED NURSES' EXPERIENCES AND PERCEPTIONS OF MENTORSHIP IN A PUBLIC PRIVATE PARTNERSHIP HOSPITAL IN LESOTHO

by
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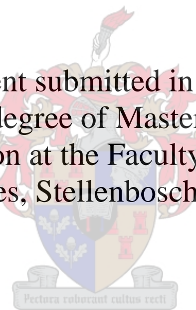

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Declaration

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Abstract

Background

Mentoring is used widely in the nursing fraternity to enhance socialisation and professional development for newly employed registered nurses. To date, most studies have explored the mentoring needs of newly qualified nurses and outcomes of mentoring programmes within high resource contexts. This qualitative study addressed the gap identified in the literature by exploring the experiences and perceptions of newly qualified registered nurses regarding mentoring as a mechanism for professional socialisation and development within a resource-constrained context that did not have a structured mentoring programme in place.

Objectives

The objectives of this study were to explore the mentoring needs of newly qualified registered nurses, determine barriers and enablers to the mentoring process as experienced by newly qualified registered nurses, and to make recommendations regarding the possible development of a structured mentoring programme at Queen Mamohato Memorial Hospital (QMMH).

Methods

For the purpose of this study, an exploratory descriptive design, using qualitative methodology to generate data, was selected. Focus group interviews were used to explore newly qualified registered nurses' experiences and perceptions of mentoring during their first year of employment at QMMH. Themes and sub-themes were identified by means of content analysis.

Results

The results of this study showed that newly qualified registered nurses have the need for a structured mentoring process during their first year of employment. Various barriers related to mentoring at QMMH were identified, including the lack of an adequate induction process, the high workload experienced by both the newly employed registered nurses and the experienced registered nurses who were expected to mentor them, and the negative attitude of some of the experienced staff members towards newly employed registered nurses. Potential enablers to mentoring at QMMH included multi-disciplinary team work and the welcoming attitude that some of the nurses in the wards displayed towards newly qualified registered nurses when they entered the wards for the first time.

Conclusion

The findings of the study reflected the challenges experienced by newly qualified registered nurses in terms of professional growth and development during their first year of clinical

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practice. The findings revealed important information regarding mentoring at QMMH, which enabled the researcher to develop a clear understanding of participants' experiences and perceptions. It is envisaged that the findings of this study will make a contribution to the development of a needs-oriented mentoring programme at QMMH. The need for further research, that explores mentoring as a mechanism for professional socialisation and development, was also identified.

Key words: Mentoring, support, learning, professional development, experienced nurses, newly qualified registered nurses

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Opsomming

Agtergrond

Mentorskap word algemeen in die verpleeggemeenskap gebruik om sosialisering en professionele ontwikkeling vir nuut aangestelde geregistreerde verpleegkundiges te bevorder. Tot op datum het die meeste studies die mentor behoeftes van nuut gekwalifiseerde verpleegkundiges en uitkomste van mentorskapprogramme binne hoë hulpbronkontekste ondersoek. Hierdie kwalitatiewe studie het die gaping wat in die literatuur geïdentifiseer is aangespreek deur die ervarings en persepsies van nuut gekwalifiseerde geregistreerde verpleegkundiges oor mentorskap as 'n meganisme vir professionele sosialisering en ontwikkeling binne ŉ lae hulpbronomgewing, sonder enige formele mentorskapprogramme, te ondersoek.

Doelwitte

Die doelwitte vir hierdie studie was om die mentorbehoeftes van nuut gekwalifiseerde geregistreerde verpleegkundiges te ondersoek, en hindernisse en bemagtigers te bepaal vir die mentorproses soos deur hul ondervind, om sodoende aanbevelings te maak oor die moontlike ontwikkeling van ŉ gestruktureerde mentorprogram by Queen Mamohato Gedenkhospitaal (QMGH).

Metodes

Vir die doel van hierdie studie is ŉ verkennende beskrywende ontwerp gekies, en data is ingesamel deur middel van ŉ kwalitatiewe metodologie. Fokusgroeponderhoude is gebruik om nuut gekwalifiseerde geregistreerde verpleegkundiges se ervarings en persepsies van mentorskap tydens hul eerste jaar van diens by (QMGH) te ondersoek.

Resultate

Die resultate vir hierdie studie toon dat daar tydens hul eerste jaar van werk ŉ groot behoefte is aan gestruktureerde mentorskap onder nuut gekwalifiseerde geregistreerde verpleegkundiges. Deelnemers het hindernisse en bemagtigers van die mentorproses by (QMGH) geïdentifiseer. Verskeie hindernisse wat verband hou met mentorskap by (QMGH) is geïdentifiseer, insluitend die gebrek aan 'n voldoende induksieproses, die hoë werklading wat ondervind word deur beide die nuut aangestelde geregistreerde verpleegkundiges en die ervare geregistreerde verpleegkundiges van wie verwag word om hulle te mentor, asook die negatiewe houding van sommige van die ervare personeellede teenoor nuut aangestelde

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geregistreerde verpleegkundiges. Potensiële bemagtigers vir mentorskap by (QMGH) sluit in multidissiplinêre spanwerk en die verwelkomende houding wat sommige van die verpleegkundiges in die sale getoon het teenoor nuut gekwalifiseerde geregistreerde verpleegkundiges toe hulle vir die eerste keer daar begin werk het.

Gevolgtrekking

Die studiebevindinge weerspieël die uitdagings wat nuut gekwalifiseerde geregistreerde verpleegkundiges gedurende hul eerste jaar van kliniese praktyk ervaar in terme van professionele groei en ontwikkeling. Die bevindinge het belangrike inligting oor mentorskap by (QMGH) geopenbaar wat die navorser ʼn duidelike begrip van deelnemers se ervarings en persepsies gegee het. Daar word gehoop dat hierdie navorsingstudie ʼn bydrae sal lewer tot die ontwikkeling van ʼn behoefte-georiënteerde mentorskapprogram by (QMGH). Verdere ondersoek moet gedoen word om mentorskap as ʼn meganisme vir professionele sosialisering en ontwikkeling te verken.

Sleutelwoorde: Mentorskap, ondersteuning, leer, professionele ontwikkeling, ervare verpleegkundiges, nuut gekwalifiseerde geregistreerde verpleegkundiges

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Abbreviations

LNC	Lesotho Nursing Council
MoH	Ministry of Health
NGO	Non-Governmental Organisation
PPP	Public Private Partnership
QMMH	Queen Mamohato Memorial Hospital

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CHAPTER 1: ORIENTATION TO THE STUDY

1.1 Introduction

Healthcare organisations are continuously exploring strategies to create a working environment that supports and encourages newly qualified registered nurses' professional growth and development. Mentoring is regarded as an approach through which a learning partnership is created between more experienced employees and their newly appointed colleagues. This enhances the sharing of technical professional information and organisational customs that, in turn, promotes professional growth (Chen, Watson & Hilton, 2016; Hudson, 2013).

In nursing, mentoring is defined as an ongoing developmental relationship between a more experienced registered nurse and a less experienced or novice nurse (Jacobson & Sherrod, 2012; Shellenbarger & Robb, 2016; Smith-Trudeau, 2014). It is through mentoring that novice nurses are encouraged, guided, taught essential nursing skills, and enculturated into the professional nurse role (Shellenbarger & Robb, 2016). Mulaudzi, Libster and Phiri (2009:51) assert that "as mentees are guided by their mentors, they gain confidence in the skills necessary to assume the role of a professional nurse". The guidance novice nurses receive from experienced mentors thus enables them to function as independent practitioners by the time the mentoring process is concluded.

There has been a long-standing culture in the nursing profession that newly qualified registered nurses are socialised into the profession by more experienced registered nurses through the process of mentoring, whether it is done in an informal or more formal manner. The benefits of mentoring in nursing can be seen in individual nurses (both mentors and mentees), the health institution, the profession, and the patients as recipients of nursing care. According to Ronsten, Andersson and Gustafsson (2005), mentoring is a tool that enables novice registered nurses to perform their nursing job in a more reflective and holistic manner thus maintaining the quality standards in nursing. During mentoring, more experienced registered nurses are provided with an opportunity to enhance the professional development of new members (Wolak, Mccann & Madigan, 2009) as well as contribute towards a more positive working environment.

The role of mentoring is to ensure the growth of newly qualified registered nurses clinically, educationally, and professionally (Ali & Panther, 2008; Shellenbarger & Robb, 2016).

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Organisational buy-in to support the mentoring process is therefore essential, since most mentors have significant patient care and management responsibilities in addition to their teaching role. Expectations of high acuity, compounded with complex disease profiles and insufficient staffing levels, may severely limit the time dedicated to the mentoring process. This can pose a major barrier to the development of a meaningful mentor-mentee relationship.

1.2 Background

Queen Mamohato Memorial Hospital (QMMH) is the biggest referral hospital in Lesotho. The 425-bed hospital has a Public Private Partnership (PPP) model and was opened in 2011. To date, it is the only hospital with advanced technology and specialist units, such as Intensive Care and High Care, in the country. Although the hospital is well equipped and technologically advanced, there is a reported lack of funding to support professional development initiatives for nurses employed by the institution. A total of 525 nurses are employed at QMMH, most of whom are newly qualified from nursing colleges. The Lesotho Nursing Council's Continuing Professional Development Framework (Lesotho Nursing Council, 2015) has identified a critical shortage in the knowledge and skills of registered nurses and midwives in Lesotho, which is believed to impact negatively on the quality of healthcare services in the country. As a result, the Ministry of Health (MoH, 2017), through the nursing directorate, has launched the Lesotho Preceptorship and Mentorship Framework, which will function as a guide for health institutions in developing structures that promote and improve nurses' professional growth and development.

Presently, QMMH has no structured training programmes or procedures in place for the mentoring of newly qualified registered nurses. It is expected that experienced registered nurses take on the added responsibility of mentoring the newly qualified registered nurses in their respective wards. Recently, there has been a decline in the numbers of experienced registered nurses at QMMH. Moreover, experienced registered nurses who retire or resign are being replaced with newly qualified registered nurses who require support and mentoring from staff who are already overburdened. To give an example, eight out of the twelve registered nurses who work in one of the surgical wards at QMMH are newly qualified. Such situations increase the burden on experienced registered nurses who are required to guide and support newly qualified registered nurses while concurrently performing their nursing duties without compromising quality patient care. This means that newly qualified registered nurses often find themselves unsupervised at a

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critical period when they should be consolidating their newly gained knowledge, clinical competencies, and professional values under the guidance of experienced registered nurses.

