THE ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION AT A PUBLIC HOSPITAL IN WINDHOEK, NAMIBIA

By

Sagwa Munezero Clemence

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Supervisor: Mrs. Dawn Hector

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DECLARATION

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ABSTRACT

Background: Nursing documentation constitutes an integral part of nurse's daily work and contributes towards monitoring and improving the quality of care delivered to patients. Failure in nursing documentation has been attributed to many factors such as staff shortage, lack of documentation material, limited knowledge and skills and lack of support and supervision from nurse leaders. Therefore, there is a need for nurse leaders to provide supportive supervision to positively influence nurses' level of documentation, which is vital to healthcare quality assurance.

The aim of the study was to investigate the role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia. The objectives were to determine the formative role, the normative role and the restorative role of the nurse leader in overseeing nursing documentation.

Methods. A quantitative cross-sectional, descriptive design was applied. The population comprised 332 nurses working in various departments of the study hospital and the calculated sample size was n=196. The Brigid Proctor model of clinical supervision informed the conceptual framework for the study. The researcher obtained ethical approval from the Health Research Ethical Committee (HREC) of Stellenbosch University, from the research committee of the Ministry of Health and Social Services (MOHSS); and clearance from the hospital management. Informed consent was also obtained from each participant. A pilot test was done to assess the feasibility of the study. Data were collected using a questionnaire developed by the researcher and distributed to the participants, with a return rate of N:139 (71%). Analysis of data was done by descriptive and inferential statistics.

Results: The study revealed aggregate score of 50% or more of nurses were pleased with the support they received from the nurse leaders in their formative, normative and restorative role. However, not all nurses were satisfied with all aspects of the support provided by the nurse leaders in their departments. The demographic characteristics (age group, gender, qualifications, experience) of the nurses were statistically significantly

($p<0.05$) associated with nurses' responses for the formative, normative and restorative domains of the Proctor model.

Recommendation: A call for the hospital management to empower the nurse leader in strengthening their role of overseeing nursing documentation, which contributes to improving the quality of documentation.

Conclusion: Nurse leaders in their formative, normative and restorative roles can assist subordinate nurses to become better professionals by providing them with the support needed in their daily activities which can promote proper nursing documentation and improve the quality of healthcare.

Key words: *nurse leader, clinical supervision, nursing documentation, record keeping, healthcare quality*

OPSOMMING

Agtergrond: Verpleegdokumentasie vorm 'n integrale deel van die verpleegkundige se daaglikse werk en dra by tot die monitering en verbetering van die kwaliteit van sorg wat aan pasiënte gelewer word. Mislukking in verpleegdokumentasie word toegeskryf aan baie faktore soos personeeltekorte, gebrek aan dokumentasiemateriaal, beperkte kennis en vaardighede en gebrek aan ondersteuning en toesig van verpleegleiers. Daarom is daar 'n behoefte aan verpleegleiers om ondersteunende toesig te verskaf om verpleegsters se vlak van dokumentasie positief te beïnvloed, wat noodsaaklik is vir gesondheidsorggehalteversekering.

Die navorsingsdoel vir die studie was om die rol van die verpleegleier in die toesig oor verpleegdokumentasie by 'n openbare hospitaal in Windhoek, Namibië, te ondersoek. Die doelwitte was om die vormende rol, die normatiewe rol en die herstellende rol van die verpleegleier ten opsigte toesig te hou oor verpleegdokumentasie, te bepaal.

Metodes. 'n Kwantitatiewe beskrywende dwars-snit ontwerp is toegepas. Die populasie het uit 332 verpleegkundiges werksaam in verskeie afdelings van die hospitaal onder studie en die berekende steekproefgrootte was n=196. Die Brigid Proctor-model van kliniese supervisie het die konseptuele raamwerk vir die studie ingelig. 'n Loodstoets is gedoen om die uitvoerbaarheid van die studie te bepaal. Data is ingesamel met behulp van 'n vraelys wat deur die navorser ontwikkel is en aan die deelnemers versprei is, met 'n responsekoers van 139 (71%). Ontleding van data sluit in beskrywende en inferensiële statistieke. Die navorser het etiese goedkeuring verkry van die Gesondheidsnavorsingsetiese Komitee (HREC) van die Universiteit Stellenbosch, van die navorsingskomitee van die Ministerie van Gesondheid en Maatskaplike Dienste (MOHSS); en klaring van die hospitaalbestuur. Ingeligte toestemming is ook van elke deelnemer verkry.

Resultate: Die studie het getoon dat 'n totale telling van 50% of meer van verpleegkundiges tevrede was met die ondersteuning wat hulle van die verpleegleiers ontvang in hul vormende, normatiewe en herstellende rol. Nie alle verpleegkundiges was

egter tevrede met alle aspek van die ondersteuning wat die verpleegleiers in hul departemente verskaf het nie. Sommige van die demografiese kenmerke van die verpleegkundiges was statisties betekenisvol ($p<0.05$) geassosieer met verpleegkundiges se response vir die formatiewe, normatiewe en ondersteunende domeine van die Proctor-model.

Aanbevelings: 'n Oproep vir die hospitaal om die verpleegleier se rol te versterk omdat dit die verpleegsters kan bemagtig en verpleegdokumentasiepraktyke kan verbeter, en sodoende die kwaliteit van sorg wat aan pasiënte gelewer word, verbeter.

Gevolgtrekking: Verpleegleiers in hul vormende, normatiewe en herstellende rolle kan ondergeskikte verpleegkundiges bystaan om beter professionele persone te word deur aan hulle die nodige ondersteuning te bied in hul daaglikse aktiwiteite wat behoorlike verpleegdokumentasie kan bevorder en die kwaliteit van gesondheidsorg kan verbeter.

Sleutelwoorde: Verpleegleier, kliniese toesig, verpleegdokumentasie, rekordhouding, gesondheidsorgkwaliteit.

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With sincere appreciation,

Clemence M. Sagwa

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ABBREVIATIONS

AACN	American Association of Colleges of Nursing
CNL	Clinical Nurse Leader
MOHSS	Ministry of Health and Social Services (Namibia)
SA	South Africa
SANC	South Africa Nursing Council
SPSS	Statistical package for social sciences
UK	United Kingdom
USA	United State of Amerika
WHO	World Health Organization
EN	Enrolled nurse
RN	Registered nurse

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

The nursing practice entails a wide range of interventions that nurses should accomplish to achieve positive organizational outcomes; documentation is one of these practices (Mathioudakis, Rousalova, Gagnat, Saad & Hardavella, 2016:371). Nursing documentation, the formal or official written record of the healthcare planned and rendered to patients by a qualified nurse, is an important function of professional nursing practice (Okaisu, Kalikwani, Wanyana & Coetzee, 2014:1).

The quality of patients' nursing records plays a very important role in the delivery of quality healthcare service to patients as it enhances effective communication amongst different healthcare team members to facilitate the provision of quality healthcare and to ensure safety of patients (Nakate, Dahl, Drake & Petrucka, 2015:57). Chelagat, Sum, Chebor, Kiptoo & Bundtich (2013;236) also stated that nursing documentation is a permanent part of medical records that should be accurate and reflect the real patient's condition. Therefore, proper nursing records help to improve efficiency and coordination of care within a multidisciplinary health care team (Nakate *et al.*, 2015).

According to the Namibia Health Professional Council (2010:58), nursing records are developed to enable nurses to gather information, conduct discussions, plan, implement and evaluate the outcomes of care, therefore, reflecting the progress healthcare users are making or not making in the care provided to their patients. Inappropriate nursing documentation may lead to failure in communication between nurses and other members of the multidisciplinary healthcare team, which leads to low quality and poor continuity of patient care (Charalambous & Goldberg, 2016:640). This viewpoint was previously held by the American Nurses Association (2010) which stated that poor nursing documentation hampers communication among health care team members or other professionals, which may compromise the quality of care that patients receive.

Proper documentation provides an accurate account or record of the nursing care rendered to patients, which enables review and reflection by other members of the health care team (Abdulazeez, Abimbola, Abolarinwa, Shola & Nkechi, 2015; Muyakui, Nuuyoma & Amukugo, 2019:53; Nakate *et al.*, 2015). However, documentation of patient care is viewed by nurses as a burden, bothersome task, or unnecessary extra work that consumes time that could have been allocated to taking care of patients (American Nurses Association, 2010:3). Inadequate nursing documentation continues to be reported and it is attributed to different factors such as shortage of staff, poor knowledge on documentation, lack of supervision and support, insufficient documentation materials (Asamani, Amenorpe, Babanawo & Ofei 2014; Kamil, Rachmah & Wardani 2018; Okaisu *et al.*, 2014).

A study by Kamil *et al*. (2018:111) revealed that inadequate supervision of nurses in relation to nursing documentation leads to poor nursing documentation. Therefore, one of the solutions to the problem of inappropriate nursing documentation is associated with the role of nurse leaders. They are the front-liners tasked with overseeing the learning, management and improvement of nursing documentation practices within their jurisdictions. They are exposed to and also empowered to exercise the supervisory and leadership aspects of nursing management, which help them to become more influential in executing their roles (Larsson & Sahlsten, 2016:2).

There exist few studies specifically focusing on clinical nurse leaders and how their leadership and supervisory roles can lead to improvement of nursing documentation practices at health facilities; and thus, contributing to improving the quality of nursing care and patient safety in a health system.

A study done in South Africa highlighted the scarcity of published local studies done in the area of clinical or nursing leadership, yet this role is important in improving hospital performance in achieving better patients' outcome (Doherty, 2013). Another study done in Indonesia by Kamil *et al*., (2018:111) revealed that nursing documentation remains problematic and this can be attributed to inadequate supervision of nurses on nursing documentation; competency issues in documentation and lack of confidence and motivation on documentation.

A study in Uganda also explained that, in spite of numerous improvement efforts made globally, inadequate documentation continues to be reported by many nurse authors (Okaisu *et al.*, 2014:1). According to Johnson (2011:1), nursing documentation is a crucial part of nursing care, which enables and facilitates collaboration among health care providers. Furthermore, in most developing countries, especially in sub-Saharan Africa, nursing documentation is done inappropriately (Johnson, 2011).

One of the nurse leader's roles is to empower nurses by removing or managing the hindrances that prevent them from proper nursing documentation, which contributes to better patient outcomes (Yuswanto, Ernawati & Rajiani, 2018:561). This supervisory role in ensuring proper documentation of nursing care is the cornerstone of this study. This study assesses the role of the nurse leaders in overseeing nursing documentation at a public sector hospital in Windhoek, Namibia.

1.2 RATIONALE

Nursing documentation is an area of great interest to the researcher in this study. Having worked as a registered nurse at a state hospital in Namibia, the researcher has realized that nursing documentation is not done appropriately to meet the desired quality standards. From the researcher's own experience, the nurses she has previously practiced with have complained about the many documents that need to be completed within a limited time frame and with limited resources. Often, the nurses fail to complete the required nursing documentation appropriately, thus, they do not meet the standards of proper nursing documentation.

Furthermore, patients are becoming more aware of their rights, and have started taking hospitals to court as revealed in a study done in Taiwan about nurse practitioner, medical negligence and a crime (Huang, Sun & Lien, 2015). Regrettably, nursing records are mostly unavailable or incomplete to support the hospital's defense in cases of litigation by patients and patients' relatives. This was evidenced in a case of Namibian women who claimed to be victims of forced sterilization and they won the case because of lack of adequate documentation to be used as defense by the Government (Nyasha, 2014).

Reflecting on personal experience, the researcher of the current study realized that there is a need for more supervision and support from the nurse leaders to encourage, empower and facilitate nurses in improving nursing documentation in clinical practice. The above experiences and observations were the motivation to conceptualization, planning and implementation of this study to assess the role of nurse leaders in overseeing nursing documentation.

1.3 PROBLEM STATEMENT

A problem statement describes the specific gap in the knowledge or evidence base needed for improving professional nursing practice (Grove, Gray & Burns, 2015: 131). Nursing documentation appears to be problematic in the hospital environment in Namibia. If the nursing records are not up to standards, they are likely to negatively influence continuity of care and jeopardize patient safety and quality of care. Nurse leaders in their role, oversee nursing documentation at health care facilities. Therefore, in their formative, normative and supportive roles, nurse leaders provide support to the subordinates and oversee nursing documentation.

The chances and occurrence of incidents of poor documentation may increase if nurse leader's role of overseeing documentation is not well executed and strengthened. Poor nursing documentation can lead to legal actions against the hospital and the nurse practitioners may lose their practicing licenses (Andrews & Aubyn, 2015). With poor documentation, there will be interruptions in the continuity of patient care, which may compromise the quality and safety of patient care. This can also lead to poor patient care by other healthcare teams and increased medico-legal risks. Furthermore, poor documentation can hamper the conduct of clinical research or operational studies that rely on patient history from records. In the worst-case scenario, poor documentation can lead to serious errors in medical care and even patient death. Nevertheless, nurses are being confronted with lawsuits and other forms of disciplinary proceedings as a result of poor documentation (American Nurses Association 2010; Asamani *et al.*, 2014; Chelagat *et al.*, 2013; Mutshatshi, 2018).

In the Namibian health setting, no research so far has evaluated or assessed the supervisory role of the nurse leader in overseeing nursing documentation and how this

role can improve the quality of nursing documentation, clinical nursing care and patient safety. There is a knowledge gap in this important area of nursing practice in Namibia. This study intends to fill this knowledge gap.

1.4 RESEARCH QUESTION

A research question is an interrogative statement in present tense that aims to guide the design and implementation of a research study (Grove *et al.,* 2015:147). It is also further explained by Creswell and Creswell (2018:229) as a statement aiming to inquire about the relationships among variables that the researcher wants to know more.

By answering the research question, more knowledge about the research topic is unveiled. The research question for this study is:

> What is the role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia?

1.5 RESEARCH AIM

The research aim is a clear, concise, declarative statement which is expressed in the present tense that specifies the overall goal or objective of the study (Grove *et al.*, 2015: 145).

The aim of this study is to investigate the role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia. Ultimately, the findings will lead to policy changes at organizational and national level that will prompt efficiency in documentation by nurses in all Namibian hospitals.

1.6 RESEARCH OBJECTIVES

Based on the aim, the following objectives have been defined for the study to help investigate the role of nurse leaders in overseeing nursing documentation at the selected public hospital in Windhoek, Namibia: The specific objectives are to:

- Determine the formative role of nurse leaders in overseeing nursing documentation at a public sector hospital;

- Determine the normative role of nurse leaders in overseeing nursing documentation at a public sector hospital;
- Determine the supportive role of nurse leaders in overseeing nursing documentation at a public sector hospital.

1.7 CONCEPTUAL FRAMEWORK

“A concept is the basic element of a theory”. It explains the ideas relevant to a theory. Concepts are the building blocks in a theory, and they are interconnected (Grove et al., 2015:190). A framework is a network of linked concepts which guide the researcher in the development of a study as explained by Grove et al. (2015:198).