Several studies have highlighted the benefits of mentoring for newly qualified registered nurses and the positive impact that mentoring relationships may have on healthcare institutions, mentors, and mentees in the long run (Mulaudzi et al., 2009; Ronsten et al., 2005; Shellenbarger & Robb, 2016; Smith-Trudeau, 2014; Wagner & Seymour, 2007). Mentoring should therefore be considered as a crucial support structure for newly qualified registered nurses as they develop their professional confidence, skills and attitudes in the early months of professional nursing practice.

1.3 Research Problem and Rationale

Research findings suggest that the mentoring of newly qualified registered nurses supports their socialisation and enculturation into the professional role, thereby acting as a powerful mechanism for workplace learning (Cubit & Ryan, 2011; Hnatiuk, 2013; Phillips, Esterman & Kenny, 2015; Shellenbarger & Robb, 2016). As a means to facilitate the mentoring process, many healthcare organisations have programmes in place that focus on assisting newly qualified registered nurses during the initial socialisation process. The programmes are monitored and reviewed regularly to ensure that they address the individual learning and professional development needs of these nurses (Phillips, et al., 2015). It can, however, become challenging to facilitate the learning and professional development of newly qualified registered nurses in an institution where the mentoring process is either informal or non-existent, particularly given the fact that the results of such a process cannot be monitored or evaluated.

The nature of mentoring at QMMH is mainly informal and, as such, there are no formally trained mentors. Registered nurses who are expected to provide mentoring to newly qualified registered nurses in the medical and surgical wards rely mostly on their own experience. This may result in ineffective mentoring practices. In addition, most of the experienced registered nurses seem reluctant to engage with the teaching of newly qualified registered nurses, which could pose a serious barrier to effective mentoring (Ziebert, Klingbeil, Schmitt, Stonek, Totka, Stelter & Schiffman, 2016). Experienced registered nurses may also feel threatened by newly qualified registered nurses who enter their wards with the most up-to-date nursing knowledge and information, while they themselves may not have had the opportunity to attend external workshops and seminars to update their own professional knowledge and skills. Furthermore, within a few

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months after being employed, newly qualified registered nurses find themselves having to mentor others at a time when they still require a significant amount of support and guidance for their own professional development.

Most studies on the mentoring of newly employed registered nurses were conducted in well-resourced environments (Beecroft, Satner, Lacy, Kunzman, and Dorey, 2006; Gardiner & Sheen, 2016; Weng, Huang, Tsai, Chang, Lin and Lee, 2010) and few have actually focused on the effects of mentoring as a mechanism for professional socialisation and development of newly qualified registered nurses in underfunded facilities. It is against this backdrop that my study addressed the following research question: “How do newly qualified registered nurses working at QMMH experience mentoring during their first year of employment?”

1.4 Aim and Objectives

The aim of this study was to explore the experiences and perceptions of newly qualified registered nurses at QMMH about mentoring as a mechanism for professional socialisation and development, with a view to make recommendations for the possible development of a structured mentoring programme at the hospital.

The specific objectives of this study were to

1. Determine the mentoring needs of newly qualified registered nurses at QMMH
2. Determine barriers and enablers to the mentoring process as experienced by newly qualified registered nurses at QMMH
3. Make recommendations with regard to the possible development of a structured mentoring programme at QMMH.

1.5 Research Methodology and Design

An exploratory descriptive design was selected for this study. Exploratory designs assist with understanding the nature of the problem while further exploring the research question (Brink, Van der Walt & Van Rensburg, 2018). Additionally, the study was conducted within a qualitative, interpretive methodological paradigm, using focus groups interviews to generate data. According to Babbie and Mouton (2014), a qualitative study allows the researcher to understand and describe the concept from the perspective of the subjects affected by the situation. In this study, the focus was on understanding the perceptions of newly qualified registered nurses at QMMH with regard to mentoring as a tool for professional development within the first year of employment.

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Purposeful sampling was used where the population consisted of 26 newly qualified registered nurses working in the medical and surgical wards at QMMH. Three focus group interviews were conducted with 19 participants in total to explore the perceptions of newly qualified registered nurses working in the medical and surgical wards at QMMH with regards to their experiences of mentoring during their first year of employment. Generated data were coded and analysed by means of content analysis. Two key themes and two sub-themes were identified and categorized in accordance with the first two study objectives.

1.6 Ethical Considerations

The study was conducted according to the ethical guidelines and principles of the International Declaration of Helsinki. Ethical approval for this study was obtained from the Health Research Ethics Committee (HREC) of Stellenbosch University (Project ID: 0598), as well as the Ministry of Health Ethical Committee in Lesotho (REF: ID122-2017). Participation in this study was voluntary and informed consent was obtained from each participant prior to the focus group interviews. Confidentiality was maintained throughout the research process. Focus group interviews were conducted at a mutually agreed upon time and venue that enabled privacy, and confidentiality. Participants' identities were protected by assigning a matching code number to each participant so that no data could be directly linked to individual participants in the final research report. Participants were reassured that the information they provided would be used for research purposes only and that no participant would be identifiable in the final report. Data were stored on a password-protected computer. Audio-recordings were transcribed by an independent professional transcriber, and were deleted after transcriptions were verified against the recordings. The purpose of the study was clearly explained to participants in order to enhance collaboration and cooperation during the study. Participants were made aware that they could withdraw at any stage without fear of any negative results for them.

1.7 Outline of the Study

Chapter one provided an overview of the study. Chapter two will explore the literature on mentoring in nursing and discuss the theoretical underpinnings of the study. Chapter three addresses the study design, methodology, data generation strategies, data analysis, quality criteria, and ethical considerations. The study's findings are presented in chapter four. Chapter five offers a discussion of the findings in relation to the study context, as well as the literature on mentoring.

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In addition, this chapter addresses study limitations, recommendations, and concludes the research report.

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CHAPTER 2: LITERATURE OVERVIEW

2.1 Introduction

This chapter explores various theoretical perspectives related to the concept of mentoring in the nursing profession. The literature review is organised into five sections: a) Definition of mentoring; b) Mentor-mentee relationship; c) Mentoring for learning and professional growth; d) New nurses' perceptions of mentoring; e) Theoretical underpinnings; and f) Conclusion.

2.2 Definition of Mentoring

A study by Hale (2018) on conceptualising the mentoring relationship revealed that, despite the abundance of literature on mentoring, there is still no universally accepted operational and theoretical definition of mentoring in nursing. Mentoring is defined by Wagner and Seymour (2007) as a multidimensional relationship between a novice and an experienced nurse that energises personal and professional growth. It constitutes a process wherein a senior and more experienced employee takes a keen interest in the personal and professional development of a junior and less experienced employee (Joshi & Sikdar, 2015). Shellenbarger and Robb (2016:64) take a holistic approach in defining mentoring as "the reciprocal relationship between an experienced nurse and a novice that involves counselling, guiding, sharing knowledge, providing support and role modeling". Meier (2013) further asserts that mentoring is a process that promotes both personal and professional development for both mentor and mentee. This, in turn, allows for new insights and experiences to be created as they constantly consider new ways to succeed in strengthening the nursing profession.

In essence, mentoring is a developmental process that allows a novice professional nurse to go through the experiences of nursing with the support and nurturing of an experienced professional nurse (Jacobson & Sherrod, 2012). It is, therefore, believed that mentoring may encourage nurses to pursue higher education, create nurse leaders, educators, clinicians and scientists (Firtko, Stewart & Knox, 2005) who become lifelong learners and thus building a strong future for the nursing profession. Findings of a study by Zannini, Cattaneo, Brugnolli and Saiani (2011) showed that a mentoring programme can represent a way in which healthcare professionals could advance in their careers. Participation in a mentoring process motivates nurses to consider continuing education beyond their basic nursing education (Zannini et al., 2011).

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According to Weng, et al. (2010), mentoring facilitates the socialisation of novice nurses into the workplace and supports their assimilation into the organisational culture, which is important for upholding the organisational quality standards. Selwa (2003) defines mentoring as a long-term relationship between a mentor and a mentee in which the mentor has the responsibility to provide support, knowledge and motivation to the mentee in way that would facilitate his/her professional success.

In mentoring, learning is believed to stem from observation, doing, commenting and questioning instead of just listening to the expert and, therefore, it can potentially be an active way to initiate change in health institutions (Zannini, et al., 2011). When norms, values, habits and traditions are questioned as mentors and mentees begin to interrogate and reflect on their practice, new knowledge is generated and change is effected (Firtko, et al., 2005). Mentoring can be seen as a sustainable way of ensuring professional learning in the workplace where there is ever changing knowledge and clinical practices. The value of mentoring is evident, and when conducted successfully, the process may strengthen the intellectual and professional growth of all involved (Firtko et al., 2005). "Mentoring is more than an orientation program; it is an ongoing commitment for organisational success" (Block, Claffey, Korow & McCaffrey, 2005:138).

2.3 Mentor-Mentee Relationship

Wagner and Seymour (2007) describe four stages through which a mentor and a mentee would normally go in their relationship and argue that it is important that the two parties involved build a trusting relationship in order to yield positive results. The stages of the mentoring relationship include initiation, cultivation, separation, and redefinition (Wagner & Seymour, 2007). During initiation, the two individuals explore each other's qualities to identify those that might motivate them to form a mentoring pair. For instance, the mentor may want to know what potential the mentee has and the mentee may want to know what networks the mentor has that will make their relationship worthwhile (Wagner & Seymour, 2007). During the cultivation stage, the mentor and mentee define the nature of the relationship as they set goals, plan, and mutually agree on activities that will be of benefit to both of them. The separation stage normally occurs when the mentee has gained increased autonomy and the relationship gradually dissolves with a decrease in interactions and meetings (Wu, Turban & Cheung, 2012). The mentor and mentee may decide to continue to engage with one another in matters related to their professional development and thus remain in touch. The redefinition stage involves the mentor and mentee re-evaluating their relationship and

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deciding on whether they will maintain a collegial relationship or end the relationship at this point (Wu et al., 2012). A mentor and mentee would typically engage in meaningful conversations on specific work-related aspects with the intention of meeting specific goals set at the beginning of the relationship. As nurses account for the majority of the workforce in the hospital, optimisation of their clinical skills, professionalism, and communication skills through mentoring are essential for quality patient care. According to Ryan, Goldberg and Evans (2010), the mentoring relationship in nursing is complex and warrant the use of interpersonal attributes such as collaboration and transformation that are important for an individual's professional growth.

Since mentoring is an essential part of an experienced registered nurse's responsibilities, it is important that mentors are aware of personal attributes that are deemed important for the success of a mentoring relationship. Although such attributes are mainly personality traits, such as friendliness, patience, good interpersonal skills, and approachability, they can also be learned (Ali & Panther, 2008). It is therefore necessary that mentors develop insight into what the mentoring role entails, even in situations such as at Queen Mamohato Memorial Hospital (QMMH) where the mentoring process currently takes place in the absence of formal mentorship programmes.

Hnatiuk (2013) describes a mentor and mentee relationship as one that is built on trust, open to self-disclosure, and uses tact to provide and receive feedback. Wangensteen, Johansson and Norström (2008) assert that feedback plays an important role in the acquisition of nursing experience when one is a novice. Mentors provide newly registered nurses with guidance in executing clinical skills, thereby increasing their confidence and competence. Professional nurse mentors assist with the further development of clinical reasoning and professional attitudes, and they also inspire, encourage, counsel, teach and provide advice to novice nurses (Ali & Panther, 2008).

According to Trevethan and Sandretto (2017), professional learning and development in a mentoring relationship occur when there is collaborative enquiry and professional conversations between a mentor and a mentee. They further noted that, when both the mentor and mentee engage in critical reflection, genuine learning opportunities result because reflection forms an important component of professional learning. Meier (2013) asserts that mentoring relationships act as catalysts for the growth and transformation of individuals, as these interactions allow for new ways of thinking and looking at the world.

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Eller, Lev and Feurer (2014) assert that open communication with mentors motivates mentees and helps them to gain confidence in performing clinical skills. Mentees generally expect mentors to be accessible and to create time in their busy schedules for regular feedback meetings. As such, meetings are critical learning experiences for both mentor and mentee (Eller et al., 2014). Good mentoring relationships can assist novice nurses to gain the knowledge, skills and confidence they need to provide safe and quality patient care in the clinical environment. As part of institutional support for mentoring, institutions should identify potential mentors, educate them about the process of mentoring, and encourage them to share their knowledge and expertise with newly employed professionals (Shaffer, Tallarica & Walsh, 2000).

2.4 Mentoring for Learning and Professional Growth

A good mentoring relationship between a novice and experienced professional nurse facilitates knowledge and skills development of the novice as it allows for a good learning environment (Hill & Sawatzky, 2011). Mentoring is regarded as a means to improve self-confidence and promote professional growth for newly qualified registered nurses, irrespective of whether it is done formally or informally (Shellenbarger & Robb, 2016). For the mentoring process to succeed, it is therefore essential that a deliberate effort is made by both the mentor and the mentee. Shellenbarger and Robb (2016) found that learning forms a crucial aspect of a mentoring relationship. The authors recommended that the novice should be given an opportunity to share experiences, express emotions and ask questions, with the mentor being available to provide constructive feedback and adress sensitive issues in a discreet manner.

According to Hill and Sawatzky (2011), providing support to novice nurses by means of mentoring is crucial for their role transition, as well as their knowledge growth and professional development. This relationship also allows novice nurses to realise that learning is a lifelong process; it is one of the reasons why nurses who have been mentored tend to become mentors themselves. It is further important to note that, for learning to occur in a mentoring relationship, mentors should actively perceive themselves as mentoring for professional learning as they contribute their knowledge and experience (Hudson, 2013). Furthermore, mentors' experiences of mentoring grant them the opportunity to teach and learn, thus encouraging them to keep abreast with the best practices as they continue with their mentoring support.

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Adeniran, Smith-Glasgow and Bhattacharya (2013) assert that mentoring is a critical component for nurses' professional growth and that nurses should be awarded dedicated time for schorlarly activities thus empowering them for advancement in meeting the health challenges of the 21st century. With the ever increasing diversity of patients, the nursing leadership is faced with a huge responsibility of ensuring that nurses are given opportunities, support and resources for their professional development and career advancement (Adeniran et al., 2013). Furthermore, findings in Wangensteen et al.'s (2008) study on the first year as a graduate nurse indicated that with mentoring, newly qualified registered nurses do experience growth and development in their first year of practice. While the process of mentoring is important and necessary for newly qualified registered nurses in the clinical environment, it is not without its challenges and obstacles. Since the role of mentoring is to facilitate the growth of newly qualified registered nurses clinically, educationally and professionally (Ali & Panther, 2008; Shellenbarger & Robb, 2016), it is essential that there is organisational buy-in to support the mentoring process.

Mentors usually have several responsibilities involving patient care in addition to their teaching role. Mentors devote their time to support, advice, teach and guide mentees through their professional journey and socialize them to the working environment (Hale, 2018).High patient acuities, compounded with complex disease profiles and low staffing levels, may make it challenging for experienced registered nurses to find the time to provide sufficient mentoring to the newly qualified registered nurses in their wards. It is therefore important that organisations offer training programmes that provide mentors and mentees with opportunities for personal and professional growth, since these will promote a healthy work environment and foster a learning culture (Hill & Sawatzky, 2011).

A number of researchers (Bowles & Candela, 2005; Ferguson, 2011; Mills, Francis & Bonner, 2008; Ronsten et al., 2005; Weng et al., 2010) have pointed out the importance of mentoring for newly qualified registered nurses to facilitate the acquisition of clinical skills. An effective mentoring relationship yields benefits for both mentors and mentees. During mentoring, mentees gain self-confidence, acquire clinical skills and develop insights about the profession (Ferguson, 2011). Moreover, mentors also get the intrinsic benefit of teaching, job satisfaction and professional advancement (Weng, et al., 2010).

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2.5 New Nurses' Perceptions of Mentoring

A study on the experiences of novice nurses' transitioning to professional practice established that they tend to be attracted to friendly, supportive and encouraging experienced nurses as mentors (Ferguson, 2011). Findings indicated that novice nurses believed that informal mentoring relationships were the most successful as, over time, they developed connections with more experienced nurses who were welcoming and showed interest in teaching novice nurses. Ostini and Bonner (2012) explored the experiences of newly graduated nurses and found that sources of support for novice nurses came from informal teachers who, in most instances, were the experienced nurses in the wards.

Ferguson's (2011) study further indicated that novice nurses sought to work with experienced nurses who exhibited a strong knowledge base for clinical practice and displayed an interest in assisting them to apply critical thinking in approaching various nursing situations. Newly employed nurses reported that working with a mentor improved the mentee's linear thinking towards a more holistic vision of what nursing care might entail (Ferguson, 2011). Since novice nurses need a supportive environment for professional development and improved clinical judgement, the presence of mentors act as the learning network that assimilate them into the practice setting and the organisational culture (Thrysoe, Hounsgaard, Dohn & Wagner, 2012).

The number of times a mentor and mentee meet during the mentoring process is found to have an impact on the outcome of that relationship. In a study by Beecroft, et al., (2006) , participants revealed that when mentees and mentors met regularly, mentors were able to provide more consistant guidance and support to mentees. The number of occasions that a mentor and mentee met seemed to reduce the anxiety and stress that the mentee experienced, thereby aiding to facilitate the learning process (Gazaway, Schumacher & Anderson, 2016). It is presumed that newly employed registered nurses who freguently meet with their mentors learn how to develop stronger patient and collegial relationships and are more confident in their communication skills with other healthcare professionals (Gazaway, et al., 2016). This was also corroborated by participants in Hayes' (2000) study who indicated that time spent with a mentor was vital to their learning as it improved their confidence and ability to manage their new roles. This may explain why organisations with mentoring programmes are highly favoured by newly employed nurses, as opposed to those that do not have such programmes in place. Newly employed nurses are

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comforted by the thought that there is someone to talk to when they need it and this helps to build their confidence as well (Beecroft et al., 2006).

The workplace environment should provide support for mentoring of newly employed nurses through systems that reinforce professional growth, team work and career success (Jakubik, Eliades, Weese & Huth, 2016). Ryan et al. (2010) found that professional development for novice nurses depends on their interaction with expert colleagues on a day-to-day basis. This calls for institutions' support for mentoring in terms of time, human resources, and development of policies in support of mentoring programmes.

2.6 Theoretical Underpinnings

This study is informed by social learning theory, with a specific focus on Communities of Practice theory. According to Communities of Practice theory, people engage in a process of collective learning in a shared domain of human endeavour (Wenger, 2011). Communities of practice are more than just a network of people; it involves groups of people who passionately share values, ideas, and activities and are regularly interacting to learn and improve on their endeavours (Wenger, 2011). The structural elements that are central to communities of practice are (1) domain, (2) community and (3) practice (Cruess, Cruess & Steinert, 2018). According to Wenger, McDermott and Snyder (2002), a domain creates a sense of common identity among members of a community, which inspires and guides their learning. The community creates a social structure that facilitates learning through social interactions that are based on mutual respect and trust. The practice is a set of ideas, tools, information, language, and ways of addressing problems that members develop and share (Wenger et al., 2002). In this case, the domain is the mentoring of new nurses in the nursing profession; communities are groupings of nurses in the clinical placements who have a common goal; and the practice refers to the clinical expertise, care, and educational practices that are shared within a social environment.

Communities of Practice as a social learning theory is well suited to mentoring as it allows for information sharing and facilitates the development of competencies among members through their networking system (Dominguez & Hager, 2013). Communities of Practice theory recognises that mentees come into the mentoring relationship with a certain level of knowledge and skill that remains to be nurtured through practice over time. In order for the mentoring relationship to benefit participants, there has to be a sense of belonging and participation by both parties. In communities

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of practice, mentees have the opportunity to observe, hear, and partake in the activities that improve and promote acquisition of knowledge and skills. The application of Communities of Practice theory to the mentoring of newly qualified registered nurses guides the development of interventions that are deemed important for members in which to engage to acquire the necessary knowledge and skills. The mentees gradually learn the formal and informal culture, norms and values of the community, and continually recreate, review and maintain the knowledge base as new members join (Cruess et al., 2018).

It is believed that medicine has always been a community of practice given the multifaceted nature of its knowledge base that includes both tacit and explicit knowledge (Cruess et al., 2018). Through the application of Communities of Practice theory, nursing education could improve mentoring activities for newly qualified registered nurses, possibly resulting in a more supportive clinical nursing environment. From the perspective of Communities of Practice theory, the mentor and mentee contribute to the knowledge base of the community and learn from each other, thus creating professional learning opportunities for both parties. Accordingly, being a member of a community that stimulates learning for novice nurses has a positive influence on how they learn and engage in a complex health environment. Within this participatory framework, both the mentor and mentee contribute to the knowledge base of the community and learn from each other in turn (Trevethan & Sandretto, 2017). This results in a ripple effect that affects the whole community of people with different forms of knowledge and expertise, and all participants are transformed through their own actions as well as by the actions of others in the community (Trevethan & Sandretto, 2017).