This study is based on the Brigid Proctor Supervisory model (see figure 1.1). This model has been mostly used in studying clinical supervision. The key concepts and elements of this theoretical model include the formative, normative and supportive functions of the supervisor, also known as accountability, skill development and support role. Proctor views supervision as a co-operative engagement between two stakeholders (the supervisor and supervisee) aiming to achieve the same goals (Cutcliffe, Hyrkäs & Fowler, 2015). The Proctor's three function interactive model has been used in many countries including United Kingdom as a clinical supervisory model and it is recommended as a guide for supervisory practice and evaluation (Ning & Costello, 2016).

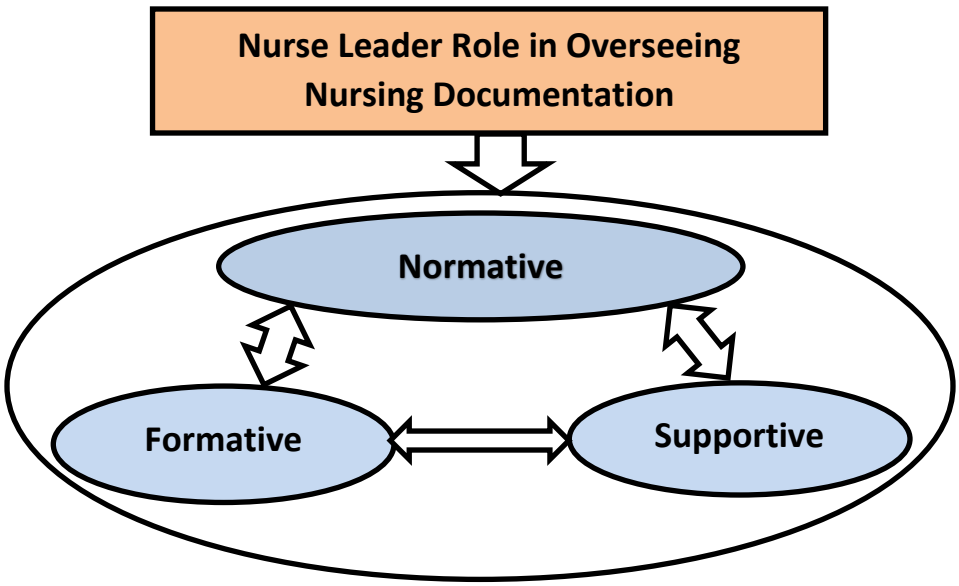

Figure 1.1: Brigid Proctor Supervisory model adapted to the role of the nurse leader in overseeing nursing documentation.

1.7.1 Formative/ Educative Role

The educative aspect of the model is to assist the supervisees to improve their knowledge and skills, improve their ability to solve problems, give constructive criticism and constructive feedback; and assist them to realize their potentials, which include helping them to appreciate their own abilities, leading to their professional identity, growth and development (Cutcliffe *et al.*, 2015). The nurse leaders, in their roles, ensure that the supervisees are empowered with continuous professional development; in-service trainings are always carried out; facilitate orientation and induction programs for the new appointees; ensure regular quality checks and provide constructive feedback on how to improve nursing documentation.

1.7.2 Normative/ Managerial Role

This function involves the creation, fostering and assurance of a conducive work environment for the supervisees; assisting the supervisees to familiarize themselves with the organization policies and procedures; increase their awareness to relevant ethical and legal aspects of the profession and increase their compliance with regulatory and professional code of conduct (Cutcliffe *et al.*, 2015). In their duty of overseeing nursing

documentation, the leader ensures the availability of needed resources; that nursing documentation is done to the highest standards of healthcare and follow the organizations' (hospitals) internal policies and procedures. The nurse leader ensures that audits of nursing records are done regularly, and feedback is provided for improvement purposes.

1.7.3 Restorative/ Supportive Role

This function considers the impact of nursing work to the supervisees and offers the needed emotional, psychosocial, and professional support. It involves building a good interpersonal relationship between the supervisor and the supervisees. With a good working relationship, the supervisees are free to discuss their problems and challenges with the supervisor and the support is given where needed, and motivation too (Cutcliffe *et al.*, 2015). In their duty, nurse leaders strive to ensure a trusting relationship is built; and provide support and motivation to the supervisees. Where there is a lack in required competencies, support for capacity building is given. Furthermore, the supervisor assesses the response of the nursing staff to the support rendered. In their duty to oversee nursing documentation, the nurse leaders are required to build and maintain trusting relationships with the subordinates where they are free to discuss challenges they face in nursing documentation and plans for improvement.

1.8. RESEARCH METHODOLOGY

This section covers a brief overview of the research methodology employed. A detailed description of the steps is contained in chapter 3.

1.8.1 Research Design

A quantitative study design using a cross-sectional, descriptive research method was applied in this study.

1.8.2 Study Setting

The study was conducted at a public sector hospital located in the central city of Windhoek, the capital city of Namibia. The researcher chose this hospital because it is well staffed, and the participants were sufficient for the study. The hospital under study is the only referral centre that admits patients from all 14 regions of the country.

1.8.3 Population and Sampling

The targeted population included a total of 332 nurses working in all departments in the above-mentioned hospital of which 41% were enrolled nurses (n=136) and 59% were registered nurses (n=196).

A stratified random sampling method was used to select a sample of 59% (n =196) with the help of a statistician from the university. The return rate was 70% (n =139).

1.8.4 Data Collection Instrument

Data collection is the process of selecting subjects and gathering data from them (Gray *et al.*, 2017:769). The data collection instrument used in this study was a self-administered structured questionnaire which was developed by the researcher and distributed to the study participants. The questionnaire was based on the study objectives, the conceptual framework, and the literature review to answer the research question. The instrument consists of close- ended questions and Likert scale questions.

1.8.5 Pilot Test

A pilot test was conducted before the main study. With the help of a statistician, a proposed 10% of 332 nurses (n= 33) from each category of the participants participated in the pilot test which was conducted at the same public hospital.

1.8.6 Reliability and Validity

Validity

Validity is how well the instrument reflects the abstract concept under investigation (Grove *et al.*, 2015:290). To ensure validity, the developed instrument was subjected to experts input to ensure that the questions are aligned to the objectives of the study and adequately answer the research questions.

Reliability

Polit and Beck (2017:550) define reliability as the extent to which scores from the instrument are free from measurement errors, it is about consistency of a measurement tool. To ensure reliability, a pilot test was conducted before the main study. Reliability was achieved with a higher Cronbach' alpha following the analysis of the pilot test data. For

each domain, the Cronbach' alpha gave indication of good internal consistency of the scale questions and therefore, good reliability. The values of the Cronbach's alpha coefficient suggested adequate internal consistency reliability of the subscales with formative domain score of 0.76, normative domain score of 0.73 and restorative domain score of 0.87.

1.8.7 Data Collection

The researcher collected primary data from participants. The questionnaires were administered to willing participants in a sealed envelope while on duty either during day or night shift. On completion, the participants had to drop the questionnaires in a box from which the instrument could not be retrieved once deposited and the researcher could collect the box afterwards at the end of the shift. Voluntary consent for participation was obtained from participants.

1.8.8 Data Analysis

Data was captured by the researcher to the Excel spreadsheet to facilitate analysis. Analysis was achieved using the Statistical Package for Social Sciences software (SPSS version 27). The Biostatistics Unit at the Faculty of Medicine and Health Sciences at Stellenbosch University was helpful during the statistical analysis phase of the study.

Descriptive statistics were used to summarize the demographic variables including age, gender, professional nursing qualification, years of experience and the hospital department where the participant was working at the time of the study. Since the data for these variables were categorical (nominal and ordinal), absolute counts and relative frequencies (percentages) were calculated and presented in tables and graphs.

For the inferential statistics, the non-parametric statistical analysis of correlations or associations using the Chi-square test for categorical variables was used to compare two or more categories. Correlations between two dependent variables were made using simple bivariate cross-tabulations, at the 5% level of significance of the Chi-square test.

Comparisons between independent and dependent variables were further analyzed using univariate logistic regression. The results of the logistic regression were reported as point

estimate Odds ratio (OR), the 95% Confidence Intervals (CIs) and the corresponding p-values at the 5% level of significance. P-values less than 0.05 were considered statistically significant. This helped to identify statistically significant differences between the independent and the dependent variables.

1.8.9. Ethical Considerations

The study was reviewed by the Health Research Ethics Committee of Stellenbosch University and ethical approval was obtained before conducting the research (S20/11/310 annexure 1). Following the ethical approval from the university, the researcher also got the approval from the Research and Ethics Committee of the Namibia Ministry of Health and Social services. Approval from the management of the State Hospital under study was then obtained. The ethical principles such as the right to self-determination, anonymity, confidentiality, beneficence, non-maleficence, and justice were practiced.

1.9. OPERATIONAL DEFINITIONS

Nurse: Refers to a registered nurse or an enrolled nurse who is registered or authorized to practice under the Allied Health Services Professions Act, 1993 (Act No. 20 of 1993) (Namibia Ministry of Health and Social Services, 2004).

Nurse leader: For the purposes of this study, we define a nurse leader as a registered nurse with a degree or diploma in nursing science, who is experienced in the unit/ ward/ department, who offers supervision to other junior registered nurses or enrolled nurses, who also ensures smooth running of activities in the unit/ ward and work well with other healthcare team members to ensure patient safety and quality care (Doherty, 2013).

Nursing Documentation: The record of nursing care that is planned and rendered to patients by a qualified nurse. It serves as evidence to show that nursing care was rendered (Chelagat *et al.*, 2013; Namibia Nursing Council, 2010).

Overseeing: Derived from the verb “to Oversee” which means to supervise, be in charge of a person or their work. In the study, overseeing is used interchangeably with

supervision. The nurse leaders apply their formative, normative and restorative roles to oversee nursing documentation (Dictionary.com).

1.10. DURATION OF THE STUDY

The study was completed within a period of 2 years, 2020 - 2021. Ethical approval from the ethics committee of the university was obtained on 11 December 2020. The approval letter from the ethics committee of the Ministry of Health and Social Services was obtained on 04/02/2021. Permission to conduct the research from the hospital under study was received on 09/03/2021. Appointments were made with the heads of department and the researcher discussed the project with them in March 2021. Data collection and analysis for the pilot test were done in April - May 2021. Data collection for the main study was done between June and July 2021. The data analysis was done in August/ September and the final thesis was submitted on 01/12/2021.

1.11. CHAPTER OUTLINE

The thesis outline is as follow:

Chapter One: Introduction

In this chapter, a brief background, rationale for the study, objectives and a brief overview of the methodology as applied in this study, including the ethical considerations, were provided

Chapter Two: Literature review

A comprehensive literature review related to the study is presented in this chapter.

Chapter Three: Research methodology

Outlines how the study was conducted, the population, setting, participant sampling, data collection process, data analysis and ethical considerations. The research methods and procedures used to achieve the aim and objective of the study are discussed in detail.

Chapter Four: Data analysis and results

The findings are presented using tables, figures and graphs in relation to answering the

research question.

Chapter Five: Discussion, conclusion and recommendations

Discussions of the results, conclusions about the research question and recommendations for nursing practice and future research are highlighted.

1.12 SIGNIFICANCE OF THE STUDY

The study aspired to investigate the role of the nurse leader and how this role improves the quality of nursing documentation, therefore, promoting patient safety and quality of care. The findings of this study will add to the existing body of knowledge on this area and lead to practical improvement of the role of nurse leaders of enhancing nursing documentation. Furthermore, the findings will be disseminated to the institution involved in the research and will hopefully be used to improve the quality of patient care and patient safety with the involvement of nurse leaders' support.

1.13. SUMMARY

This chapter is an overview of the research process that was conducted to investigate the role of the nurse leader in overseeing nursing documentation to improve patient safety and quality of care. A description of the background, aim, objectives, problem statement, conceptual framework, methodology including study setting, population and sampling is provided. Throughout the study, the relevant ethical principles were upheld to protect the rights of participants.

1.14. CONCLUSION

The nurse leader's role is an important aspect of assuring safety of patients and quality of care. However, this role is not yet fully studied, developed and implemented in our hospital settings. The literature has also revealed that there are gaps in nursing documentation, which may hinder patient safety and quality of care. The researcher, therefore, aims to explore the importance of nurse leaders' roles and provide evidence on how their supervisory role can improve the quality of nursing documentation. The ultimate outcome is to improve patient safety and quality of care.

The next chapter, Chapter Two, is the literature review, which incorporates related research studies, critically analyses the existing evidence in this area, and outlines key definitions and terminologies relevant to this study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The literature review is an important step in research. It enables the researcher to establish what is already known about a research topic, shape or refine the research question, and helps the researcher to properly plan and execute the study *(Grove et al*., 2015:177). The literature review helps to identify the strengths of evidence and to synthesize the evidence related to a problem in nursing practice (Gray *et al*., 2017). The purpose of this literature review is to furnish relevant information including a synthesis of prior studies about the role of the nurse leader in overseeing and ensuring good nursing documentation in healthcare settings. The critical analysis also leads to the identification of knowledge gaps in the literature leading to the justification for conducting the current study.

2.2 Selection and Review of Literature

The literature search was done mostly on various online databases of nursing and healthcare research including: PubMed through the Stellenbosch University library, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database through EBSCO Health, and other online databases like online university libraries and Google scholar.

The search was limited to literature not older than 10 years. However, few references older than 10 years were included where no recent publications were found, or if the paper was pivotal in originating a specific concept, for example, the model of clinical supervision originally introduced by Brigid Proctor. To facilitate the search, the identification and retrieval of relevant information on what has already been discovered about this research topic; a search strategy was developed by first identifying the relevant keywords. The following keywords were identified: *nursing documentation, record keeping, nurse leader, clinical supervision.*

Various combinations of these key search words were then used to locate potentially relevant research publications. The selected papers were then saved in a clearly marked folder for further full reading.

The framework of this literature review is presented in the following order:

- Nursing documentation (documentation practices in Namibia, benefits, challenges, consequences of poor nursing documentation)
- The role of the nurse leader in overseeing nursing documentation
  - Formative role of the nurse leader
  - Normative role of the nurse leader
  - Restorative role of the nurse leader
- Factors that influence the nurse leader role of overseeing nursing documentation
- Summary

2.3 NURSING DOCUMENTATION

Nursing documentation constitutes an integral part of the nurse's daily work (Hameed & Allo 2014:2; Mykkänen, Saranto & Miettinen, 2012:1). The nursing processes are used in nurses' daily activities in different countries globally, in Namibia as well as indicated in a study done in Namibia by Jooste, Van der Vyfer & Van Dyk (2010:88). In the nurses' daily activities, they apply the nursing process in execution of the tasks. This process involves assessment of the planned care, planning of activities, implementing and evaluating patient response, with the intention of preventing or solving a problematic situation in nursing practice (Borsato et al., 2011:528; Jooste *et al.*, 2010:88).

Elsewhere, a study in Finland by Mykkänen *et al.* (2012:1) explained that the nursing process model has been used as a framework for nursing and nursing documentation has conformed to this process. Another study in Indonesia by Kamil *et al.* (2018:111) also indicated that the information provided in nursing documentation should reflect the complete series of nursing processes ranging from nursing assessments to evaluation. The study further explained that the inclusion of documentation as a pertinent role of nurses' professional practice was initiated by Florence Nightingale, and up to now, it is

still recognized as one of the important core competencies of a nursing practitioner (Kamil *et al*., 2018).

The implementation of nursing process allows different nursing services to organize their care through the application of systemized care, which makes it possible to assess the care rendered (Borsato *et al*., 2011:528; Jooste *et al.*, 2010).

Historically, according to Stinnett (1990) in Nakate *et al.* (2015:57), nursing documentation started many years ago with Florence Nightingale. She was a pioneer in the graphic illustration of statistics; she wanted to demonstrate that the death rate from diseases among British soldiers was higher compared to the rest of the population.

Furthermore, Florence Nightingale used the data she captured in her clinical nursing notes and identified the causes of infection among the soldiers during the Crimean War 1. The data helped to reduce the infection and mortality rate amongst soldiers (Harrington, 2019:113). Nightingale explained further the importance of documentation of proper use of air, light, warmth, cleanliness and proper selection of diet with the aim of collecting and retrieving data to assist in proper patient management (Chelagat *et al.*, 2013:236). Documentation during Florence Nightingale' time was mainly based on implementation of doctors' order but today's nursing documentation includes all steps of nursing process from nursing assessment to evaluation (Hameed & Allo, 2014:2). Furthermore, Chelagat *et al.* (2013:236) also mentioned that since the time of Florence Nightingale, nurses have viewed documentation as an important aspect of their professional practice.

Another nurse theorist, Virginia Henderson promoted the use of documentation when she introduced the idea of using nursing care plans to communicate nursing care in the 1930's. However, this health facility-based nursing documentation was discontinued after the patient had been discharged. Since 1970's, nursing documentation has become more important reflecting the changes in nursing practice, in legal and regulatory agency requirements and for compliance with institutional quality assurance guidelines (Chelagat *et al.*, 2013:236). Up to now, documentation of nursing care provided to patients remains important for the continuity of patient care as well as for ensuring patient safety (Søndergaard et al., 2017:1757; Tamil, 2017:121).

2.3.1 NURSING DOCUMENTATION PRACTICES IN NAMIBIA

In the public and private sector of the Namibian healthcare system, nursing documentation remains manual where nurses capture all necessary information on paper registers, patient forms and on printed patient care booklets. Typically, in the Namibian public healthcare facilities, nurses capture patients' clinical information including medical history, vital signs, medication administration, birth and death information; administrative patient information such as hospital admission, transfer and discharge; ward rounds, and financial data predominantly using manual methods.

Sometimes, depending on how a health facility organizes its information system, patient administrative and nursing care information may be documented in more than one document, leading to duplicity of effort. For example, in the public sector in Namibia, at the time of patient admission, some information is documented in the nursing progress report and the same information also recorded in the patient admission register, which makes it time consuming and inefficient for the nurses.

Furthermore, other important nursing activities such as documentation of patients' nutritional status, health education, patients' safety and fall risk prevention are not always up to date due to such inefficiencies (Muyakui *et al.*, 2019). This view was also noted in a study done in Uganda by Nakate *et al.* (2015:56).

The Namibia Nursing Profession Act No. 10 of 1999 stipulates the contents of nursing documentation records that should be kept by registered or enrolled nurses and midwives. It further states that failure to maintain clear and accurate records constitutes improper conduct and misconduct as stated in section 2C of the Nursing Profession Act (Ministry of Health and Social Services, 2014).

The Namibia Health Professional council (2010:58) states in the nurses' scope of practice that nurses must accurately record and maintain a comprehensive account of all nursing interventions provided to patients under their care. Furthermore, the Health Professional Council of Namibia provides guidelines on clinical record keeping, which are applicable to all health care professionals in public sector or in private practice and outlines the information that should be included in the nursing records of each patient.

It further gives clear indications on storage of records by indicating that records should be stored in a safe place and be accessible when needed (Namibia Health Professional Council, 2010:58). Failure to keep accurate and proper records of nursing care is synonymous with failing to provide clinical care services to patients. In case of litigation, the absence of clinical care records amounts to a lack of defense (Namibia Health Professional Council, 2010).

2.3.2 BENEFITS OF GOOD NURSING DOCUMENTATION IN A HOSPITAL SETTING

Nursing records are developed to enable nurses to gather information, engage in discussions, plan, implement and evaluate the outcomes of patient care, thus facilitating evidence for monitoring the progress healthcare providers are making or not making towards meeting the objectives of medical and nursing care or interventions (Muyakui *et al.*, 2019:54; Namibia Health Professional Council, 2010:58; Stewart, Doody, Bailey & Moran, 2017). Importantly, nurses need to document their patient care services to improve quality of care, patient safety and protect themselves legally (Mathioudakis *et al.*, 2016:371; Søndergaard *et al.*, 2017:1757).

A study done in Ghana by Johnson (2011:2) explained that proper nursing documentation is essential for facilitating continuity of patient care. Documentation serves as a way of promoting communication between the health care workers in different domains to ensure the effectiveness of the ongoing clinical care and patient response to treatment (Stewart *et al.*, 2017).

Furthermore, the American Nurses Association (2010:6) noted that nursing records are useful in cases of clinical and health services research, government or other external agency health audit, and for quality improvement initiatives related to healthcare accreditation processes. In this perspective, proper documentation assists to minimize the risk of nursing and medical errors, therefore, contributing towards improving the safety of patients (Nakate *et al.*, 2015:57).

Indeed, Johnson (2011:10) is emphatic that the main value of nursing documentation is its ability to communicate patient's care to members of the health teams, which is of utmost important for the safety of the patients receiving care.

Nursing records are not only important for communication purpose but they also make it possible to assess and evaluate the nursing care given to patients as explained by Borsato *et al*. (2011:528). Therefore, nursing records should be diligently written and compiled to ensure accuracy and reliability of information. This makes the documentation of nursing care to be informative and useful to those who review them (Borsato *et al.*, 2011). As such, nurses should ensure that records are accurate, clear, readable, coherent, and accessible; the records should accurately reflect the patient's health conditions and should be authentic, describing the care that was actually delivered (Chelagat *et al.*, 2013:238).

Furthermore, documentation serves both as an educational tool and a method of monitoring patient's /client's status (American Nurses Association, 2010). It also serves as a legal document, gives credibility to nursing practices, and enhances the professional image (Nakate *et al.*, 2015:57). Okaisu *et al*. (2014;2) conclude that despite the factor that recording consumes up to 50% of nurses' time per shift, it remains an important practice in the provision of patient care because it serves a number of important functions.

2.3.3 CHALLENGES IN NURSING DOCUMENTATION

Mostly, documentation of patient care is viewed by nurses as a burden, or as unnecessary extra work that consumes nurses' time away from rendering care to the patients (American Nurses Association, 2010:3; Andrews & Aubyn, 2015). However, the quality of nursing care documentation is as important as the quality of care rendered to patients. Such documentation is an integral role of nurses in their daily patient care activities; and contributes towards monitoring of care and improving the quality of care delivered to patients (American Nurses Association, 2010:3).

A survey done by the Royal College of Nursing in the United Kingdom showed that a majority of nurses believed that non-essential paperwork had increased over the years, with 81% of them claiming that paperwork prevented them from spending time with patients as stated by Sprinks (2013) in Charalambous and Goldberg (2016:639). Furthermore, failures in nursing documentation were reported in England at the Mid Staffordshire NHS Foundation Trust; this failure was attributed to unnecessary duplication in different paper work (Charalambous & Goldberg, 2016:639). Another study by Okaisu

et al. (2014:2) noted that documentation can be time consuming, stating that it takes up to 50% of nurse's time per shift. The problem with increased work load was also reported in a study done in South Afrika by Shihundla, Lebese & Maputle (2016:2).

A study in Ghana by Asamani *et al*. (2014:48) investigated nursing documentation of inpatient care in Eastern Ghana. A quantitative study was conducted and found that 45.8% of all nursing care given to patients was not documented. This was attributed to a lack of policies/ guidelines and a persistent shortage of nurses.

Elsewhere in Uganda, the study by Chelagat *et al.* (2013:237) observed that the poor quality of nursing records they observed could be attributed to the fragmented and incomplete information on patient care provided by different clinical sections within a health facility, lack of standardized method of nursing documentation, insufficient time for documentation due to acute shortage of nursing staff, insufficient training of nurses on the importance of nursing documentation, and lack of undertaking audits to evaluate the quality of nursing records.

The issue of guideline and policies on nursing documentation was reported in another study also conducted in Uganda by Nakate *et al.* (2015:56). A majority of nurses who participated in the study strongly disagreed that there was an adequate level of familiarity with policies and guidelines on nursing documentation among nurses working in the health facilities covered in the study (Nakate *et al.*, 2015). Ambiguities/ irregularities in availability of policies and guidelines and lack of leadership to facilitate care delivery was also reported in Namibia by Amukugo (2017:13). Still in Namibia, few studies have so far been conducted in the domain of nursing documentation, revealing that gaps still exist in documentation of nursing care (Muyakui *et al.*, 2019; Velikoshi, 2007).

A study by Velikoshi (2007:61) revealed that 55% of the reviewed maternal records contained incomplete documentation of nursing care. This was attributed to staff shortage, an increased number of paperwork and the lack of knowledge among nurses on requirements for proper documentation of nursing care. Another study in Namibia by Muyakui *et al*. (2019:55), which used a phenomenological qualitative design to assess record-keeping amongst undergraduate nursing students, revealed that the students experienced challenges with record-keeping owing to inadequate provision of resources

including a lack of record-keeping papers, and lack of knowledge on what constitutes good quality documentation. Another study by Kamil *et al.* (2018:112) also revealed different barriers to proper nursing documentation including time constraints, disproportion between staffing resources and workload, insufficient guidelines for completing documentation and unsupportive institutional policies.

Lack of supervision can also have a negative impact on nursing documentation. A study by Larsson & Sahlsten (2016:2) expressed that without proper supervision, there is the potential for poor documentation, which leads to mistakes and medical errors. In their role of ensuring that patients' needs are met in front of routine; the nurse leader ensures that the nursing care is planned and executed according to patients' needs (Larsson & Sahlsten, 2016).

Another challenge to nursing documentation is documentation environment. A study done in North Carolina by Cavin (2018:22) revealed that nurses mostly do their documentation in open spaces, mostly at the nurses' station, which increases the risk of distraction.

A lack of nursing documentation audits was also found to be a challenge in proper nursing documentation. Clinical audit has been proven to be essential to assess the quality of recording and documentation of nursing care (Ramukumba & El Amouri, 2019). A lack of regular audits was revealed in a study by Chelagat *et al.,* (2013:237) stating that it compromises the monitoring of nursing documentation thus affecting care rendered to patients.

Furthermore, a lack of knowledge, skills on good nursing documentation was also reported as a challenge to proper documentation in a study done in Uganda by Nakate *et al.* (2015:56). Consequently, there is a need for ongoing sensitization, training and supervision of nurses on the importance of proper documentation of nursing care (Chelagat *et al.*, 2013:240; Snowdon, Leggat & Taylor, 2017:1). Furthermore, there is a need for involving nurse leaders who are knowledgeable and who will model the way for improving nursing documentation (Okaisu *et al.*, 2014:6).

2.3.4 CONSEQUENCES OF POOR NURSING DOCUMENTATION

Poor record keeping has negative consequences. It makes nurses more vulnerable to legal claims likely to arise from incomplete or inadequate record keeping (Abid, Majeed & Mohammed, 2018:2568). It does not put the patients at the centre of care; therefore, it undervalues or undermines the care rendered to patients. In addition, poor nursing documentation can hamper the conduct of clinical research and quality improvement studies. Furthermore, it leads to lack of communication amongst the health care team (American Nurses Association, 2010; Johnson, 2011; Mutshatshi *et al*., 2018).

Nursing records play a significant role in case of litigation. Indeed, absence of records equals absence of defense if litigation is fronted (Namibia Health Professional council, 2010:59). For instance, a study by Mutshatshi *et al.* (2018:1) indicated that poor nursing documentation can lead to legal actions against the hospital and the nurse practitioner can be charged with professional misconduct where the SANC may take disciplinary action against such nurses. Poor documentation leads to interruptions in the continuity of patient care, which may contribute to compromised quality and safety of patient care (Mutshatshi *et al.*, 2018).

Furthermore, poor nursing documentation can lead to poor patient care by other healthcare team members and an increase in medico-legal risks, and it can hamper the conduct of clinical research or operational studies that rely on historical patient records (Namibia Health Professional council, 2010). Unsurprisingly, poor record-keeping has a negative impact on care delivery and clinical decision-making as reported by a study conducted in Namibia by Muyakui *et al.* (2019:54). Poor documentation continues to draw a lot of concern from the professional community and regulatory organizations because of the alarming incomplete and substandard recording practices among nurses (Chelagat *et al.*, 2013:236).

The SANC's analysis report from 2003 to 2008 revealed that 769 nurses were found guilty of professional misconduct, with 587 professional nurses being charged with failure to record their nursing actions in the patient record as revealed by Van Graan, Williams & Koen (2016) in Mutshatshi *et al.,* (2018:2). In worst case scenarios, substandard documentation of nursing actions is associated with prolonged hospital stay of the

patients, serious errors in medical care and increased patient mortality (Mutshatshi *et al.*, 2018).

2.4 THE ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION

A study by Larsson & Sahlsten (2016:2) in Sweden defined the nurse leader as a registered nurse with a bachelor degree in nursing, directly involved in providing care to the patients at the bedside and who additionally provides support and supervision to the assistants or junior nurses although no formal managerial authority has been vested in such bedside nurse leader. These researchers also stated that nurse leaders are clinical role models with distinct clinical competencies and technical or managerial knowledge. They further explained that the nurse leaders are effective communicators, must remain open, approachable, visible and accessible in the workplace; are empowered decision-makers, and display nursing core values and beliefs through their actions (Larsson & Sahlsten, 2016:2).

From an American perspective, the nurse leader is a highly competent nurse trained at a master's degree level with managerial, supervisory or team-leading roles. The nurse leaders help to inspire best nursing practice in a healthcare organization and promotes team-work amongst the diverse professional disciplines within the healthcare sector (America Organization of Nurse Executives, n.d.).

In the current study, the nurse leader is defined as a registered nurse with a degree or diploma in nursing science, who is experienced in the supervision of a nursing unit or ward, provides supervision to other junior registered nurses or enrolled nurses, ensures smooth running of activities in the ward/ unit; and collaborates with other healthcare team members to ensure quality care and patient safety.

However, pertaining to the leadership role of registered nurses in clinical settings, especially with regard to supporting or promoting the quality of nursing care documentation, there is still a shortage of empirical studies. More research is therefore needed to develop evidence-based knowledge in this area (Larsson & Sahlsten, 2016:2).

A high quality of patient care is a vital element for achieving high productivity and performance levels within healthcare organizations as explained by Sfantou et al. (2017:2). To achieve that, there is a need to have good leaders who can positively influence nurses' performance, which is vital to quality patient care outcomes (Abdulazeez *et al.*, 2015:2; Brady & Cummings, 2010:425). Amongst the many administrative and nursing care duties and responsibilities of the nurse leader is the responsibility for nursing documentation oversight. The nurse leader, in her roles, provides guidance and support to the new nurse appointees or less experienced nurses in improving nursing documentation, which ultimately contributes to improving patient safety and quality of care.