2.7 Conclusion

There is a wealth of literature reporting on the positive outcomes of the mentoring process for newly employed nurses. Some of the mentoring benefits that were identified in this literature review show that mentoring:

- Facilitates professional learning in the workplace
- Strengthens the professional growth for those involved in the relationship
- Allows for the guidance, nurturing and support of novice nurses
- Enhances the clinical reasoning skills and professional attitudes of newly qualified registered nurses
- Enables novice nurses to consider lifelong learning and is a sustainable way of effecting change in nursing

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- Provides novice nurses with time and space to reflect and develop confidence in their work

However, the literature does not focus explicitly on the effects of mentoring as a mechanism for professional socialization and development for newly qualified nurses especially in resource-constrained contexts. This study attempted to address the gap identified in the literature by exploring the experiences and perceptions of newly qualified registered nurses with regard to mentoring as a mechanism for professional socialization and development within a resource-constrained context that lack financial support for the professional development of nurses.

The following chapter will address the study design and methodology, data generation, data analysis and ethical considerations.

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CHAPTER 3 RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter describes the processes and research methods employed in this study. The aim of the study along with the study objectives are described. The methodology describes this study's setting, population and sampling. The discussion on data collection and analysis details the steps that were followed during the process of data collection and analysis. Lastly, it details how trustworthiness was maintained throughout the study.

3.2 Aim and Objectives

The aim of this study was to explore the experiences and perceptions of newly qualified registered nurses at Queen Mamohato Memorial Hospital (QMMH) with regard to mentoring as a mechanism for professional socialisation and development. The specific objectives were to

1. Determine the mentoring needs of newly qualified registered nurses at QMMH
2. Determine barriers and enablers to the mentoring process as experienced by newly qualified registered nurses at QMMH
3. Make recommendations with regard to the possible development of a structured mentoring programme at QMMH.

3.3 Study Design

For the purpose of this study, an exploratory descriptive design, using a qualitative methodology to generate data, was deemed appropriate to assist the researcher in understanding and describing the phenomenon under investigation (in this case the mentoring of newly qualified registered nurses) from the perspectives of the subjects affected by it (Babbie & Mouton, 2014). Brink et al. (2018) describe qualitative studies as those that focus on aspects of meaning and experiences of humans from the participants' viewpoints within the context in which the activities take place. In addition, an exploratory design focuses on understanding the nature of the problem while further exploring the research question (Brink et al., 2018). The approach followed thus enabled the researcher to acquire in-depth knowledge of the experiences and perceptions of novice nurses in relation to the concept of mentoring during their first year of employment.

3.4 Setting, Study Population and Sampling

This study was conducted at QMMH in Lesotho. The target population for this study comprised 26 newly qualified registered nurses working in the medical and surgical wards at QMMH. From

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a total of 12 male nurses, 4 were newly qualified. Below are two tables illustrating the number of experienced versus inexperienced nurses, as well as the number of females and males in the medical and surgical wards.

Table 1: Number of experienced versus novice nurses

Ward Type	Number of Experienced Nurses	Number of Novices	Total
Medical wards	22	9	31
Surgical wards	31	17	48
Total	**52**	**26**	**79**

Table 2: Number of female versus male nurses

Ward Type	Males	Females	Total
Medical wards	5	26	31
Surgical wards	7	41	48
Total	**12**	**67**	**79**

Purposive sampling was used to select participants for the study (Burns & Grove, 1997). Purposive sampling is dependent on the researcher's judgement to select the most suitable participants based on their familiarity with the phenomenon under study (Brink et al., 2018). Participants were selected on the premises of being (1) a newly qualified registered nurse, (2) within the first 12 months of employment, and (3) working in a medical or surgical ward at QMMH. The sample further included both Basotho males and females from different nurse training institutions. The researcher presumed that having participants from different learning institutions will allow her to elicit important information as the receptivity of new information and learning may be affected by the person's beliefs and actions. Having both male and female nurses was also deemed important, as gender differences may cause individuals to express their experiences differently.

Participants' ages ranged between 20 to 30 years. Their work experience ranged from 0-12 months (See Table 3). The researcher believed that these participants would provide valuable information

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as their experiences and perceptions were likely to differ given the duration of their age and clinical experience. Participants may have completed their training at the same time but started work at different times. The table reflects the experiences of nurses in general.

Table 3: Participants' work experience (in months)

Type of ward	0-3months	4-6months	7-9months	10-12months	Total
Medical Ward	2	4	2	1	9
Surgical Wards	5	6	4	2	17
Total	**7**	**10**	**6**	**3**	**26**

The list of newly employed registered nurses with less than one year working experience was sourced from the human resources department's employment register, which detailed the number of nurses deployed in each ward in the past twelve months. With the list at hand, it became easy for the researcher to locate the newly registered nurses. The researcher personally consulted participants one by one to ask if they would be interested in participating in the study. The researcher explained to participants that this was a research project conducted as part of a Masters study done through Stellenbosch University. The researcher clarified to participants that they were invited because they were from different nurse training institutions, both male and female and still in their first year of employment; and that their experiences as newly qualified registered nurses were important for this study.

The researcher explained that the purpose of this study was to explore the experiences and perceptions of newly qualified registered nurses at QMMH with regard to mentoring as a mechanism for socialisation and professional development. At this preparatory stage, the researcher asked for verbal consent from participants and explained that they could withdraw from the study at any point. Participants were also given a written informed consent to sign a few days before they could participate in the focus group discussions. Nineteen newly employed registered nurses consented to partake in the study.

Only one male out of the four who were invited agreed to participate and the view of male nurses may therefore not be well represented in this study. Currently, male nurses constitute only 18% of the total number of registered nurses in the medical and surgical wards at QMMH. The

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representation of men in the sample was 1 out of 19 = 5%, which is far less than the national male to female ratio in Lesotho.

3.5 Data Collection

Focus group interviews were used to generate qualitative data. The discussions tend to bring about in-depth information on a particular subject or topic with the element of interaction (Maree, 2007). Focus groups take advantage of group dynamics to enhance the discussions among participants as they consist of people who share a similar background (Polit & Beck, 2012). During a focus group discussion, participants tend to react to each other's viewpoints thus allowing for deeper expression of opinion. However, the researcher has to encourage all participants to take part in the discussion to avoid domination by more outspoken individuals in the group (Maree, 2007). In a focus group discussion, the researcher is able to gather information from a wider range of participants that could represent the experiences of a larger group. The focus group interviews were aimed at exploring the perceptions of newly qualified registered nurses in medical and surgical wards with regard to mentoring as a mechanism for professional socialisation and development during their first 12 months of employment in the medical and surgical wards at QMMH.

A semi-structured interview guide was compiled and used by the researcher to guide the discussions (see Appendix B). Participants were, however, allowed to freely voice their opinions. The development of interview prompts was guided by the literature. As the researcher wanted to answer a specific research question, the questions asked were specially chosen yet they were also open-ended to allow participants the freedom to elaborate as they saw fit. The researcher was able to clarify questions further for participants and was probing to elicit more detailed information.

A total of three focus group discussions were conducted. The hospital has several surgical wards as compared to medical wards. There were 13 nurses from the surgical wards and 6 from the medical wards. Of the three focus groups that were conducted, two were from the surgical wards, with 6 and 7 participants respectively, and one group from the medical wards with 6 participants.

The focus group discussions were audio-taped using an audio tape recorder and a cell phone as back-up. As part of their informed consent, participants were made aware of the use of electronic recording devices. The discussions were conducted in one of the small training rooms within the hospital to ensure privacy and confidentiality. The researcher noted her impressions of the

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discussion immediately after each focus group discussion (Maree, 2007) as it was challenging to take notes while facilitating the focus group discussions.

3.6 Data Analysis

Data that were gathered from focus group discussions was first transcribed verbatim. In order to check for accuracy of the transcripts, the researcher re-read the transcripts against the audio tape as they were transcribed by a private transcriber. In this way, the researcher also became acquainted with the data. The transcripts were read several times in order to fully understand the participants' contributions with the study objectives in mind. Content analysis was used to analyse the data. As the transcripts were read line by line, the researcher identified common data sets that were given codes in order to be classified (Brink et al., 2018). Codes are described as "contextual descriptions of the semantic boundaries of a theme or a component of a theme" (Guest, McQueen & Namey, 2012:50). These could be words or short phrases assigned to a part of the data that provide characteristic meaningful units. According to Saldana (2013), coding is a cyclical act and that means there are several cycles where data will be analysed before it reaches a point where categories, themes, and meaningful units can be safely generated.

In this analysis, the researcher continued the cycle by reviewing the data line by line in order to identify the details that had been presented. The responses were divided according to the objectives of the study. The texts were then divided into meaningful units. For example: mentoring is definitely a good tool for learning; there should be someone to do mentoring; we learn the hardest way. These meaningful units were then given codes and organised into similar areas to search for themes. From those areas, two key themes and two sub-themes emerged (Also see Appendix C). These will be described in Chapter 4.

3.7 Ethical Considerations

This study was conducted according to the ethical guidelines and principles of the International Declaration of Helsinki. Ethical approval was obtained from the Health Research Ethics Committee of Stellenbosch University (protocol number 0598), as well as the Ministry of Health Ethical Committee in Lesotho (REF: ID122-2017).

Participation in this study was voluntary and informed consent was obtained from each participant prior to the focus group interviews. Participants were reassured that the information they provided will be used for research purposes only and that no participant would be identifiable in any report

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or publication. Focus group interviews were conducted at a mutually agreed upon time and venue that enabled privacy, and confidentiality. Participants' identities were protected by assigning a matching code number to each participant so that no data could be directly linked to individual participants in the final research report. The purpose of the study was clearly explained to participants in order to enhance collaboration and cooperation during the study. Participants were made aware that they could withdraw at any stage without fear of any negative results for them. All participants signed a consent form (see Appendix A) detailing the merits of their participation and to ensure that there was no use of coercion in any way.

The tape recorder and transcribed data were kept in a locked cabinet, accessible only by the researcher. Digital data were kept on a computer secured with a password. The recorded data on the cell phone, which was used as backup to collect data, were deleted once transcriptions were completed. Recorded data on the audio recorder were deleted after audio-recordings were verified against transcripts.

3.8 Trustworthiness

The key criterion or principle of good qualitative research is found in the notion of trustworthiness, i.e. neutrality of its findings or decisions (Babbie & Mouton, 2014:276). In qualitative research, transferability, credibility, confirmability, and dependability are critical components to ensure trustworthiness (Maree, 2007).

Transferability is concerned with the extent to which the results can be generalised and applied to other contexts (Merriam, 2009). Since the findings of a qualitative research study are specific to the participants and context, a thorough description of the methodology used and the context in which the study was conducted should be given for the benefit of other readers (Cresswell, 2009). In this study, the researcher gave a detailed description of a mentoring environment for the participants and the methodology used to conduct the study. A detailed report on the findings was discussed for the benefit of the reader.