Furthermore, the responsibilities of the nurse leaders include assessment of patients' response to the treatment and the care delivered by nurses and other health professionals by reviewing available nursing records and ensuring patient safety and quality care (America Organization of Nurse Executives, n.d.). This responsibility can be greatly facilitated and made successful with the availability and use of proper nursing records in healthcare settings.

In view of the above description of nurse leader roles and responsibilities, the nurse leader is required to offer managerial supervision and to oversee nursing documentation (Snowdon *et al.*, 2017:1). Without proper supervision, there is an increased potential for poor nursing documentation, which may create an opportunity for mistakes in nursing care including more medical errors, therefore, compromising the safety and the care rendered to patients (Doherty, 2013:2; Larsson & Sahlsten, 2016).

2.4.1 Formative Role of the Nurse Leader in Overseeing Nursing Documentation

The formative role is concerned with skill development where the supervisor assists the supervisees in problem solving. He/she gives constructive criticisms, arranges for training of junior or supervisee nurses to enhance their knowledge in different domains of learning to make nurses perform better in their assigned nursing roles in the organization (Cutcliffe *et al.*, 2015:2).

The formative function is concerned with skills development, leading to the advancement of the supervisee's knowledge, skills and improved attitude towards the profession. This

role serves as a way of learning and can lead to professional development of the supervisees (Ning & Costello, 2016:111). Some literature gives information about different aspects that form part of the formative role of the nurse leader: According to Yuswanto & Ernawati (2018:204), formative aspects include giving feedback and constructive criticism, and identifying and assisting in solving problems. This role involves giving and receiving feedback; both evaluative and non-evaluative, acknowledging and respecting feelings and experiences of people involved (Cutcliffe *et al.,* 2005:35). The supervisees are required to be open to the supervisor's perspectives, and be able to discriminate what is useful, be open to feedback, and also give feedback to the supervisor when necessary (Cutcliffe *et al.*, 2005:35).

Furthermore, the formative role involves giving constructive criticism, praise and encouragement. A study by Gillieatt *et al.* (2014:4) found that supervision by the leader increased the staff's feeling of being supported and reduces professional isolation. The provision of authentic and clear feedback is very important, giving praise for the staff performance at the same time avoiding criticism but giving support when needed also plays a very important role in staff performance (Gillieatt *et al.*, 2014). Another aspect of the formative role involves the leader assisting the subordinates to advance their knowledge and skills (Yuswanto & Ernawati, 2018:204). Therefore, supervision by the leader has the potential to improve staff skills in nursing documentation which then lead to the successful attainment of the outlined goals. With supervision from the nurse leaders, skills are expected to develop together with the knowledge of the supervisees (Yuswanto *et al*., 2018:564).

The formative role further presents an opportunity for professional development, teaching and mentoring, and as an opportunity for learning (Gillieatt *et al.*, 2014:3). To achieve professional development of the staff, the formative role involves orientation of new appointees, arrangement for continuous professional development and training of the supervisees. A study by Ning and Costello (2016:111) revealed that lack of professional development is one of the factors leading to increased turnover rate and shortage of nurses. A study by Okaisu *et al.* (2014:1) suggested a redesigned orientation and continuing education to improve nursing documentation. Therefore, supervision by the leader is important for career development. Chelagat *et al.* (2013:240) explained that

there is the need for ongoing sensitization/ training of nurses on the importance of documentation to improve the quality of documentation in a hospital setting.

Supervision by the nurse leaders should be seen as an effort to increase the nurses' performance through activities, which are educating, motivating, training, supporting and encouraging (Yuswanto & Ernawati, 2018:203). Furthermore, supervision by the nurse leader is a formative process because it gives the opportunity to become increasingly reflective on practice and to learn from one's own experience and the experience of others (Cutcliffe *et al.*, 2015:25). According to Yuswanto and Ernawati (2018:208), the formative aspect has the aim of increasing the nurses' capability and reflective practice in filling up the nursing care documentation. Further, the above authors explained that supervision by the leader should be done continuously to enhance the quality and the completeness of the nursing care documents (Yuswanto & Ernawati, 2018:208).

2.4.2 Normative Role of the Nurse Leader in Overseeing Nursing Documentation

The normative element concerns promoting accountability, awareness and adherence to accepted nursing standards and professional norms together with adherence to the organization's policies and procedures and contributing to clinical audits. This aspect focuses more on managerial issues that mainly entail the maintenance of professional standards (Cutcliffe *et al.*, 2015; Gillieatt *et al.*, 2014:2).

The normative aspect (assessment & quality) involves promoting and fulfilling policy and procedure, standard expansion, creating conducive work environments, designing plans, identifying the needs and problems faced by the supervisee and increasing professionalism (Martin, Copley & Tyack, 2014:203; Yuswanto & Ernawati, 2018:203). This role is supported by Chelagat *et al*. (2013:236) who emphasized that nurses and other health care professionals must familiarize themselves with their organizational policies or procedures that are related to documentation of clinical care to operate within what is prescribed, acceptable and recommended by the healthcare organization in which they work.

A study in Uganda by Nakate *et al.* (2015:57) explained that international and local nursing bodies emphasize that documentation is a legal, ethical and professional requirement because it encapsulates individualized, goal-directed patient care and

captures the actual care rendered to patients. Therefore, health professionals should be aware of the legal requirements of the profession (Nakate *et al.*, 2015). Therefore, supervision in nursing ensures the operations are carried out as per the vision, mission, and objectives of the organization by following the predetermined standards (Yuswanto *et al.*, 2018:564).

Another aspect of the normative role of the nurse leader is the use of nursing documentation audits for improving the care given to patients. Sinni, Cross and Wallace (2011) defined clinical audit as a systematic process to review patient care against defined and agreed criteria to identify practice gaps. To assess the quality of documentation of nursing care, clinical audit has been proven to be essential (Ramukumba & El Amouri, 2019:4:1). Furthermore, Mykkänen *et al.* (2012:1) also explained that nursing documentation audit process aims to help identify gaps and create opportunity for improvement.

With the support from the nurse leaders in strengthening auditing process, the gaps present in documentation are identified and plans made to improve the quality of patient care. However, the frequency of the audit and the time needed to complete the audit should be considered to avoid workload and limit interference with the routine work of the unit/ ward (Ramukumba & El Amouri, 2019). With this role in practice, clinical audit of the nursing records is continuously done to assist in identifying the areas of weakness needing improvement in the nursing work process and in the execution of this process (Borsato. *et al.*, 2011:528).

Ensuring good working environment is another aspect of the normative role of the nurse leader. A study in the USA by Cavin (2018:22) revealed that nursing staff complained about the environment where they performed record keeping, saying that they were mostly distracted by noise and open work spaces, which presented negative impacts on their work performance. The respondents to the study suggested that nursing leadership should provide a charting environment that is more compatible to timely and accurate documentation (Cavin, 2018).

The other aspect of the normative role of the nurse leader is the provision of sufficient number of nursing staff on each shift. Literature reveals that the problem of staff shortage

has been experienced in many countries and it contributes to poor nursing documentation, thus compromising the care rendered to patients (Abid *et al.*, 2018:2568; Chelagat *et al.*, 2013:239; Muyakui *et al.*, 2019:55; Nakate *et al.*, 2015:57).

Another aspect is the provision of enough documentation materials. The problem of shortage of documentation material is revealed in a study by Chelagat *et al.* (2013:240). Another study in South Africa by Mutshatshi *et al.* (2018:1) also explained that one of the challenges of record keeping is the shortage of recording material. To fulfil their normative role, the nurse leaders are required to ensure that staff are provided with enough documentation material.

Cutcliffe *et al.* (2015:25) stated that supervisors carry some responsibilities in the ongoing monitoring and evaluating of the supervisees regarding adherence to professional regulations. Thus, the normative role is referred to as managerial, administrative and evaluative because it serves as a way to ensure standards, policies, and procedures are implemented and adhered to. Furthermore, this role allows performance assessment and management when problematic, thus increasing accountability (Gillieatt *et al.*, 2014:3). Therefore, it presents the major forum of professional accountability in most health care settings as explained by Cutcliffe *et al.* (2005:31). The normative aspect is more concerned with developing, building, guiding, and directing the nurses to attain their professional maturity (Yuswanto & Ernawati, 2018:208).

2.4.3 Restorative Role of the Nurse Leader in Overseeing Nursing Documentation

The restorative/ supportive element is concerned with supporting work-related emotional, social, relational and personal wellbeing which might include the management of work-related stress. With this role, the supervisees are encouraged and supported to achieve self-improvement. Thus, the supervisor motivates the subordinates, assesses and evaluates the response of the supervisees to the support given (Cutcliffe *et al.*, 2015; Gillieatt *et al.*, 2014:2). A study conducted in the United Kingdom explained that clinical supervision by the nurse leaders has long been recognized as a process of reducing the emotional burden of practicing nurses and improving clinical practice as stated by Brunero and Stein-Parbury (2008), cited in Ning and Costello (2016:112).

Clinical supervision becomes a major opportunity for professional and personal refreshment in such a way that the restorative task in some stressful times should be prioritized (Cutcliffe *et al.*, 2005:31). Support by nurse leaders will help to enhance a feeling of being supported because it helps to lower the feeling of professional isolation, work and emotional fatigue, while also increasing job satisfaction and ensuring support in practice (Yuswanto *et al.*, 2018). Supervision provides an avenue for nurse leaders to demonstrate active support and sharing of individual experiences. Supervisees may realize that they are not alone in their emotions and perceptions associated with their practice, therefore, they may feel free and open to discuss and share their problems with the leaders (Brunero & Lamont, 2012:186).

Creating and developing a good interpersonal relationship is essential in conducting the supervision because the quality of relationship in clinical supervision is more important than the process or the outcome of the supervision itself (Yuswanto & Ernawati, 2018:204). Furthermore, Yuswanto *et al.* (2018:561) explained that clinical supervision by the nurse leaders involves a supportive relationship between supervisor and supervisee that facilitates reflective learning and further promote professional socialization. Therefore, the restorative function is focused on providing support in an attempt to alleviate the stress evoked by the nursing practice (Cutcliffe *et al.*, 2005).

The supervisor must be more empathetic to the problems faced by the nurses, and it is believed that the nurse leader can help nurses decrease stress and burnout when filling the nursing care documentation (Haik *et al*., 2017). Another study by Gillieatt *et al.* (2014:3) explained that clinical supervision can serve as the basis to make sense of the emotional content of clinical practice so as to manage work-related stress, thus ensuring the wellbeing and self-care of the staff. Yuswanto and Ernawati (2018:208) explained that the leader is hoped to be capable of motivating the nurses more and more to complete the nursing documentation. Furthermore, strengthening the nurse leader' role will also assist in dealing with work related conflicts (Yuswanto & Ernawati, 2018).

Furthermore, nurse leaders are expected to be knowledgeable, clinical experts and act as role model. A study by Larsson and Sahlsten (2016:3) explained the importance of having leaders who are knowledgeable stating that they should be models to supervisees;

therefore, they possess the ability to ensure that nursing care activities are executed appropriately and in a way that safeguards patient safety.

The restorative aspect includes giving support/motivation, increasing the supervisees' awareness, monitoring reactive response toward support presented by the supervisor, and increasing the supervisees' experience and self-improvement (Yuswanto & Ernawati, 2018:204). With this role, the supervisor carries a share of the responsibility for ensuring that the supervisee is adequately refreshed (Yuswanto *et al.*, 2018).

2. 5 FACTORS THAT INFLUENCE THE NURSE LEADER ROLE OF OVERSEEING NURSING DOCUMENTATION

The quality of patients' nursing records plays a very important role in the delivery of quality healthcare service to patients (Nakate *et al*., 2015:57). Lack of appropriate documentation can lead to errors in the care, treatment and management of the patients. Therefore, there is a need for good nurse leaders who can offer support and oversee nursing documentation in order to achieve the desired outcomes.

The nurse leaders need to have the knowledge and skills to monitor and evaluate that safe, timely and effective patient care is provided (Lunden, Teräs, Kvist & Häggman, 2017). Furthermore, the nurse leaders need to have the necessary knowledge on how to evaluate nursing documentation and be able to implement monitoring process while providing feedback to the supervisees with the aim of ensuring proper documentation of nursing care. Nurse leaders need to provide consistent and timely feedback to staff to sustain results (Lunden *et al.*, 2017).

Hospital/ organizational support to the nurse leaders is also one of the factors that play an important role to enhance performance of the nurses through the support they receive from the leaders (Doherty, 2013:20). The support of top-level hospital management is critical to the development of clinical/ nursing leadership; this may include receiving adequate financial rewards and being offered career paths that allow them to combine leadership with clinical or bedside work (Doherty, 2013).

Furthermore, ongoing patient records reviews/ record audits is another factor that assist the nurse leader in achieving their goals of improving documentation of patient' records (Kamil *et al.* 2018).

The problem of staff shortage can also hinder the success of an organization (Asamani *et al.*, 2014:52). The shortage of nursing staff also extends to the nurse leaders. There is a need for a sufficient number of clinical nurse leaders in order to achieve the organizational goals (Doherty, 2013: 21)

Another factor is the need for good interpersonal relationship based on open and inclusive communication which encourages socialization and enables the leaders to gain support from the subordinates (Brady & Cummings, 2010:436).

Finally, it is also important that the right people occupy these leadership positions. There is a need for good nurse leaders with the necessary leadership ability and skills (Doherty, 2013:21).

2. SUMMARY

This chapter contains a discussion of literature that informed this study. The nurse leader's role provides an opportunity for nursing to lead innovation by maximizing health care quality while minimizing costs and errors. The literature reveals that there are gaps in nursing documentation owing to unnecessary duplication, staff shortage, lack of policies and guidelines, and also lack of supervision. The nurse leader's role is a very important aspect of improving nursing documentation. However, according to the literature reviewed, this role needs to be studied and developed further in our hospital settings. Limited information was found about nurse leaders in Namibia and in Africa as well. In Chapter Three, the methodology that guided this research study will be discussed.

CHAPTER THREE

RESEARCH METHODOLOGY

The preceding chapter focused on published literature on nursing documentation, nurse leaders and their roles, and the clinical supervision model. Chapter three provides an account of the research methodology adopted by the researcher to meet the research aim and objectives. It includes the study setting, research design, population and sampling, data collection and data analysis processes.

The aim of this study was to investigate the role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia. The objectives of the study were to:

- Determine the formative role of nurse leaders in overseeing nursing documentation,
- Determine the normative role of nurse leaders in overseeing nursing documentation,
- Determine the supportive role of nurse leaders in overseeing nursing documentation.

3. 1 STUDY SETTING

The study was conducted at a public hospital in Windhoek, the capital city of Namibia. This hospital is located in Katutura District of Windhoek, in Khomas region. The public hospital under study is the only referral center that admits patients from all 14 regions of the country. These regions are Erongo Region, Hardap Region, Karas Region, Khomas Region, Kavango East, Kavango West, Kunene Region, Ohangwena Region, Omaheke Region, Omusati Region, Oshana Region, Oshikoto Region, Otjozondjupa Region and Zambezi Region.