Credibility is the extent to which the research findings match the reality and can be believed by other readers or researchers. The use of methods consistent with the study and the terminology specific to the study phenomenon enhances its credibility (Jensen, 2012). The researcher in this study was conversant with the language and the terminology used in mentoring and the nursing profession. Since the researcher worked within the same environment as the participants, she had

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the opportunity to spend time with participants in the wards where they were working. After each transcription was completed, the researcher checked with a few of the participants in the groups to check if it was correct. Even after the analysis, the researcher confirmed with the study participants the credibility of the results. The findings of the study were shared with five participants representing the three groups in order for them to check and comment on the results. Participants were consulted at different times and confirmed the findings as a true reflection of their experiences.

Confirmability answers the question as to whether the findings are the results of participants' experiences and not the interests of the researcher (Jensen, 2012). In this qualitative study, the researcher was part of the process but declared her stance in the study. The researcher ensured confirmability by believing that participants gave honest information about their experiences of mentoring in their first months working in the medical and surgical wards.

Dependability views the extent to which other researchers may be able to replicate the study in a similar context using the same participants (Krefting, 1991). In this study, the researcher has detailed the methods of data gathering, analysis, and interpretation in order to assist other researchers in replication of the study. The focus group discussions were conducted until there was no more new information emerging from the participants, therefore enhancing the credibility of the study findings.

3.9 Researcher Influence

As the primary researcher, I work with the newly employed nurses in the same working environment as a clinical facilitator and I am involved in the induction and orientation of all new nurses. This could potentially affect the neutral interpretation of results. During analysis as themes were being developed and identified, I used a reflective journal to record my own perspectives. Thereafter, member checking was performed with some of the participants from both the surgical and medical wards to ascertain whether the transcribed version of the audio-recorded focus group interviews was a true reflection of their views. However, I am also well placed to understand the context of clinical nurse education and can contribute to initiatives aimed at improving the professional development of a registered nurse.

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3.10 Conclusion

A qualitative method of enquiry was used to explore the perceptions and experiences of newly qualified registered nurses. This chapter described the study design, population, sampling and the context in which the study was conducted. It gave a detailed account of how data were collected and analysed. Lastly, it addressed ethical considerations and measures taken to ensure the trustworthiness of the results.

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CHAPTER 4: FINDINGS

The qualitative data analysis provided insight into newly registered nurses' perceptions and descriptions of their mentoring experiences during their first year of employment while working in the medical and surgical wards at Queen Mamohato Memorial Hospital (QMMH). This study's findings are categorised in accordance with the first two objectives of the study (Also see Appendix C).

4.1 Participants' Perceived Need for Mentoring (Objective 1)

This theme highlights participants perceived needs in terms of mentoring.

Participants expressed the need for mentors who were willing to take up the responsibility of mentoring.

"We are basically asking to be helped." Focus Group Surgical, Group a, participant 3 (FGSa3)

"It is unfair that there is no one responsible or hired to help us." Focus Group Surgical, Group b, participant 2 (FGSb2)

> "Mentoring is not happening in my view, it's more like sucking it out by force." (FGSb5)
>
> "As newly qualified registered nurses we are struggling, we are not being mentored at all…no one is interested in mentoring." (FGSb1)
>
> "So there is no one who is interested in mentoring us, we are interested in getting mentored, so what we do is ask for help whenever is necessary." (FGSa6)

Participants felt that they might have benefited from working alongside experienced nurses during their first few months of employment.

> "I think it would be better if all new nurses are paired with the experienced nurses for a while." Focus Group Medical, participant 3 (FGM3)
>
> "New nurses should not work alone." (FGSb3)
>
> "The new nurse should not be given his or her own cubicle. They should be paired with the older nurse who will then guide the new employee." (FGSa3)

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Participants further indicated the need for a dedicated time period to be set aside for the mentoring of new nurses, as it was challenging for them to learn everything they needed to in a short space of time. At present, all newly employed nurses join a hospital orientation session on the first day of their appointment, which is conducted by the human resources department. This session is followed by a unit orientation, facilitated by the departmental unit manager. From the second day onwards, the newly employed registered nurses start providing nursing services as per their daily duty allocation. Participants felt that a dedicated period of mentoring during the first months following their appointment would better support their learning.

> "There should be a stipulated time frame for mentoring." (FGSb1)
>
> "There is not enough time to learn and we have problem catching up with paper work." (FGSb6)
>
> "It is not easy to learn everything in a day." (FGSa4)
>
> "We should take a longer time working with a senior nurse; I took 12 days working with my senior and after that I was alone in my cubicle. There were issues I could not handle on my own." (FGSa3)
>
> "So I think if we can take at least two months together, then after that I can be alone in a ward." (FGSa2)

Participants unanimously expressed the need for a structured mentoring process, which could benefit both newly employed nurses and experienced nurses.

> "I am sure there are people who love teaching and may be willing to help us." (FGSa5)
>
> "If old nurses are not mentoring new ones, they won't have access to evidence based practice shared during mentor and mentee interaction." (FGSb1)

4.2 Participants' Perceived Barriers and Enablers to the Mentoring Process (Objective 2)

This theme describes participants' perceived barriers and enablers regarding the mentoring process.

4.2.1 Perceived barriers

All participants across the three focus groups expressed dissatisfaction with the fact that newly employed nurses were not given the opportunity to rotate through different departments and be

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exposed to mentors from various disciplines. They were of the opinion that such a rotation would have provided them with a broader view of nursing and allowed them to consider their future prospects in nursing.

> "I am learning in medical wards, it's true but I have a goal; I want to be a nurse anaesthetist. So being in the ward where I can gain relevant exposure would be better." (FGM1)

> "I would have loved to be placed in maternity, I aspire to become an advanced midwife and I love babies." (FGM6)

> "If only we were given a chance to rotate and experience different departments and people." (FGSa2)

The workload allocated to newly employed nurses, was a major concern to the participants, as they had hoped it would not be the same as the experienced nurses, especially in their first few months.

> "OH! The new person should not be given his/her cubicle, they should be paired with the older one for guidance." (FGSa1)

> "I think the workload for newly registered nurses should be reduced, when one first enters the ward, there are many patients and then there is just too much to do." (FGSa6)

While, on the one hand, participants felt that novice nurses should not be given a lot of work to do, they, on the other hand, acknowledged that the workload of the experienced nurses was very high. In addition, participants felt that the high workload of the experienced nurses made it challenging for them to assist the newly employed nurses.

> "……it's really busy you know; and gets really difficult for experienced nurses; they can't be teaching when there are patients to be saved." (FGSb1)

> "Shortage of staff also impacts negatively to our learning. If in the ward there is only one experienced nurse and the novice nurses, she won't be able to teach and do nursing duties at the same time, even when she is willing to help it is not easy." (FGSa4)

An inadequate induction process was further identified by participants as one of the reasons why newly employed nurses encountered challenges with patient care and ward management. However, this may also signify inadequate clinical and theoretical preparation at school for participants.

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> "I wasn't taught, like, nobody sat with me to tell me how things like quality improvement projects are done and how to compile reports of such nature. You will only be perplexed when at the end of the quarter they ask of different reports like infection control which you were not aware of." (FGM1)

> "I found it challenging not to be oriented on the important principles and what is expected of me." (FGSb6)

> "Especially with paper work, when you have never come across so much paper work, you are going to have a problem catching up. It is too much we should really get a thorough orientation with paper work." (FGSb5)

Participants were amazed by the negative attitudes of some of their experienced colleagues. These negative conditions made their socialisation into the profession and learning from role models more difficult. Participants were disheartened by their experienced colleagues who told them that they were tired of always teaching new nurses who soon leave to greener pastures.

> "I don't know but I think most of the nurses are self-centred; it's like if they show you things you will become smarter than them, or be something better." (FGSb1)

> "Most of the things we were not exposed to while at school, we struggle on how to manage them, and we are basically on our own. But we are learning anyway." (FGSb6)

> "Like they always teach new nurses who then when NGOs[1] come they leave, so there is really no need." (FGM7)

> "Someone may help you with something but you could see from their facial expressions that they are irritated and are not willing to help." (FGSb3)

> "The attitude of senior nurses really, some are really not easy to work with, it's really tough." (FGSa6)

> "You know there are these nurses who had bad experiences when they were new and they sort of project their anger to us, they don't treat us well you know." (FGM2)

[1] These are high-paying Non-Governmental Organisations where nurses go in huge numbers.

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Participants across all three focus groups highlighted the lack of access to guidelines and standard operating procedures as one factor that made it difficult for them to catch up and at times had no idea how they were supposed to act.

"….for instance, if we admit a confused patient, we should have that policy that says what should be done before the patient could be seen by the doctor." (FGSa4)

"There should at least be reference books for those conditions that are familiar in the ward so that we could always refresh and read about it, that could also help." (FGSa5)

"I think there should be written guidelines, so that new nurses can read on their own spare time. So that they can know how to handle things in the wards to make their work easier." (FGM4)

4.2.2 Perceived enablers

Multidisciplinary teamwork at QMMH was regarded by various participants as a factor that positively impacted on their professional development and mentoring.

"I can say we learn a lot even from other health professionals when doing rounds, and we have a chance to ask questions regarding the patients and their general management." (FGM5)

Some participants were of the opinion that, if mentoring for newly employed nurses was regarded as important in the selected hospital, it would contribute to the quality of the learning environment. They believed that the availability of materials and equipment would support learning for new nurses.

"Unlike the hospital where I was trained, this place has all the equipment necessary for management of our patients and learning becomes easier when there are resources and materials to use." (FGSa5)

Working 12-hour shifts were further regarded as an enabler for the fostering of mentor-mentee relationships.

"The 12 hours that we spent here could be an advantage for mentorship." (FGSb1)

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Despite the lack of structured mentoring, the welcoming attitude of some of the experienced nurses, who were interested in teaching, seemed to positively influence the learning and socialisation of newly employed registered nurses.

> "The nursing assistants will teach you in such a way that you attain the skill and you won't have to ask again." (FGM3)

> "Those people help you such that the next day you are able to things without guidance." (FGM7)

> "I work with friendly and welcoming staff that are always willing to help me, I have never felt left out." (FGSa1)

> "The nurses I work with are always willing to help and assist with in every way they can, they tell me that it's ok not to know this things and that I will improve with time." (FGM4)

4.3 Conclusion

The findings portrayed the experiences of newly qualified registered nurses at QMMH with regard to mentoring during their first year of employment. Some participants revealed negative mentoring experiences, while others indicated that their experiences of mentoring were positive. Mentoring was, therefore, experienced differently by each participant within their work area even though the majority shared similar experiences. Participants expressed their need for supportive structures with respect to mentoring, i.e. dedicated experienced nurses who were willing to mentor, availability of guidelines and standard operating procedures, and reduced workloads to allow time for mentoring. Participants were mostly concerned about the negative attitude of experienced nurses towards the support and mentoring of newly qualified registered nurses.