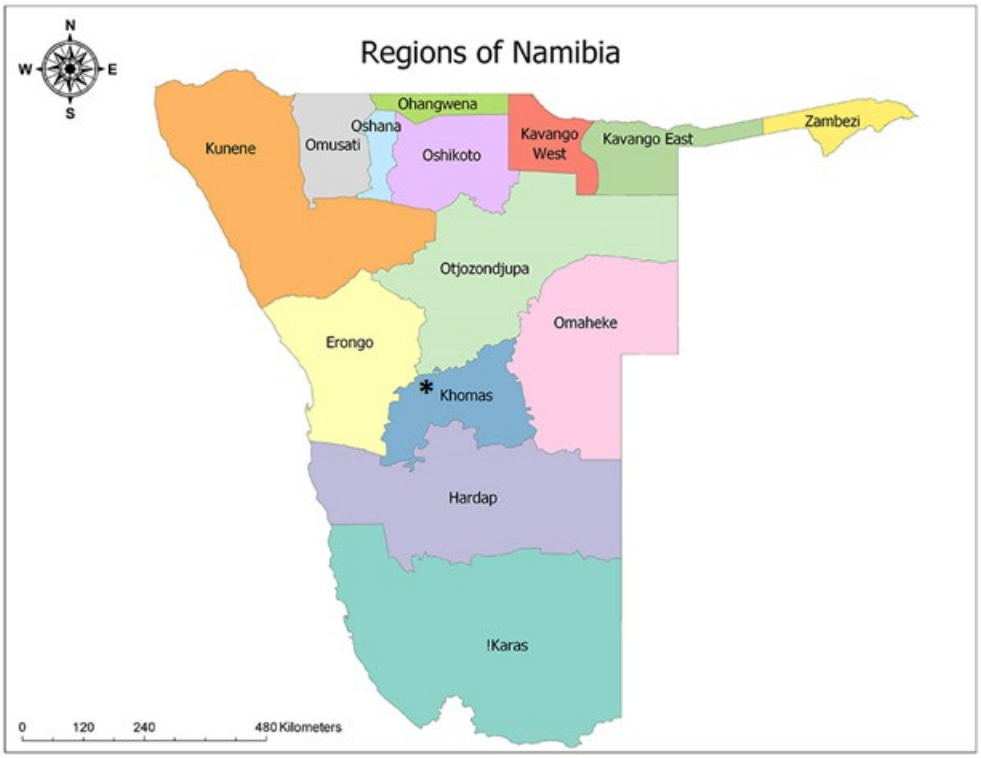

Figure 3.1: Khomas District of Namibia in relations to the regions of Namibia (mappr.co)

The hospital has a bed capacity of 830 beds and its acuity rate is mostly 100% due to referral of patients from the other regions. The clinical departments utilizing large amounts of nursing documentation at the hospital include the general medical wards, surgical wards, orthopedic wards, gynecology wards, a postnatal ward, maternity, acute care unit, a respiratory unit (for tuberculosis, Covid-19 isolation), and accident and emergency center. The number of nursing staff currently employed at the study hospital is 365 nurses. This staffing level includes nine nurses in managerial positions, 24 nurse leaders responsible for overseeing the nursing practice in the different departments, and 332 nurses (Registered nurses and Enrolled nurses).

3.2 RESEARCH DESIGN

A research design, as explained by Grove *et al*. (2015:211), is the blueprint for conducting a study. The blueprint guides the research process. Gray *et al*. (2017:322) added that it is the researcher's choice of the best way to answer a research question, putting into

consideration other aspects such as number of subject groups, timing of data collection, and researcher intervention, if any.

A quantitative study design, using a cross-sectional descriptive method, was used to investigate the role of the nurse leader in overseeing nursing documentation at a public sector hospital in Windhoek, Namibia. A quantitative study is an objective, systematic investigation of a phenomenon that involves gathering and analyzing empirical data (Grove *et al.*, 2015:32). The quantitative approach was justified for adoption in this study because it allowed the inclusion of a large number of participants.

Moreover, utilizing a descriptive design enables the researcher to explore and describe the phenomena in real-life situation and to gain more information about characteristics in a particular field of study. The researcher applied a cross-sectional approach to gather and describe the data at a specific point in time (Grove *et al.*, 2015:212). The cross-sectional research approach was chosen because it enabled the researcher to rapidly collect data on different variables of interest from many individuals at a single point in time and without intervening upon these study variables.

For this study, a questionnaire was the instrument utilized to gather quantitative data on the role of the nurse leader in overseeing nursing documentation at a public sector hospital in Windhoek, Namibia. During the empirical research, the objectives and the conceptual framework were finalized (see Chapter 1, Section 1.7 and 1.8, respectively) which guided the construct of the questionnaire. The questionnaire is further elaborated in section 3.4 of this chapter.

The chosen design was suitable for the collection and measurement of data to gain insights into the various roles played by nurse leaders in overseeing nursing documentation in a public hospital in Windhoek, Namibia.

3.3 POPULATION AND SAMPLING

The term ‘population’ in research means the entire set of individuals or elements meeting the sampling criteria (Gray *et al.*, 2017:516). The hospital under study employs 332 nurses (enrolled nurses and registered nurses), 9 nurses in managerial position, 24 nurse

unit/ ward managers/ leaders. A total of 332 nurses working in different departments of the hospital was the population of interest. This population was composed of enrolled nurses (n=136; 41%) and registered nurses (n=196; 59%) (see Table 3.1).

Sample size: A sample is a selected group of people, events or objects from the population of interest. The selected sample should be representative of the population to ensure the findings are generalizable to the population as a whole (Grove *et al.*, 2015:249).

A statistician employed by Stellenbosch University was consulted on sampling. The sample size was determined using the following assumptions: 50% prevalence, expected margin of error of 5%, 95% confidence interval and 10% non-response rate. Adjusting the sampling for the finite population of 332 (the size of the target population), the final sample size was 196. A sample size of 59% of each category was supported by the statistician.

The sampling method utilized by this study was a stratified random sampling of the nurses at the selected hospital. Polit and Beck (2017:468) defines stratified random sampling as a probability sampling method where population is first divided into different strata, with the goal of enhancing representativeness. For this study, the research obtained a list of all nurses working at the hospital at the time of data collection. That list is called the hospital change list and it provides information about staff in all departments, wards; the number of EN, RN, nurse leaders and managers for each unit and/or department. The researcher used that list to develop a sampling frame, and the sample was stratified by the number of nurses under the supervision of a given nurse leader in different departments. The sample size of 59% from each category of the population (N= 332) was selected (see Table 3.1 below).

Table3.1: Sample for the study

Category	Total population (N) per category	Sample (N) 59% per category
Enrolled nurses	136	80
Registered nurses	196	116
Total	N=332	N=196

Response rate of the main study: Response rate is the number and percentage of subjects who successfully complete a study. The higher the response rate, the more likely the study results are an accurate reflection of reality (Gray *et al.*, 2017:524).

The calculated sample size for the study was n=196. Table 3.2 below presents the response rate (n =139, 71%). The sample included enrolled nurses (n= 61), registered nurses and midwife (n=60), registered nurses with specialization (n=17), and a participant who failed to specify the department (n=1).

Although the hospital management and participants gave permission to continue with data collection, the researcher anticipated that there will be a decrease in response rate mostly due to the COVID-19 situation in the hospital. Data collection took place when the country was in the middle of the COVID-19 pandemic, during the third wave and staff were exhausted physically, emotionally and even getting sick themselves. Therefore, this situation might have had a negative impact on the response rate.

Table3.2: Response rate

Category	Total per category
Enrolled nurses	61
Registered nurses and midwife	60
Registered nurses with specialization	17
Unspecified	1
Total	n= 139

3.3.1 Inclusion criteria

Inclusion criteria refers to the characteristics that the person, subject, object or study element must have or possess to qualify and be eligible to be part of the targeted population (Gray *et al.*, 2017:518; Grove *et al.*, 2015:251). Referring to this study, the inclusion criteria were all nurses; registered nurses and enrolled nurses, employed full time and practicing in the different departments of the state hospital under study.

3.3.2 Exclusion criteria

The exclusion criteria are the characteristics that make the study subject, element, or object to be ineligible, unsuitable and therefore, excluded from the sample participants (Grove *et al.*, 2015:251; Gray *et al.*, 2017:518). The following nurses were excluded from the study: nurses in managerial positions and nurse leaders. Additionally, nurses who participated in the pilot study were excluded from the main study.

3.4 DATA COLLECTION INSTRUMENT

A structured, self-administered questionnaire was developed by the researcher. Polit and Beck (2017:495) describe a questionnaire as a written instrument that participants complete by themselves, either in a paper-and-pencil format or on a computer. Furthermore, a questionnaire is a data collection tool developed for a particular study to allow the researcher to collect data from a selected population in a specific study. A questionnaire instrument is essential in quantitative research because it is simple, easy to administer, cost-effective and with the capability to efficiently collect data from a huge sample size (Polit & Beck, 2017:502).

The questionnaire used in this study was based on the study's objectives, the conceptual framework and the literature review; to answer the research question. The items were related to formative, normative and restorative role of the nurse leader in overseeing nursing documentation. The compilation of the questionnaire was done in consultation with the researcher's supervisor as well as two experts in nursing - one in the field of nursing education and another one in nursing leadership and quality assurance.

English is the only official language used at the hospital under study. Despite the target population of nurses coming from different cultural and ethnic backgrounds characterized by different vernacular languages, they were capable of effortlessly reading and speaking English. Therefore, English was the most appropriate research language and hence, the questionnaires were designed in English. The questionnaire (see Appendix 5) has two sections namely Section 1 and section 2:

Section 1: Demographic data

This section aids the collection of the participants' demographic data, namely age, gender, years of experience, highest professional qualification and the nursing department (or unit) of the hospital where the nurse was deployed to work. The data collected in this section is categorical in nature, mainly of nominal and ordinal scale of measurement.

Section 2: Questions related to formative, normative and restorative role of the nurse leader in overseeing nursing documentation

Section 2 consists of a total of 30 Likert-scale questions that are related to the formative (educative) role in sub-section 2.1 (nine items), the normative (managerial) role in sub-section 2.2 (eleven items) and ten items in subsection 2.3 that relate to the restorative (supportive) role of the nurse leaders in overseeing nursing documentation at the study hospital.

According to Grove *et al.* (2015:307), the Likert scale is designed to determine the opinions, perceptions or attitudes of study subjects regarding a statement. In this study, the five-point Likert scale was selected, providing the following options to the respondents: 1 = strongly disagree, 2 = disagree, 3= neither agree, disagree or not applicable, 4 = agree and 5 = strongly agree. The internal consistency - that is, how close the set of Likert-scale questionnaire items in each of the three subsections (formative, normative, restorative) of the instrument are related as a group - was assessed using the Cronbach's Alpha, which is a statistical measure of reliability of a psychometric scale or instrument.

3.5 PILOT TEST

A pilot test was conducted prior to collecting the final data from the selected study participants. A pilot test is a small version of a proposed study used to refine the study sampling process, treatment or measurement of variables, or to refine the data collection procedure (Grove *et al.*, 2015:45). Furthermore, the pilot test assists to test the proposed research study's protocol and data collection tools before the main study is performed. The pilot test assisted in finalizing the readability, face validity and timing of the questionnaire instrument. Essential changes including adjustments of items, deletions and additions were executed based on the results of the pilot test.

Grove *et al*. (2013:343) suggest that ten percent of the participants are adequate for pilot testing. With the advice of a statistician, ten percent of the population (n=33) were conveniently selected from the same hospital under study.

Table 3.3: Sample for the pilot study

Category	Total population (N) per category	Pilot sample (n) per category
Enrolled nurses	136	13
Registered nurses	196	20
Total	N=332	n=33

3.5.1 Data collection for pilot test

Data collection was similar to the one adopted in the main study. The self-administered five-point Likert scale questionnaires investigating the formative, normative and restorative role of the nurse leaders in overseeing nursing documentation were administered to the nurses. Up on signing the consent form by each participant, the researcher distributed the questionnaires in a sealable envelope. The researcher was present during the pilot test and provided information and clarity whenever needed. The questionnaires were independently completed by the participants within 30 minutes and were collected immediately after completion. All questionnaires were completed, representing a 100 percent response rate.

3.5.2 Feedback from pilot participants

The participants were encouraged to give their feedback and comments, if any, in regard to their understanding of the questions and the most feasible time for completion that could need improvement in the main study. They responded that the questions were clear, but some terminologies were complicated (normative, formative and restorative), therefore, in the main study, the researcher added the more understandable terminologies (educative, managerial, and supportive).

Secondly, the participants expressed that the questionnaire itself did not indicate where the participant should tick or cross their answers. Based on this feedback, the spaces for ticking the responses were added to the final questionnaire used in the main study. On the feasibility of the study, the participants indicated that the best time to collect data was from 8am to 9am in the morning for the day shift staff and from 8pm to 9pm for the night shift staff. These two sessions were most convenient for them as they precede the start of their work shifts.

The results of the pilot test were not included as part of the main study's results.

3.5.3 Capturing the pilot data

The participants' original data was recorded on an MS Excel spreadsheet and were statistically analyzed. Numerical symbols were utilized for coding the demographic data in Section 1 of the questionnaire. The questionnaire response categories in section 2: 2.1, 2.2, 2.3 (the Likert scale questions) were allocated numerical codes of 0,1, 2, 3 and 4 respectively to represent the following responses: neither agree, disagree or not applicable; strongly disagree; disagree; agree; and strongly agree. This facilitated calculating the Cronbach's Alpha.

3.6 RELIABILITY

Reliability is a major criterion for assessing the quality of a study. Polit and Beck, (2017:550) define reliability as the extent to which scores are free from measurement errors, it is about consistency of a measurement tool. To ensure reliability, a pilot test was conducted before the main study and the Cronbach's Alpha established. For studies where a scale was used to collect data, the Cronbach alpha procedure needs to be

applied to the scale items to determine the reliability of the scale for the study (Grove *et al.*, 2015:323). The Cronbach's alpha assesses the reliability or strength of internal consistency of a set of scale items. This helps to assess the extent to which the set of questions used by the researcher in the measurement tool is a consistent measure of the concept, and in our study, the three domains of the roles that nurse leaders play in overseeing nursing documentation.

With assistance from the statistician, the Cronbach alpha was computed by correlating the score for each scale item with the total score for each observation (individual survey respondents), and then comparing that to the variance for all individual item scores. This was done for each of the domains of the role that nurse leaders play in overseeing nursing documentation being studied: the formative/educational role; the managerial/normative role; and the supportive/restorative role.

The Cronbach alpha (see table 3.4) was calculated to establish the reliability of the developed instrument. According to Grove *et al.* (2015:323), a value of 0.70 is considered acceptable, especially for a newly developed scale. It indicates good internal consistency of the scale questions and therefore, good reliability. The developed instrument was reliable with an average Cronbach alpha value above 0.70 meaning it surpassed the 70% reliability and presented less than 30% error.

Table 3.4: Reliability score of the formative, normative and restorative role questions (Summary of Cronbach alpha)

SUB-SCALE	Number of items in the sub-scale	Cronbach alpha (Pilot test)	Cronbach alpha (Main study)
Formative role	9	0.76	0.62
Normative role	11	0.73	0.68
Restorative role	10	0.87	0.78

3.7 VALIDITY

Validity is the degree to which an instrument is measuring the concept it claims to measure. It is about how well the instrument reflects the abstract concept that is being

examined (Grove *et al.*, 2015:290; Polit & Beck, 2017:560). The researcher established face and content validity of the instrument.

3.7.1 Face validity

Face validity examines the extent to which the instrument appears to measure what it is supposed to measure; it is normally based on the input from the experts (Brink, van der Walt & van Rensburg, 2018:152). This was established through a review of the questionnaire by experts in the field of nursing leadership and education as well as conducting a pilot test. The two experts were: A lecturer at University of Namibia, school of nursing (PhD in Health Professional Education) and a quality assurance and infection control manager at a private hospital in Windhoek, Namibia (Honors in nursing sciences, Master in Infection control).

The experts provided recommendations to improve the face value of the questionnaire before conducting the pilot test. The pilot test showed that the questionnaire contained the necessary items to assess the role of the nurse leaders in overseeing nursing documentation. The response rate for the pilot was 100% and the questionnaires were readily understood by all participants. The instrument was adopted based on these findings.

3.7.2 Content validity

Content validity examines the extent to which the content of the instrument adequately captures the construct that is being measured (Polit & Beck, 2017:561). Content validity was also established for this study. The developed questionnaire and the items therein were subjected to experts' input to ensure that the questions were aligned to the objectives of the study, conceptual framework and adequately answer the research question. The experts in the field of nursing education and nursing leadership were consulted and they gave their input in the development of the questionnaire such as the items related to formative, normative and restorative role of the nurse leaders in overseeing nursing documentation. The conceptual framework and research objectives guided the content of the questionnaire as discussed in section 1.8 of chapter 1.

3.8 DATA COLLECTION

Data collection involves the precise and systematic gathering of information relevant to answering the research question and achieving the objectives of the study (Grove *et al.*, 2015:63). For this study, the researcher collected data from the participants. The researcher does not have any relationship with the participants and is not known to them. The researcher works in a different private hospital in Windhoek, Namibia. The researcher was not dressed in staff uniform. The researcher wore casual clothes to avoid the respondents feeling coerced or forced into participating in the study.

3.8.1 Data collection process

Following the approval from the Health Research Ethics Committee at Stellenbosch University (Appendix 1), ethical approval was also obtained from the Namibia Ministry of Health and Social Services research committee (Appendix 2) as well as from the management of the hospital under study (Appendix 3). Furthermore, verbal consent was obtained from the department/ ward/ unit managers/ supervisors during each data collection day. The study also followed the required ethical principles.

The researcher reported to the hospital nursing manager as well as the nurse in charge of the specific unit/ department before approaching the participants. Immediately after report handover in the morning or evening, information about the study was provided to the participants and those willing to participate were handed the consent forms and the questionnaires afterwards. Information about the purpose, procedure, risks and benefits of the research project was discussed.

First, the researcher obtained written informed consent from the participants and only the participants who completed the written informed consent were requested to complete the self-administered questionnaire and drop them in the boxes placed in their nursing care unit, department or ward.

Participants were encouraged to complete all sections of the questionnaire and drop the completed questionnaires in the provided box in the unit/ward. Sealed boxes were left at the nurses' station in different departments for the participants to place their questionnaires upon completion. The researcher followed up regularly and picked the

questionnaires from the boxes. The sealed box with the completed questionnaires was stored in a lockable cupboard at the home of the researcher.

Data collection took place between 25th June to 30th July 2021. For the participants working in the day shift, the questionnaires were distributed between 08 AM and 09 AM. For the participants on night shift, the questionnaires were distributed between 08 PM and 09 PM. The questionnaire required approximately 20 to 30 minutes to complete. No payment was given to the participants, but refreshments were provided upon completion of the questionnaire.

The researcher made practical and ethically acceptable effort to minimize participant non-response rate for the study by explaining the benefits of the study to the participants and the value of their contribution towards the study. For example, if a participant dropped out or refused to take part in the study, the researcher would, and without coercion or enticement, attempt to address the reasons for participant objections by highlighting the low risks but more benefits of the findings to the nursing community at the hospital. Where this strategy failed, and where possible, the researcher substituted the participant by randomly selecting another participant from the same nursing department/unit.

3.8.2 Data collection during COVID 19 pandemic

Data collection during COVID-19 times was a challenge to the researcher. Namibia entered a COVID-19 lock down in March 2020 and strict measures were put into place to limit the community transmission of the virus. The measures were adjusted regularly by the President depending on the number of COVID-19 cases in the country. In May 2021, Namibia was hit by the third wave of the COVID-19 virus where the death rate could reach 200 per day and the infection rate rose to 2,000 new cases per day.

The hospitals, both private and public, were overwhelmed with high numbers of COVID-19 patients who required admission. There was increased death rate and lack of some essential necessities like oxygen and personal protective equipment (PPEs). Due to these challenges, stringent measures were put into place to try and limit transmission.

At the commencement of data collection, Namibia was already in the third wave of the Covid-19 pandemic and the healthcare facilities were prepared and equipped with the

necessary Covid-19 protocol. The researcher had to be prepared with Covid-19 measures for the data collection process to be successful. The researcher was allowed to proceed with data collection by the hospital management provided that there was adherence to the COVID-19 protocol as set out. The following rules were adhered to by the researcher:

- Temperature of the researcher was checked always before entering the hospital
- Symptom screening was done upon arrival at the hospital
- Hand washing was done upon entering the hospital and alcohol-based hand rub was used all the time inside the hospital,
- Appropriate personal protective equipment was worn at all times, especially a mask over the nose and the mouth and also for the participants wearing of mask was compulsory and hand gloves in some departments.

Participants were reminded about the following COVID-19 protocol guidelines from the CDC:

- Wear masks always
- Maintain social distancing of at least 1 meter
- Sanitize hands before and after consent form signing and questionnaire filling
- Use an open well-ventilated space and keep the windows open
- If feeling unwell; do not participate in the study but seek immediate medical care, be tested, and treated as soon as possible.

3.9 DATA ANALYSIS

According to Grove *et al.* (2015:63), data analysis reduces, organizes, summarizes and gives meaning to the collected data to address the research question and objectives.

On completion of data collection and before analysis, the data were cleaned to ensure it is of good quality. For data cleaning, the researcher manually reviewed the compiled dataset to confirm that all sections were filled. All questionnaires captured data on the required variables and were suitable for data analysis.

The questionnaires were allocated unique identification numbers so that they could be easily traced. Data were captured from the numbered questionnaires by the researcher

and transferred to the Excel spreadsheet to facilitate data analysis. The researcher sent the final spreadsheet of data as an encrypted password protected email to the statistician for analysis and interpretation.

A statistician at Stellenbosch University, Faculty of Medicine and health sciences conducted the analysis and interpretation of the data. The Statistical Package for Social Sciences (SPSS, version 27) software in conjunction with Microsoft Excel spreadsheet, the opensource Epi info and the R statistical analysis tools was used for data analysis. After data analysis was completed, the statistician sent back the results to the researcher. The researcher utilized descriptive and inferential statistics to describe the demographics of the participants and to explore the associations between the items and categories.

3.9.1 Descriptive statistics

Descriptive statistics are summary statistics used to describe and summarize data (Brink *et al*., 2018:166; Polit & Beck, 2017:637). They allow the researcher to organize data in ways that give meaning and facilitate development of insight about the research data. They are calculated to describe the sample and key study variables (Grove *et al.*, 2015:319).

Descriptive statistics were used to summarize the demographic variables including age, gender, professional nursing qualification, years of experience and the hospital department where the participant was working at the time of the study. Since the data for these variables were categorical (nominal and ordinal), absolute counts and relative frequencies were calculated and presented in tables and graphs. The dependent variables (nurses' responses to the Likert scale items) and independent variables (demographic characteristics and the work department of the nurses) were both analyzed. The nurses' responses for the independent variables were summarized into simple tables showing absolute counts and relative frequencies (percentages).

The dependent variables were categorized into three different domains, the formative, normative and restorative domains. Each of these domains was measured using a set of nine to eleven questions scored on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

While the 1-5 rating Likert scale is an ordered scale (ordinal), the totals and average of the several Likert scale items scored by respondents yield scores that approach interval-scale properties. The results were presented in tables and graphs.

3.9.2 Inferential statistics

Inferential statistics assist to make inferences about the population (Brink *et al*., 2018:177; Polit & Beck, 2017:638). They are designed to address objectives, questions and hypotheses in studies to allow inference from the study sample to the target population. The analyses are conducted to identify relationships, examine predictions and determine group differences in a study (Grove *et al.*, 2015:319).

For the inferential statistics, the non-parametric statistical analysis of correlations or associations using the Chi-square test for categorical variables was used to compare two or more categories. Correlations between two dependent variables were made using simple bivariate cross-tabulations, at the 5% level of significance of the Chi-square test.

Comparisons between independent and dependent variables were analyzed using univariate logistic regression. In a univariate logistic regression mode, there is one dependent variable and one independent variable. For this type of regression, the dependent variable is binary (e.g., yes/no or agree/disagree) while the dependent variable could be continuous or categorical. The output of the univariate logistic regression is the unadjusted (crude, odds ratio).

The researcher reduced the nurses' responses into binary responses (agree versus disagree or non-committal) for each of the questions of the formative, normative and restorative domains of the Proctor model. For the purposes of re-categorization into the binary groups, the new group called "agree" included the Likert Scale response categories 4. Agree and 5. Strongly agree, while the new group called "disagree/non-committal" included the Likert Scale responses 1. Strongly disagree, 2. Disagree and 3. Neutral or not applicable. These binary responses, coded as 1 or 0 respectively, represented the outcome or the dependent variable. The independent variables were the nurses' age group, qualification, experience, and department

With this re-categorization of the nurses' Likert Scale responses into binary outcome variable, the research subsequently performed a series of univariate logistic regression analyses with just one independent variable at a time. For example, the researcher created a simple logistic regression model for the relationship between the age group of the nurses and their response to the formative role question 2.1.1: In this hospital, supervision of nursing documentation is a continuous process of information sharing between the nurse and supervisor. This analysis was repeated for each independent variable and for each of the questionnaire items for the formative, normative and restorative roles, respectively. The results of the logistic regression were reported as point estimate Odds ratio (OR), the 95% Confidence Intervals (CIs) and the corresponding p-values at the 5% level of significance. P-values less than 0.05 were considered to be statistically significant. This helped to identify statistically significant differences between the independent and the dependent variables. The results were presented in tables.

3.10 ETHICAL CONSIDERATIONS

According to Gray *et al*. (2017:265), the ethical principles of respect for persons, beneficence, and justice guide the nursing profession. These ethical principles that guide clinical practice must also be the standards for the conduct of nursing research (Gray *et al.*, 2017).

The study was reviewed by the Health Research Ethics Committee of Stellenbosch University and ethical approval was obtained (Ethical reference number S20/11/310), see appendix 1.

Furthermore, authorization and permission were granted by the Executive Director of the Ministry of Health and Social Services (MOHSS) (see appendix 2) in Namibia. The institutional approval was then obtained from the management of the State Hospital under study (see Appendix 3).

After the approvals were obtained, the researcher collected the relevant data as planned. The researcher adhered to the following ethical principles while conducting the study:

3.10.1 Right to Self-determination

The right to self-determination is based on the ethical principal of respect for persons (Gray *et al.*, 2017:273; Grove *et al.*, 2015:101). The people are autonomous agents who are capable of controlling their own destiny. The right to self-determination was ensured by sharing essential information about the study with the participants before informed consent was obtained. All participants were informed that their participation in the study was voluntary and that they had the discretion to decline or to withdraw from the study at any time.

The participants who voluntarily agreed to participate were asked to sign a written informed consent, which was kept separate from the questionnaire. None of the participants who received, submitted and completed the questionnaire indicated that they wanted to withdraw from the study. However, some of the participants did not return the questionnaires as discussed in the section 3.3.

3.10.2 Right to protection from discomfort and harm

According to Grove *et al.* (2015:108), the right to protection from discomfort and harm is based on the ethical principal of beneficence which means that one should do good and avoid subjecting others to harm. The Namibia Health Professional Council (2010:3) also defines beneficence as acting in the best interest of others. There was no anticipated harm associated with participating in the study as well as there was no reported harm from participants during and after data collection.

3.10.3 Right to Privacy

Privacy refers to the freedom of the participants to determine the time, the extent and under which circumstances their private information can be shared with or withheld from others (Gray *et al.*, 2017:282; Grove *et al.*, 2015:105). Private information may include names, telephone numbers, electronic mail (e-mail) addresses, social security numbers, personal medical record numbers, etc. (Gray *et al.*, 2017:284).

According to Gray *et al.* (2017:282), if a person's information is shared without their consent, it can lead to loss of dignity, friendships can be broken, employment can be loss, and it can also lead to embarrassment or shame.

Participants were informed about the circumstances under which the consent form, the questionnaires and data for this study will be shared and stored. Furthermore, the right to privacy was maintained throughout the study by obtaining informed consent from the participants and no personal identification details were obtained from the participants.

3.10.4 Right to confidentiality and anonymity

Anonymity means that the identity of the participant is unknown or cannot be linked even by the researcher with his/ her individual responses (Grove *et al.*, 2015:107; Gray *et al.*, 2017:286). Confidentiality means that information is kept strictly private, no sharing of information without authorization from the participant (Grove *et al.*, 2015:107). The researcher, the supervisor and the statistician were the only people who had access to the collected data.

The right to confidentiality and anonymity was achieved by presenting the questionnaires in sealed envelopes and requesting the participants to return them in the same sealed envelopes. No names were required to be written anywhere on the envelope or in the questionnaire. The completed questionnaires were placed in a designated sealed box that was collected by the researcher at the end of the study. All electronic data files were kept and stored on password-protected electronic devices.

All questionnaires will be kept in a locked cabinet for at least 5 years once analysis is completed and only the researcher, supervisor and statistician have access to the data. Publications of the findings after completion of the research will be done as accurately and objectively as possible.

3.11 SUMMARY

The research methodology is discussed in this chapter. This chapter covered the research design, population and sampling, data collection tool, validity and reliability, data collection and data analysis. Furthermore, ethical guidelines and principles were discussed and the COVID-19 risk prevention strategies described. The study results will be presented in Chapter Four using tables, charts, and graphs.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.1 INTRODUCTION

The methodology used for the study was explained in the previous chapter. The data collection instrument was explained, including the steps followed for data collection. This chapter describes how the data were analyzed and presents the results of the analysis. The subsequent chapter provides a discussion of the results, focusing on the role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia.

For the analysis of the data, descriptive statistics and inferential statistics were used. Descriptive statistics were used to order and summarize the data like demographic variables such as age, gender. Inferential statistics were used to compare two or more categories. Two-by-two contingency tables and the chi-square test were used to compare two variables and to determine if the two variables are related. Finally, simple logistic regression analysis was performed to assess whether nurses' age group, gender, qualifications, experience, and department explained the responses to the statements posed in the questionnaire.

The questionnaire was divided into two sections. The first section focused on the demographic data while the second section comprised questions related to the normative, formative and restorative role of the nurse leader in overseeing nursing documentation, as described by the Brigid Proctor model of clinical supervision (Cutcliffe *et al.*, 2015).