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CHAPTER 5: DISCUSSION AND CONCLUSION

This was the first qualitative study to be conducted at Queen Mamohato Memorial Hospital (QMMH), a Public Private Partnership (PPP) hospital in Lesotho, concerning the perceptions of newly qualified registered nurses with regard to mentoring in their first year of employment. The process of mentoring in nursing is regarded as a critical time when a novice nurse and a seasoned nurse interact in order to share experiences, knowledge, skills and attitudes pertaining to the profession of nursing (Shellenbarger & Robb, 2016). Often, when professional nurses discuss the value of mentoring in nursing they would agree that experienced nurses have a responsibility to support the professional development of the newest members of the profession.

This study has highlighted the various challenges experienced by newly employed registered nurses at QMMH with regards to the mentoring process during their first year of employment. In line with the main objectives of this study, the discussion that follows will reflect the mentoring needs of newly qualified registered nurses, as well as perceived barriers and enablers of the mentoring process, as experienced during their first year of employment.

5.1 Participants' Perceived Need for Mentoring

Participants emphasised that a welcoming attitude of more experienced registered nurses, in conjunction with a comprehensive ward orientation, had a positive influence on their professional development. Being received in a positive manner by co-workers helped to alleviate their fears of the unknown and enhanced their interaction with experienced nurses in the wards. Thrysoe et al. (2012) argue that interaction is a good starting point for professional socialisation since it may support the development of skills, attitudes and behaviours required to adopt the professional role. It should be noted that, in this study, participants had differing opinions about the welcome and support they received in the wards in which they were placed. The findings of this study indicated that, during the first few months of their placements, newly qualified registered nurses needed the assistance of experienced nurses to become their learning networks in practice. These findings are consistent with those of Ferguson's (2011) study, which confirmed that novice nurses needed a supportive learning network to facilitate the development of clinical judgement and that mentors were most suited to create the environment for that type of support.

Participants in this study, who were all newly employed registered nurses in their first year of employment, indicated that nursing assistants seemed more interested in mentoring new nurses

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than experienced registered nurses. This could partly be explained by the fact that, during the past five years, there has been a continuing exodus of experienced registered nurses from QMMH where the study was conducted. Consequently, the institution is currently operating with mostly young and inexperienced nurses who have been in clinical practice for two to three years at most. Participants argued that the reason why nursing assistants were more interested in mentoring despite being lower in the hierarchy than registered nurses, was that they were older and more experienced in nursing than most of the current registered nurses. This is consistent with Dreyfus' (2004) model of skills acquisition, which states that a nurse usually needs to transition through five stages of development before reaching a high level of competence. It could, therefore, be argued that most of the registered nurses who are currently expected to be mentors at QMMH could still be in the transitioning phases of their own professional development and thus may not yet feel competent to guide the newly employed registered nurses. It became evident that having professionally mature nurses with good clinical skills available to act as mentors had a positive impact on the learning of newly employed nurses.

Participants indicated that they were aware of their professional learning and development needs when they entered the work environment and aknowledged the benefits of having experienced nurses as their mentors. Participants reported that, when they were initially employed, they envisaged that they would be working side by side with an experienced nurse who would be guiding, supporting, and modelling the expected behaviours, while providing feedback on their daily progress. Bandura (1977) emphasises the importance of observing the behaviours and attitudes of others during the learning process. However, findings in this study revealed participants' disappointment when they realised that the majority of experienced nurses were not interested in mentoring new nurses. Participants viewed their learning experiences as challenging because they had to request assistance from colleagues who, in their opinion, showed little concern for their learning needs.

Without support and supervised learning opportunities for newly qualified registered nurses, there is an increased risk of medical errors and unwanted complications for patients (Gardiner & Sheen, 2016). Participants in this study reported that they experienced high levels of stress during their initial integration into the new practice setting, and that they were hoping to find passionate and knowledgeable mentors who would share their nursing skills and support them during their

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learning process. They had envisioned that, in the early months following their appointment at QMMH, they would work alongside an experienced registered nurse who would mentor them in the provision of holistic nursing care and help them to fit into the workplace environment. It can thus be concluded that there was a descrepency between the amount of support that participants in this study expected to receive and the level of support that they actually experienced.

Moreover, it should be noted that newly employed registered nurses may also be inadequately prepared for clinical practice by the nursing colleges they have attended, which means that they would require a greater amount of support from experienced nurses (Danbjorg & Birkelund, 2011). The need for support and socialisation into the nursing profession can therefore not be emphasised enough (Jarman & Newcombe, 2010).

Furguson's (2011) study confirms that enhancing the workplace through support for new nurses enables them to achieve their ideal nursing practice goals and facilitates effective integration into the profession. Most of the participants indicated that a more structured mentoring process could be of great benefit to newly employed registered nurses. Participants in this study expressed the need for a comprehensive orientation in preparation for their nursing role, and to be supported by experienced nurses who were interested in teaching and enthusiastic about mentoring the newly employed registered nurses. Participants in another study believed that effective mentoring could alleviate their anxieties and may directly reduce the discomfort that they had experienced (Jarman & Newcombe, 2010). However, it is important to note that despite the absence of any structure, there are some incidences where unstructured forms of mentoring seemed to work and have yielded positive results for newly employed registered nurses. In Ferguson's (2011) study, participants specified that the social environment in the ward and how new nurses were welcomed, played a crucial role in facilitating their learning and professional development. It was noted that, as newly employed nurses engaged in informal social conversations with senior colleagues, they found it easier to approach them with questions when they needed help with specific tasks (Thrysoe et al., 2012).

While there may not be any formal process in place for mentoring at QMMH at this stage, it was clear from the study's findings that there were instances where informal mentoring yielded positive results. This was commonly seen in wards where there were highly experienced specialist nurses with more than 10 years in clinical nursing practice.

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5.2 Participants' Perceived Barriers and Enablers to the Mentoring Process

Participants identified the lack of rotation through other wards for nurses at QMMH as a significant barrier for the mentoring of newly employed nurses. From the first day of appointment, the newly employed registered nurses are placed in dedicated wards where they will continue to work throughout. They argued that since they were just starting work and this was their first post, it was not fair that they had to work in one ward forever. Newly employed nurses alluded to rotations as part of gaining essential experience that could inspire them to pursue specialities in different areas of nursing. Participants emphasised that, as part of their professional and career development, it would have been beneficial for them if there were rotations in the first months of their appointment. They emphasised the importance of being exposed to the different areas of nursing and meeting different people. Newly employed nurses believed that exposure in different wards could have widened their horizons about their future specialities in nursing. This corroborates Ostini and Bonner's (2012) results where participants identified the need for different lengths and sequences of more challenging rotations for newly employed nurses.

Newly employed nurses noted there was a shortage of staff that resulted in increased workload for both experienced and new nurses. The situation made it difficult for experienced nurses to oversee, teach and monitor the progress of new nurses, as they all had an equal number of patients to which to attend. It was distressing for the newly employed registered nurses that they were expected to perform their nursing duties at the same speed and produce similar quality patient outcomes as the experienced registered nurses. Participants expressed distress as they were expected to provide quality care for patients and exhibit high levels of responsibility and accountability almost immediately and were often overwhelmed. The workload for newly employed registered nurses was reported by Gardiner & Sheen (2016) as usually heavy and unmanageable. The findings of this study suggest that there was pressure on newly employed nurses to exhibit a high level of performance with minimal support from experienced nurses. Pellico, Brewer and Kovner (2009) confirmed the pressure felt by new novice nurses where they were given a very short orientation so they could immediately start with patient management.

Participants in this study reported uncaring and unprofessional behaviour from experienced nurses, which made their learning a challenge. They reported situations where experienced registered nurses would allocate the most complicated patients to new nurses just to make them feel incompetent. Newly employed nurses reported that the negative attitude of experienced nurses

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impacted negatively on their learning and professional development (Beecroft et al., 2006). The newly employed registered nurses described their experiences as painful but challenging at the same time. These results are consistent with Walker et al. (2013) where newly qualified nurses' integration into the workplace was negatively affected by the unprofessional conduct and bullying by the experienced nursing staff.

Other barriers to mentoring and professional development that were reported by participants in this study were the absence of standard operating procedures and clinical guidelines in the wards for reference. Participants asserted that the presence standard operating procedures and guidelines in the wards as reference would have assisted in the management of commonly seen conditions and reduced their dependence on experienced nurses. Participants cited poor induction processes as one of the reasons why newly employed registered nurses encountered challenges with patient care and ward management. They reported that during orientation a list of things were discussed with the unit manager, with no follow-up on implementation strategies and responsibilities for new nurses.

It was noted that the participants from surgical wards experienced a higher number of challenges. One reason for this may be the high patient turnover experienced in surgical wards. It could also be due to the fact that majority of so-called "experienced nurses" in the surgical wards actually have less than five years' experience in nursing, which implies that they may still be in the developmental stages (Benner, 1982) of their career and not yet confident to direct and mentor another individual. Another reason may be the perceived lack of institutional support for the role of a mentor, given the current absence of formal mentor training for experienced nurses.

Newly employed registered nurses noted that the well-equipped hospital and the presence of multidisciplinary teamwork had a positive impact on their learning. Since most of the participants were trained in small hospitals, they appreciated the comprehensive patient care provided by doctors, nurses and allied health workers at QMMH.

Participants also perceived the 12-hour shifts they had to work as beneficial to the mentoring relationship. They believed that the 12 hours that nurses spend at work were enough to allow for professional learning and interaction between mentors and mentees, as well as debriefing sessions after clinical experiences. Mentoring requires time for reflection for both mentor and mentee and

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it is important for institutions to award some time for this important duty to be effectively performed (Ramani, Gruppen & Kachur, 2006).

5.3 Recommendations

Based on the findings that were presented in Chapter 4, the following recommendations are proposed:

- Provision of regular in-service training on the prevention of burnout to help reduce the stress levels of experienced registered nurses and remind them of the important role they play in the professional development of the newly employed registered nurses in their wards.
- Advocacy for institutional support for the mentoring of newly employed registered nurses, for example through the identification and capacity building of personnel interested in mentoring.
- Support for the professional development of highly skilled practitioners who may be interested in mentoring newly qualified nurses.
- Development of a nursing and midwifery induction programme for newly employed nurses that facilitates the dissemination of standard operating procedures and guidelines in the nursing department. This will ensure a provision of high standard nursing care.
- Development of robust support structures for newly employed nurses to facilitate the further development of their clinical judgement, skills and knowledge. For example, structured development programme or preceptorships can be developed.
- Rotation for newly employed registered nurses during the first year of appointment to encourage career advancement choices.
- Periodic reflective meetings for newly employed nurses with the unit managers to discuss progress and challenges.
- Assistance for nurse leaders to determine the best way to use the informal mentoring that develop between newly employed nurses and experienced nurses.