4.2 RESPONSE RATE

The target sample size for this study was 196 nurses, hence 196 questionnaires were administered. Out of these, 139 questionnaires were returned, which were well completed, and which met the required inclusion criteria as discussed in chapter 3. This number represents a 71% response rate, which was satisfactory. The figure below shows the response rate.

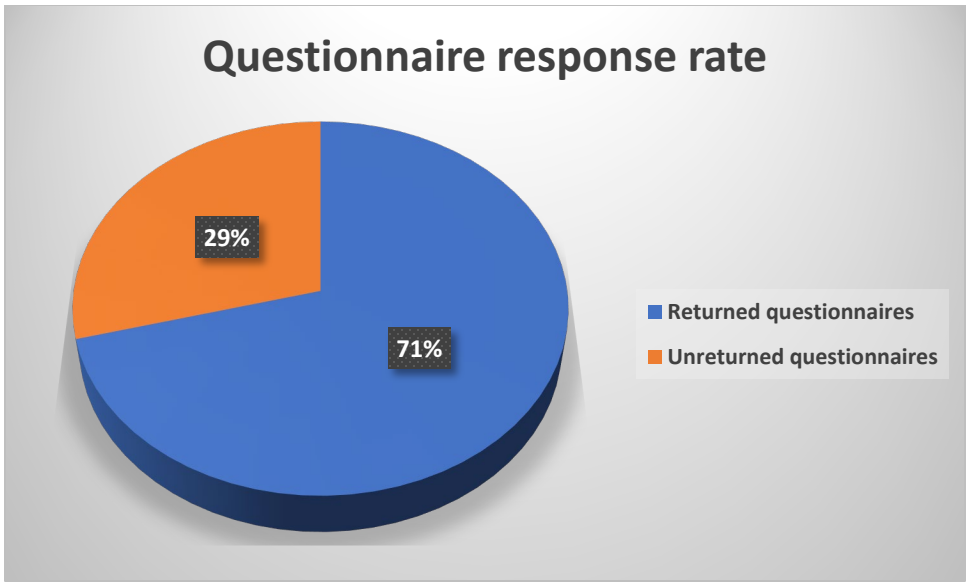

Figure 4.1: Percentage of nurses' participation in the study (n:139)

4.3 SECTION A: ANALYSIS OF DEMOGRAPHIC DATA

The findings presented in this section A contains information necessary to discuss the study participants which will help to assess the influence of the characteristics of the participants on the research findings. The demographic data included the participants' age, gender, nursing qualification, nursing experience and nursing department in the hospital. A majority of the participants were young middle aged (78%); females (78%); with the basic enrolled nurse/ midwife and registered nurse/ midwife qualifications (87%); nurses who have 5 years or less nursing experience (59%), nurses in the department of surgery/ orthopedics and Internal medicine departments (35%) of the public sector hospital in Namibia.

4.3.1 Age (n=139)

Most of the nurses n= 109 (78%) who responded to the questionnaire were young, 20-29 years n=53 (38%) and 30-39 years n=56 (40%) respectively (Figure 4.2). These age groups are aligned with the ages of nurses in Namibia at large. Only n=30 (21%) of the participants falls in the age group between 40 and older. (table 4.6).

The relative frequency distribution of the age of the nurses is presented below as a bar graph.

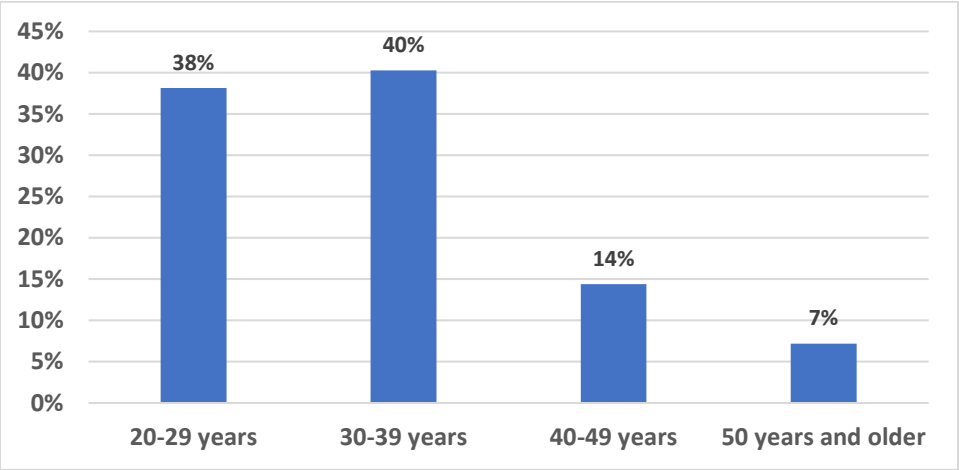

Figure 4.2: Age distribution of the nurses (n:139)

4.3.2 Gender (n=139)

The table below shows that female nurses comprised the majority of the respondents, n=108 (78%) while male nurses were only n=31 (22%), which is aligned with the gender of the nursing workforce, globally.

Table 4.1: Gender distribution of the participants (n:139)

Gender	Frequency count/ N	Relative frequency (percent, %)
Female	108	78%
Male	31	22%
TOTAL	**139**	**100%**

4.3.3 Nursing qualification (n=139)

Most of the nurses have the enrolled nurse and midwife n=61 (44%) and the registered nurse and midwife n=60 (43%) qualifications. It is surprising that only n=17(12%) of the registered nurses has a specialization qualification for the different specialized departments.

The chart below provides a visual depiction of relative frequency distribution of the qualifications of the nurses who responded to the questionnaire.

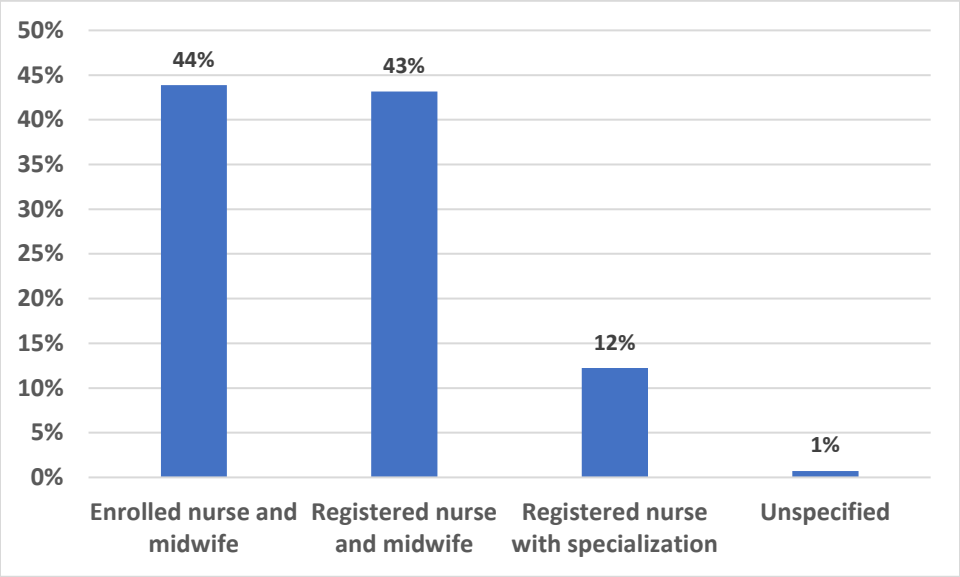

Figure 4.3: Qualification of the nurses (n:139)

4.3.4 Nursing experience (n=139)

A majority of the nurses had worked for less than five years. Those who were new to the profession and had worked up to a year since graduating comprised n=37 (27%) of the respondents. Those who had worked for 2-5 years represented n=44 (32%) of the respondents, while those with over 5 years of experience represented n=57 (41%). One participant did not specify the years of nursing experience. (table 4.6).

The relative distribution of the years of experience of the nurses is summarized on the chart below.

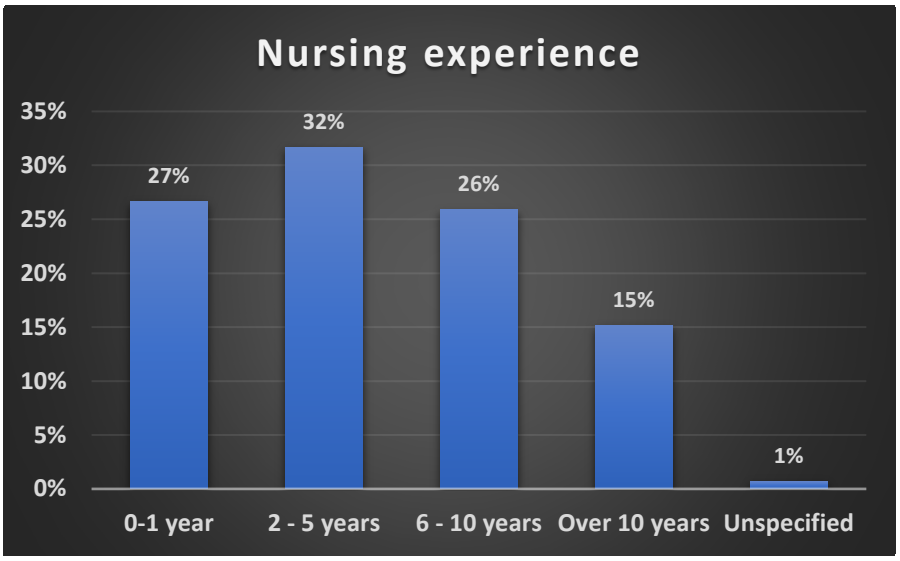

Figure 4.4: Nursing experience of the participants (n:139)

4.3.5 Nursing department (n=139)

Nurses from the department of surgery and orthopedics n=25 (18%) and from the department of internal medicine n=24 (17%) cumulatively accounted for n=49 (35%) of the respondents. There was almost an equal representation of the three departments with accident and emergency department n=20(14%), the critical care unit n=19(14%) and the obstetrics and gynecology departments n=19(14%) each represented 14% of the respondents. The antenatal and postnatal department n=17(12%); the pediatrics department n=11 (8%), and other departments n=4 (3%) had fewer nurses.

The pie chart below is a visual depiction of the relative distribution of the nurses who responded to the questionnaire, by the unit, ward, or department where they were working at the time of completion of this questionnaire.

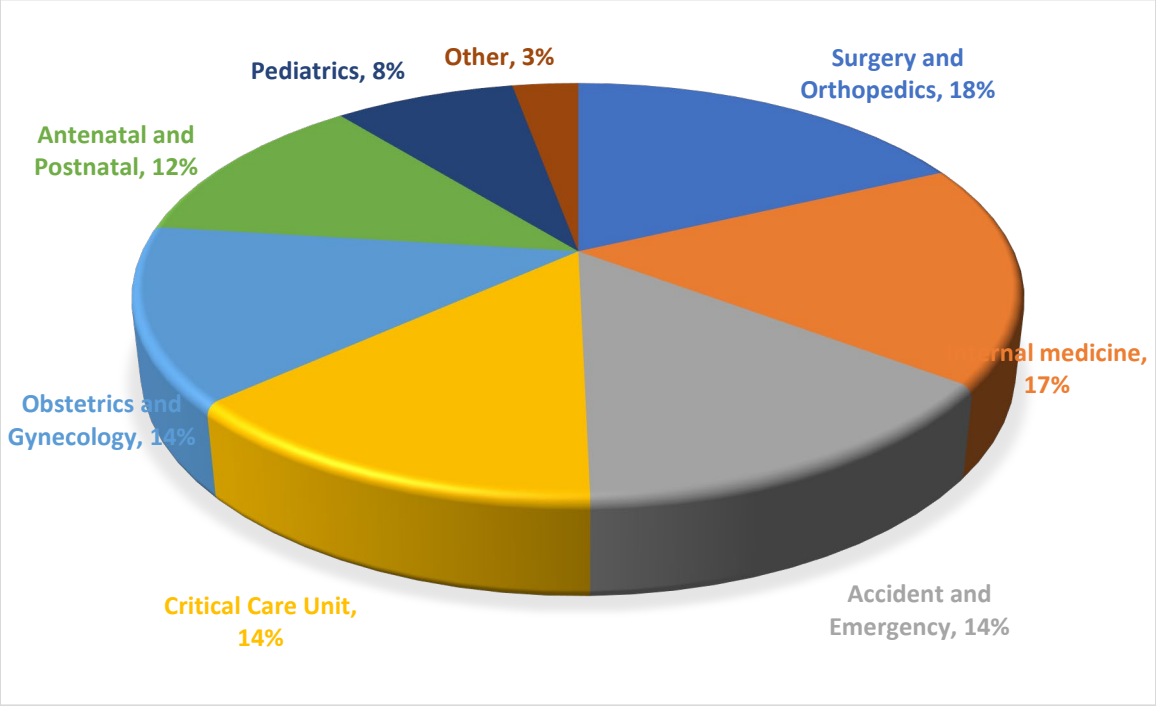

Figure 4.5: Distribution of the nurses by department (n:139)

4.3.6 Correlations between demographic variables

Bivariate analyses using cross-tabulations were conducted to assess correlations between age; gender, nursing qualification and nursing experience. The Chi-square statistic was used to assess whether the correlations between the variables were statistically significant at the 5% level of significance.

From the bivariate analysis, both the age group of the nurse and years of experience were statistically correlate as well as the nursing experience and level of qualification were statistically correlated ($p<0.05$). The table below summarizes the findings.

Table 4.2 Correlations between variables

	Age group	Gender	Nursing Qualification	Nursing Experience
Age group				
Gender	P=0.13			
Nursing Qualification	P=0.09	P=0.16		
Nursing Experience	P=0.00	P=0.43	P=0.00	

4.4 SECTION B: ANALYSIS OF QUESTIONS RELATED TO THE ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION

This section comprises of the results of the 30 questions included in the section B of the questionnaire. Participants were asked to score the 30 items using a five-point Likert scale by choosing the option that best described the extent to which they agreed or disagreed with each of the statements posed. In the questionnaire, the Likert scale options ranged from 1= strongly disagree to 5= strongly agree. Specifically, the five categories of the Likert scale were 1 strongly disagree, 2 disagree, 3 neutral or not applicable, 4 agree and 5 strongly agree.

4.4.1 ANALYSIS OF RESPONSES FOR THE FORMATIVE ROLE

The table below displays the responses of the participants to the formative role of the nurse leader in overseeing nursing documentation in the public hospital under study. Table 4.7 illustrate the data analysis of the questions on the formative role of the nurse leaders in overseeing nursing documentation.

Question 2.1.1: In this hospital, supervision of nursing documentation is a continuous process of information sharing between the nurse and supervisor (n=139)

There is good information sharing about nursing documentation in the nursing departments of the public hospital in Namibia. A majority n=65 (46.76%) of the

participants agreed that supervision of nursing documentation is a continuous process of information sharing between the nurse and supervisor. It is noteworthy that this was the question where the participants 'strongly agree' response was the highest n=49 (35.25%). A few of the participants disagreed n=12 (8.63%); strongly disagreed n=6 (4.32%) and some were neutral n=7 (5.04%) on this question. Some of nurses (18%) did not have a positive encounter with information sharing between the nurse and supervisor about nursing documentation. The results showed statistical significance $p<0.05$ (table 4.10).