5.4 Limitations

The main limitation of this study is that the findings may not be generalisable to all other institutions due to its focus on one specific hospital in a resource-constrained context. In trying to address this limitation, the researcher gave thorough detail of the context where the research was

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conducted and a clear description of study participants. The researcher also explained in detail the methods of data gathering, analysis and interpretation to assist researchers who may have the same context and may want to apply the results of this study. In all three focus groups, there was only one male participant from the medical wards and the views of male nurses in this study may, therefore, not be well represented.

Another possible limitation may be that participants were not as truthful with their responses, as they may have been motivated to impress the researcher, who is a clinical facilitator at QMMH, with their responses during the focus group discussions. The researcher had clearly explained the purpose of the study to all participants and clarified their role in the study. In ensuring the truthfulness of the results, the researcher did member checking on transcribed versions of the audio-recorded focus group interviews.

5.5 Conclusion

It is the responsibility of the nursing fraternity to enhance the professional development of our newest members. There is a challenge for newly employed nurses to immediately put in practice what was learned at school, which calls for healthcare institutions to optimise a supportive culture for new nurses. It is therefore essential for institutions to promote mentoring for newly employed nurses and allocate resources in support for such initiatives. The findings of this study revealed some important information regarding mentoring at QMMH. Participants identified their needs for mentoring, the barriers that hindered the mentoring process, and the enablers for mentoring, which gave the researcher a clear understanding of participants' experiences. The findings from this study concur with what was found in the literature regarding the mentoring experiences of newly qualified registered nurses, especially pertaining to support from experienced nurses and the healthcare institution.

From participants' perceptions, it could be concluded that improving the mentoring process for newly qualified nurses could afford them a good learning opportunity and professional growth and development. It is hoped that this research study will make a remarkable contribution towards a development of a needs-oriented mentoring programme at QMMH, as recommended. More research should be done to explore mentoring as a mechanism for professional socialisation and development.

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APPENDICES

APPENDIX A: Participant Information Leaflet and Consent Form

TITLE OF THE RESEARCH PROJECT:

Newly qualified registered nurses' experiences and perceptions of mentorship in a Public Private Partnership Hospital in Lesotho

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: Moratuoa Thamahane

ADDRESS:

CONTACT NUMBER:

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research. The study has also been approved by the Ministry of Health Ethical Committee in Lesotho, and the executive committee at Queen Mamohato Memorial Hospital in Lesotho.

What is this research study all about?

This research will be conducted at Queen Mamohato Memorial Hospital, Maseru Lesotho. This study aims to explore the experiences and perceptions of newly qualified registered nurses at QMMH with regards to mentoring as a mechanism for professional socialisation and development. Data will be conducted by means of three focus group discussions. Each discussion group will be made up of 6-8 newly employed registered nurses from medical and surgical Units. A maximum of 26 participants will be recruited to participate in this study. The discussions are expected to take 50 minutes to an hour. During the discussions, an audio tape recorder will be used to record participants' conversations during the discussions.

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Why have you been invited to participate?
You are invited to participate in group discussions arranged by the researcher to answer questions which seek to understand mentoring as a tool for professional socialisation and development at QMMH since you are a newly qualified registered nurse at the institution.

What will your responsibilities be?
You will be expected to participate in a group discussion with other newly qualified registered nurses from your ward, and answer questions which seek to understand mentoring as a tool for professional socialisation and development at QMMH

Will you benefit from taking part in this research?
There are no personal benefits in this study but it is envisaged that the project will form the foundations in designing ways to improve the mentoring process for newly qualified registered nurses at QMMH in future. This will be an opportunity for you to voice your views and suggestions as novice registered nurses that are likely to inform future practice.

Are there in risks involved in your taking part in this research?
There are no predictable risks for you as participants from participating in this study.

If you do not agree to take part, what alternatives do you have?
If you do not agree to take part in this study you are free to use other alternatives to air your views like on human resources survey questions or during clinical facilitation department in-service trainings.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study but you will have refreshments after group discussions. There will be no costs involved for you if you do take part in this study.

Is there anything else that you should know or do?

If you have any concerns or complaints that have not been adequately addressed by the researcher you can contact the Health Research Ethics Committee at Stellenbosch University in South Africa on 021-+++++++. You can also contact the Nursing Services Manager at QMMH on ++++++. You will receive a copy of this information and consent form for your own records.

Declaration by Participants

By signing below, I …………………………………..…………. agree to take part in a research study entitled "**Newly qualified registered nurses' experiences and perceptions of mentorship in a Public Private Partnership Hospital in Lesotho**".

I declare that:

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- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.
- I understand that the discussions I take part in will be tape recorded.

Signed at (*place*) .... On (*date*) ……………..……….. 2018.

....

Signature of participant **Signature of witness**

Declaration by Investigator

I *(name)* ……………………………………………..……… declare that:

- I explained the information in this document to …………………………………..
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did not use an interpreter.

Signed at (*place*) .... On (*date*) ……………..……….. 2018.

………………………………………………… ………………………………………..

Signature Investigator **Signature Witness**

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APPENDIX B: Data Collection Instrument

Interview Guide Questions

1. What do you understand about mentoring in nursing?

(Note to self: A working definition of mentoring will be provided prior to continuing with the second question)

2. Please tell me your mentoring experiences in the unit where you are currently working.

3. Some nursing work places are described as 'mentoring environments', would you describe the unit where you are currently working in this way? If yes why? If not why not?

4. What do you think of mentoring as a tool for learning and professional development? (Ask participants to elaborate or provide examples)

5. Are there any learning opportunities in your unit? (Ask participants to elaborate or provide examples)

6. What factors support / inhibit learning in your unit? (Ask participants to provide at least two examples of each)

7. What suggestions do you have regarding the mentoring of newly qualified registered nurses?

APPENDIX C: Summary Table of Thematic Analysis

Theme	Sub-theme	Code	Quote	Participant
Participants' perceived need for mentoring	N/A	Need to have someone willing to mentor them	We are basically asking to be helped	FGSa3
			It is unfair that there is no one responsible or hired to help us	FGSb2
			So there is no one who is interested in mentoring us, we are interested in getting mentored, so what we do is ask for help when ever is necessary.	FGSa6
			As newly qualified registered nurses we are struggling, we are not being mentored at all…no one is interested in mentoring	FGSb1
		Lack of support and guidance	I think it would be better if all new nurses are paired with the experienced nurses for a while.	FGM3
			The new nurse should not be given his or her own cubicle. They should be paired with the older nurse who will then guide the new employee.	FGSa3
		Dedicated mentoring time	There should be a stipulated time frame for mentoring	FGSb1
			We should take a longer time working with a senior nurse; I took 12 days working with my senior and after that I was alone in my cubicle. There were issues I could not handle on my own.	FGSa3
			…So I think if we can take at least two months together, then after that I can be alone in a ward."	FGSa2
		Structure for mentoring process	I am sure there are people who love teaching and may be willing to help us.	FGSa5
			If old nurses are not mentoring new ones, they won't have access to evidence based practice shared during mentor and mentee interaction.	FGSb1

Theme	Sub-theme	Code	Quote	Participant
Participants' perceived barriers and enablers to the mentoring process	Perceived barriers	Ward rotations for novice nurses	I would have loved to be placed in maternity, I aspire to become an advanced midwife and I love babies.	FGM6
			I am learning in medical wards, it's true but I have a goal; I want to be a nurse anaesthetist. So being in the ward where I can gain relevant exposure would be better.	FGM1
			If only we were given a chance to rotate and experience different departments and people	FGSa2
		Experienced nurses workload	……it's really busy you know; and gets really difficult for experienced nurses, they can't be teaching when there are patients to be saved	FGSb1
			Shortage of staff also impacts negatively to our learning. If in the ward there is only one experienced nurse and the novice nurses, she won't be able to teach and do nursing duties at the same time, even when she is willing to help it is not easy	FGSa4
		Workload for novice nurses	OH! The new person should not be given his his/her cubicle, they should be paired with the older one for guidance	FGSa1
			I think the workload for newly registered nurses should be reduced, when one first enters the ward, there are many patients and then there is just too much to do.	FGSa6
		Inadequate induction processes	I found it challenging not to be oriented on the important principles and what is expected of me	FGSb6
			…Especially with paper work, when you have never come across so much paper work, you are going to have a problem catching up. It is too much we should really get a thorough orientation with paper work.	FGSb5
			I wasn't taught, like, nobody sat with me to tell me how things like quality improvement projects are done and how to compile reports of such nature. You will only be perplexed when at the end of the quarter they ask of different reports like infection control which you were not aware of.	FGM1

		Negative attitude of more experienced nurses	You know there are these nurses who had bad experiences when they were new and they sort of project their anger to us, they don't treat us well you know	FGM2
			Someone may help you with something but you could see from their facial expressions that they are irritated and are not willing to help.	FGSb3
			The attitude of senior nurses really, some are really not easy to work with, it's really tough.	FGSa6
			I don't know but I think most of the nurses are self-centred, it's like if they show you things you will become smarter than them, or be something better.	FGSb1
		Lack of access to standard operating procedures and guidelines	….for instance, if we admit a confused patient, we should have that policy that says what should be done before the patient could be seen by the doctor.	FGSa4
			I think there should be written guidelines, so that new nurses can read on their own spare time. So that they can know how to handle things in the wards to make their work easier.	FGM4
			There should at least be reference books for those conditions that are familiar in the ward so that we could always refresh and read about it, that could also help.	FGSa5
	Perceived mentoring enablers	Multi-disciplinary team	I can say we learn a lot even from other health professionals when doing rounds, and we have a chance to ask questions regarding the patients and their general management.	FGM5
		A well-equipped facility	Unlike the hospital where I was trained, this place has all the equipment necessary for management of our patients and learning becomes easier when there are resources and materials to use.	FGSa5
		Working hours per shift	The 12 hours that we spent here could be an advantage for mentorship	FGSb1
		Welcoming attitudes in wards	The nurses I work with are always willing to help and assist in every way they can, they tell me that it's ok not to know these things and that I will improve with time.	FGM4

			I work with friendly and welcoming staff that was always willing to help me, I have never felt left out	FGSa1
			Those people help you such that the next day you are able to do things without guidance.	FGM7

APPENDIX D: Focus Group Discussion 3; Surgical Group b

Moderator: Welcome all to our discussion group, my name is Moratuoa. I'm with the group of registered nurses, the newly qualified, who are working at Queen 'Mamohato Memorial Hospital. So you are all welcome, and feel free to participate

Audience: Thank you.

Moderator: All right, um, I just want to get from you, uh, your understanding. What do you understand by mentoring? In nursing?

Participant 1: Ok. I think mentoring means that, uh, somebody who is superior to you all, coequally with you as just practically teaching you to have a better skill that you already have. She is just helping you to acquire the [perfection] level.

Participant 2: I think mentoring would, in, in our instance would be, being shadowed by a superior as, as she said. Who is basically helping you in acquiring skills that you might have or not have, basically a teacher?

Participant 3: Well, I can say, eh, mentoring can also be, um, a guidance, eh, provided by a superior to the subordinates, if I may can, if I may say. Eh, of how things are done at **[inaudible]**

Participant 4: Or also giving information to your superiors, like my colleagues have just said. By someone who is more qualified than you

Moderator: Mm.

Participant 5: I would also say that, eh, mentorship it's **[unintelligible]**. I think it's someone who, who is superior to you but provides you with motivation in the field you are in.

Moderator: Ok. A motivational somebody. Um, that's basically what it is, um, mentoring in nursing. Um, it's just in simple terms; it's an ongoing developmental relationship between a seasoned nurse or more experienced nurse and a less experienced one. Where they share the experiences, whether being skill, knowledge, attitude. So both would be developing through that type of relationship. So, eh, having understood what mentorship is, then we can continue, eh, with how you feel, what's your me-, experiences? In the units that you come from, the surgical? What can you say about your experience where you are currently are, what's your experience with mentoring or mentorship?

Participant 1: **[clears throat]** Ah, I cannot say the, the mentoring is quite happening in the wards. Eh, in our units it's more of us sucking it out by force. Basically we ask our superiors to teach us. The . . . I think mentoring should go both ways where the superiors

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interested in teaching and me as the learner is interested in learning. But in our units it doesn't go both ways, it's one way street where we are constantly asking questions. We are learning through trial and error, we are getting things wrong. And then how we learn it's when we're reprimanded that; you were not supposed to do this, you were supposed to do this. That's the only way we learn. So we cannot really say we are being mentored fully

Participant 6: **[clears throat] [laughs]** Eh, what I can say also is that, it's not happening at all mentoring in our wards. Because like she said; we as nurses, the newly qualified ones we are the ones to . . . we are struggling. No one is teaching us with anything, no one is providing us with any information. So we are the ones to dig for ourselves and find what the good thing is. There is no one who is mentoring us; we are not being mentored at all.

Participant 5: Well, like the . . . my colleagues have said, ah, there is no mentorship in this, eh, in our ward. Because you have to be the one to be basically running after somebody to give you that. But we cannot say its 100 percent like that because there're those individuals who are willing to be helping you. So we are not sure if, uh, there is that somebody who is assigned to do that for somebody who is new. Or it's just somebody who is willing to help you to become a better nurse, just because she sees your potential or because she just wants you to be the best.

[Coughs from background]

Moderator: anything else?

Participant 6: All said.

Moderator: Umm, there're places or areas or environments, like that we can call a mentoring environment. Um, would you describe the units where you are based as a mentoring environment?

Participant 2: I think like we initially said, we believe to say we're really, really getting mentored, it would mean someone who is willing to teach us what we don't know. Or to help us sharpen what we know. But in our instance it's a case of me as an individual going to someone and asking if I'm doing right. That's like dragging someone to mentor me. So there is no one who is interested in mentoring us, we are interested in getting mentored. So what we do is we ask to be mentored, but no one is interested in helping.

Moderator: Yes?

Participant 4: Like you said is it's . . . you said it's an ongoing process. But it's not happening in our ward because we . . . we are the ones who have to be basically digging for, for, for, a mentor to be on your side. It's not happening that way, the right way if I may say.

Moderator: Somebody with any other different view, maybe?

Participant 1: I would say that, in our wards it's, it's, it's busy it's hectic. No one has time to mentor another individual, they just focus on their job and you focus on yours. Where you, you get a problem that's when you can ask.

Participant 4: Can I just . . .

Moderator: Yah.

Participant 4: And I, I don't know if I'm getting it quite right. But when somebody mentors you, it's because she wants you to know and have a package of what you have to know. But basically what happens is that; when you ask, that somebody just tells you that thing that you don't know. That is what happens, she is not telling you the full . . . not giving the full story of what happens or what you have to do. She jus-, if I write something and she says; no, this one is wrong. That is what happens, so I cannot say it's mentoring. You are basically using your head but somebody just make . . . makes it . . . just polishes and then says, this is ho-, what you have to do.

Moderator: OK. In your own view, do you see or do you feel like mentoring can be a teaching . . . a learning tool that can be used? Umm, a tool that we can use for learning as professional nurses?

Participant 3: In a manner that your, your mentor helps you learn all those things that you don't know. For example; in the ward we've said that you won't, you, you'll not know some of the things to do or not to do. So when a mentor, when a mentorship comes along, she or he tells you; ok, this is how you do it, it's . . . this is done this way, you don't do this. So you are learn-, you are learning in that manner.

Moderator: Mm-hmm.

Participant 1: there is a scenario where I as a newly qualified nurse I'm transfusing a patient. And then my assigned or designated mentor is with me, eh, she has the guidelines, but maybe say she has the old guidelines for blood transfusion. She then tells me to, eh, put up, eh, an IV line, normal **s**aline. But I, I know there isn't, there isn't guideline that say; do not give, eh, normal Saline for those reasons. Now I teach her about that, now there is learning and, and . . . there is learning and, yes there is that learning. Even though she is superior and I'm the, the small one, the, the **[nurselet].** But, but should sh-, was she not mentoring me, she wouldn't have known about the new guidelines. So I think it goes both ways, there is . . . the teaching and learning that happens during mentoring.

Moderator: OK. So we are . . . we can use mentoring for teaching, for learning, for professional development. Um, do you . . . do you think there are any learning opportunities in, in, in places where you are based? Like your units where you come from now? Can we say

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there are any learning opportunities for you? Considering that you are from school, this is your first year at work. Umm, are there any learning opportunity that we can point out and say; yah, um, maybe with examples?

Participant 5: I think so, I think so. Eh, I think for instance, there are so many things that we did in theory and never did in practical. We, we've heard of them but we haven't seen them. And then we get to hospital settings, we meet them for the first time, we learn about them. You would go back to the books and then try to put the image that you saw life to the one that the book is describing. So I think it does, the, the . . . we do learn e-, new things straight from [school].

Moderator: Mm-hmm. Somebody else.

Participant 1: Yes, I think, uh, she is, she is . . . she is right. I think I'm just going to repeat what she just said. It is . . . um, like we said, the, the ward is very busy and there are so many people coming with different diseases. Or like, let me say diagnosis, so it exposes us to see everything that we haven't seen; that we have just heard of, just from reading it, from the theory. So yes it does.

Moderator: what do you think of the learning opportunity? Umm, just to make it . . . make that clear, because you are new, do you think in future what you get now you can be able to look back and say; I am because I was. Like can you envision yourself developing, going forward, doing something because of the exposure or the experience you are getting presently?

Participant 1: OK. Like we said, because we have to dig even harder to get what you want to get. So yes, I think **[laughs]**, I think I can be able to look back in the future and say; yes, I am here where I am because I had to work hard. Because most of the people, like in our wards, in our wards setting; they are more of . . . like they are self-centred, I can say. So it's like when mentoring you, they would think you would even gain more knowledge than they already have.

Participant 7: Yah, **[crosstalk]** you are coming to be . . . become-, you are going to be above them **[laughs]**. You see **[laughs]**. Yes, this is why I think, they, they, they are self-centred. So to get what you want in the wards, in our settings, you have to do your things and learn the hardest way.

Participant 1: Well, I would just agree with what **[foreign]** has just said; because you struggle. And there is exposure; yes, to all the things that you didn't get exposed to while you still in school. So you do it yourself, you want to know; how can I help this patient, how do I deal with this condition. So you are learning but basically on your own. But you are learning.

Moderator: ok; what could be the factors that inhibit this learning? Or if any factors that, that, um, support?

Participant 5: Well, basically I would say attitude, the first one is attitude.

Participant 3: And then I think the second one can be; how busy our wards can be . . .

Participant 4: . . . mmm, too much pressure.

Participant 1: it's really busy. When it gets really busy we can't be . . . you can't be teaching me when another patient is gasping. So you have to let me do things on my own. Save this patient and then you save the next one. So it gets really busy at times.

Moderator: OK. On the attitude thing, whose attitude?

Audience: The mentor's.

Participant 4: It could also be both ways . . .

Participant 6: both ways, yah.

Participant 3: It can also be coupled with self-centredness.

Audience: Mm (agreeing)

Participant 2: Like if I mentor him or her she may be more . . .

Audience: smarter (agreeing)

Participant 2: Or if he mentors me, he will think I don't know things. So I'm not gonna let him think I don't know anything **[crosstalk]**

Participant 5: Because during the mentoring I, I tell what I know, and what I have learned what I've learned. And you give me what you know and what you've learned. So basically we are helping each other learn.

Moderator: Hmm, so ok, is the attitude, the busyness of our units, umm, what else could it be?

Are there any supporters for our learning?

Participant 1: Yes, the time frame that we spent here. I mean the 12 hr shifts

And the equipment **[Crosstalk]**

Moderator**:** how so?

Participant 1: The time we spent here at work is long enough allow for mentoring sessions

Participant 6: We have good equipment, and a multi-disciplinary team

Moderator**:** OK. Exhausted?

Participants: No **[laughs]**

Moderator: anything else?

Moderator: OK. Um, then lastly, I just want from you suggestions, this time how would you wish this whole thing of mentorship should go like? What . . . how do you think it would be better, eh, what can you say about anything about mentorship of newly qualified registered nurses? Anything else? Yes.

Participant 1: Well, I think there should be somebody who is assigned to do that, not that somebody should volunteer to do that on their own. Because people are not the same, we talked about attitude. There are some people who have that attitude that might be willing to help you or others judges, so not minding you, they are minding their own business. So there should be somebody who is w-, assigned to do that, they should take you through the, the whole process. I'm not saying they should monitor you your whole life but there should be that time frame that is put for somebody to, to be mentored, a month or so to be mentored. So that you'll become the best. So that we produce the quality care that we, we really need as the facility.

Participant 2: I also think if there were, like the student mentoring sheets but the-, this should be work mentoring sheets. Every registered nurse whether, eh, whether she has been here for 15 years she must have eh, say few procedures or people that she says; I mentored, I helped them do this and this, and those people should also co-sign that; yes I did this. Because if I came and said I mentored five and then I'm just faking. So there should also, eh be mutual agreement that yes indeed you, you, you mentored me.

Moderator: Something else, anything else, any suggestion, anything at all?

Audience: that's about all.

Moderator: Aha, um, if that's all then it puts us at the end of our discussion, and thank you so much.