Question 2.1.2: Supervision of nursing documentation by nurse leaders enhances knowledge of nurses on good documentation practices (n=139)

The knowledge of nurses on good documentation are enhanced by supervision at the public hospital. The majority n=90 (64.75%) of the participants agreed that supervision of nursing documentation by nurse leaders enhanced knowledge of nurses on good documentation practices. Furthermore, n=34 (24.46%) strongly agreed. The same number of participants disagreed and strongly disagreed n=4 (2.88%). A statistically significant $p<0.05$ result was attained (table 4.10).

Question 2.1.3: Supervision of nursing documentation by nurse leaders enhances documentation skills of nurses (n=139)

Documentation skills of nurses are enhanced by the supervision at the public hospital. A majority n=83 (59.71%) of the participants agreed that supervision of nursing documentation by nurse leaders enhanced documentation skills of nurses. Furthermore, n=33 (23.74%) strongly agreed.

Question 2.1.4: Supervision of nursing documentation by nurse leaders enhances attitude of nurses towards good documentation practices (n=139)

The attitude of nurses towards good documentation practices are enhanced by nurse leaders. A majority n=84 (60.43%) of the participants agreed that supervision of nursing documentation by nurse leaders enhanced attitude of nurses towards good documentation practices. Furthermore, n=35 (25.18%) strongly agreed. The results showed statistical significance $p<0.05$ (table 4.10).

2.1.5: Nurse leaders facilitate nurses to receive continuous professional development training related to nursing documentation(n=139)

A majority n=58 (41.73%) of the participants agreed that nurse leaders facilitated nurses to receive continuous professional development training related to nursing documentation; however, only n=30 (21.58%) strongly agreed; n=27 (19.42%) of the participants chose to be neutral on this question. A statistically significant $p<0.05$ result was attained (table 4.10).

Question 2.1.6: The mentorship support by nurse leaders leads to improved professionalism amongst nurses in my ward/ unit, department (n=139).

Mentorship is active at the public hospital under study. A majority n=71 (51.08%) of the participants agreed that the mentorship support by nurse leaders led to improved professionalism amongst nurses in their unit. However, only n=42 (30.22%) strongly agreed. The results showed a statistical significance $p<0.05$ (table 4.10).

Question 2.1.7: Nurse leaders always facilitate orientation of the newly appointed nurses to familiarize themselves with the requirement of good nursing documentation (n=139)

Orientation on good nursing documentation is being done at the public sector hospital. A majority n=69 (49.64%) of the participants agreed that the nurse leaders always facilitated orientation of the newly appointed nurses to familiarize themselves with the requirement of good nursing documentation; however, only n=44 (31.65%) strongly agreed. A statistically significant $p<0.05$ result was attained (table 4.10).

Question 2.1.8: Nurse leaders offer constructive criticism when nursing care and documentation is not done well (n=139)

Constructive criticism is received by nurses at the hospital. A majority n=70 (50.36%) of the participants agreed that the nurse leaders offer constructive criticism when nursing care and documentation is not done well; however, only n=23 (16.54%) strongly agreed. A few of the participants disagreed n=22 (15.82%); strongly disagreed n=8 (5.76%) and

some participants were neutral n=16 (11.51%) on this question. The results showed statistical significance p<0.05 (table 4.10).

Question 2.1.9: Nurse leaders in my unit/ department give praises and encouragement if good documentation was done (n=139)

Good documentation is praised and encouraged at the hospital under study. A majority n=69 (49.64%) of the participants agreed that the nurse leaders in their unit gave praises and encouragement if good documentation was done; however, only n=35 (25.18%) strongly agreed. A few of the participants disagreed n=18 (12.95%); strongly disagreed n=5 (3.60%) and others were neutral n=12 (8.63%) on this question.

Table 4.3: Response for the formative role of the nurse leader (n:139)

Questionnaire Items for the Formative Role	Responses	1.Strongly disagree	2.Disagree	3.Neutral / N/A	4.Agree	5.Strongly agree
2.1.1: In this hospital, supervision of nursing documentation is a continuous process of information sharing between the nurse and supervisor	n=139	6 (4.32%)	12 (8.63%)	7 (5.04%)	65 (46.76%)	49 (35.25%)
2.1.2: Supervision of nursing documentation by nurse leaders enhances knowledge of nurses on good documentation practices	n=139	4 (2.88%)	4 (2.88%)	7 (5.04%)	90 (64.75%)	34 (24.46%)
2.1.3: Supervision of nursing documentation by nurse leaders enhances documentation skills of nurses	n=139	3 (2.16%)	10 (7.19%)	10 (7.19%)	83 (59.71%)	33 (23.74%)
2.1.4: Supervision of nursing documentation by nurse leaders enhances attitude of nurses towards good documentation practices	n=139	2 (1.44%)	9 (6.47%)	9 (6.47%)	84 (60.43%)	35 (25.18%)
2.1.5: Nurse leaders facilitate nurses to receive continuous professional development training related to nursing documentation	n=139	4 (2.88%)	20 (14.39%)	27 (19.42%)	58 (41.73%)	30 (21.58%)
2.1.6: The mentorship support by nurse leaders leads to improved professionalism amongst nurses in my ward/ unit, department	n=139	2 (1.44%)	10 (7.19%)	14 (10.07%)	71 (51.08%)	42 (30.22%)
2.1.7: Nurse leaders always facilitate orientation of the newly appointed nurses to familiarize themselves with the requirement of good nursing documentation	n=139	4 (2.88%)	9 (6.47%)	13 (9.35%)	69 (49.64%)	44 (31.65%)
2.1.8: Nurse leaders offer constructive criticism when nursing care and documentation is not done well.	n=139	8 (5.76%)	22 (15.82%)	16 (11.51%)	70 (50.36%)	23 (16.54%)

Questionnaire Items for the Formative Role	Responses	1.Strongly disagree	2.Disagree	3.Neutral / N/A	4.Agree	5.Strongly agree
2.1.9: Nurse leaders in my unit/ department give praises and encouragement if good documentation was done	n=139	5 (3.60%)	18 (12.95%)	12 (8.63%)	69 (49.64%)	35 (25.18%)

For each of the nine questionnaire items for the formative role, more than 50% of the nurses either agreed or strongly agreed with the statements posed. It is important to note that at least 10% of the nurses were neutral or non-committal on the following statements pertaining to the formative role:

2.1.5: Nurse leaders facilitate nurses to receive continuous professional development training related to nursing documentation.

2.1.6: The mentorship support by nurse leaders leads to improved professionalism amongst nurses in my ward/ unit, department.

2.1.8: Nurse leaders offer constructive criticism when nursing care and documentation is not done well.

4.4.2 ANALYSIS OF RESPONSES FOR THE NORMATIVE ROLE

The table 4.8 below displays the responses of the participants to the normative role of the nurse leader in overseeing nursing documentation in the public hospital under study.

Question 2.2.1: The nurse leaders inform and remind nurses about relevant ethical and legal aspects related to nursing documentation (n=139)

The ethical and legal aspects of nursing documentation are monitored. A majority n= 82 (61.19%) of the participants agreed that the nurse leaders inform and remind nurses about relevant ethical and legal aspects related to nursing documentation; however, only n=35 (26.11%) strongly agreed. A few of the participants disagreed n=10 (7.19%); strongly disagreed n=2 (1.44%) and others remained neutral n=10 (7.19%) on this question.

Question 2.2.2: In my unit/department, nurse leaders encourage every member of the nursing team to carry out proper nursing documentation and other nursing care activities (n=139)

Nurse leaders encourage nurses to implement effective nursing documents at the public hospital. A majority n=81 (58.27%) of the participants agreed that in their unit, nurse leaders encouraged every member of the nursing team to carry out proper nursing documentation and other nursing care activities. In addition, n=47 (33.82%) strongly agreed. It is worthy to note that this was the question where most of the participants agreed upon (92%) i.e., the lowest disagreed score. A statistically significant $p<0.05$ result attained (table 4.11).

Question 2.2.3: Supervision by nurse leaders is an important aspect for promoting a culture of good nursing documentation (n=139)

A majority n=79 (56.83%) of the participants agreed that the supervision by nurse leaders at the public hospital is an important aspect of promoting a culture of good nursing documentation; however, only n=40 (28.78%) strongly agreed. A few of the participants disagreed n=12 (8.63%); strongly disagreed n=2 (1.44%) and other participants were neutral n=6 (4.32%) on this question.

Question 2.2.4: Nurse leaders ensure nurses are provided with policies, procedures, and guidelines regarding nursing care documentation (n=139)

Policies, procedures, and guidelines are available for nurses. A majority n=63 (45,3%) of the participants agreed that nurse leaders ensured nurses were provided with policies, procedures, and guidelines regarding nursing care documentation however only n=37 (26.62) %) strongly agree. A few of the participants disagreed n=16 (11.51); strongly disagreed n=3 (2.16%) and others were neutral n=20 (14.39%) on this question. The results showed statistical significance $p<0.05$ (table 4.11).

Question 2.2.5: Nurse leaders assist junior nurses or subordinates to familiarize themselves with the policies and procedures for good nursing documentation (n=139)

A majority n=80 (57.55%) of the participants agreed that nurse leaders assisted junior nurses or subordinates to familiarize themselves with the policies and procedures for good nursing documentation; however, only n=22 (15.83%) strongly agreed. A few of the participants disagreed n=17 (12.23%); strongly disagreed n=1 (0.72%) and others were

neutral n=19 (13.67%) on this question. A statistically significant p<0.05 result (table 4.11).

Question 2.2.6: Nurse leaders ensure nursing documentation in my ward/ department is done according to the hospital policy and procedures(n=139)

Overseeing of the implementation of policies and procedures related to nursing documentation is being done. A majority n=78 (56.12%) of the participants agreed that nurse leaders ensured nursing documentation in their ward was done according to the hospital policy and procedure; however, only n=24 (17.27%) strongly agreed. A few of the participants disagreed n= 14 (10.07%); strongly disagreed n=1 (0.72%) and others were neutral n=22 (15.83%) on this question. The results showed statistical significance p<0.05 (table 4.11).

Question 2.2.7: Nurse leaders create a conducive working environment and ensure good working conditions at the hospital to achieve proper nursing documentation (n=139)

A majority n=58 (41.73%) of the participants agreed that nurse leaders at the public hospital created a conducive working environment and ensured good working conditions to achieve proper nursing documentation; however, only n=18 (12.95%) strongly agreed. A few of the participants disagreed n=26 (18.71%); strongly disagreed n=9 (6.47%). This question provides the most neutral response n=28 (20.14%) apart from question 2.3.8. A statistically significant p<0.05 result (table 4.11).

Question 2.2.8: Nurse leaders ensure staff are provided with enough documentation materials (including all necessary papers, forms, registers, etc.) (n=139)

Participants have mix experiences on documentation material at the public hospital under study. It is noteworthy that this was the question where most of the participants (58%) did not agree and kept neutral on the role of the nurse leaders in overseeing nursing documentation. Although a majority n=43 (30.94%) of the participants agreed that nurse leaders at the public hospital ensured staff are provided with enough documentation materials (including all necessary papers, forms, registers, etc.), n=36 (25.90%)

disagreed in addition to n=27 (19.42%) who strongly disagreed and those who were neutral n=18 (12.95%) on this question. The results showed statistical significance p<0.05 (table 4.11).

Question 2.2.9: Nurse leaders provide adequate nursing staff on each shift to ensure a high quality of nursing care is rendered and documentation is done according to standards (n=139)

Most of the participants n=47 (33.81%) disagreed that the nurse leaders provided adequate nursing staff on each shift to ensure a high quality of nursing care is rendered and documentation is done according to standards. Furthermore, n=25 (17.99%) of the participants strongly disagreed. However, n=45 (32.37%) of the participants agreed and only n=13 (9.35%) strongly agreed. Nine (6.47%) of the participants chose to stay neutral on this topic. It is worthy to note that this was the question where most of the participant disagreed on the normative role of the nurse leader in overseeing nursing documentation. A statistically significant p<0.05 result (table 4.11).

Question 2.2.10: Nurse leaders ensure nursing documentation audits are done regularly in my nursing unit/department (n=139)

Audits are carried out in the departments. A majority n=80 (57.55%) of the participants agreed that nurse leaders ensured nursing documentation audits are done regularly in their nursing unit; however, only n=17 (12.23%) strongly agreed. A few of the participants disagreed n=25 (17.99%); strongly disagreed n=4 (2.88%) and others remained neutral n=13 (9.35%) on this question.

Question 2.2.11: Results of nursing documentation audits are shared with staff and used by nurse leaders as a reference point for improvement of nursing documentation in my unit/ department (n=139)

A majority n=78 (56.12%) of the participants agreed that in their unit at the public hospital, the results of nursing documentation audits were shared with the staff and used by nurse leaders as a reference point for improvement of nursing documentation; however, only n=21 (15.11%) strongly agreed. A few of the participants disagreed n=21 (15.11%);

strongly disagreed n=4 (2.88%) and others remained neutral n=15 (10.79%) on this question. The results showed statistical significance p<0.05 (table 4.11).

Table 4.4: Responses for the normative role of the nurse leader (n:139)

Questionnaire Items for the Normative Role	Responses	1.Strongly disagree	2.Disagree	3.Neutral / N/A	4.Agree	5.Strongly agree
2.2.1: The nurse leaders inform and remind nurses about relevant ethical and legal aspects related to nursing documentation	n=139	2 (1.44%)	10 (7.19%)	10 (7.19%)	82 (58.99%)	35 (25.18%)
2.2.2: In my unit/department, nurse leaders encourage every member of the nursing team to carry out proper nursing documentation and other nursing care activities	n=139	1 (0.72%)	9 (6.47%)	1 (0.72%)	81 (58.27%)	47 (33.82%)
2.2.3: Supervision by nurse leaders is an important aspect for promoting a culture of good nursing documentation	n=139	2 (1.44%)	12 (8.63%)	6 (4.32%)	79 (56.83%)	40 (28.78%)
2.2.4: Nurse leaders ensure nurses are provided with policies, procedures and guidelines regarding nursing care documentation	n=139	3 (2.16%)	16 (11.51%)	20 (14.39%)	63 (45.32%)	37 (26.62%)
2.2.5: Nurse leaders assist junior nurses or subordinates to familiarize themselves with the policies and procedures for good nursing documentation	n=139	1 (0.72%)	17 (12.23%)	19 (13.67%)	80(57.5%)	22 (15.83%)
2.2.6: Nurse leaders ensure nursing documentation in my ward/ department is done according to the hospital policy and procedures	n=139	1 (0.72%)	14 (10.07%)	22 (15.83%)	78 (56.12%)	24 (17.27%)
2.2.7: Nurse leaders create a conducive working environment and ensure good working conditions at the hospital to achieve proper nursing documentation	n=139	9 (6.47%)	26 (18.71%)	28 (20.14%)	58 (41.73%)	18 (12.95%)
2.2.8: Nurse leaders ensure staff are provided with enough documentation materials (including all necessary papers, forms, registers, etc.)	n=139	27 (19.42%)	36 (25.90%)	18 (12.95%)	43 (30.94%)	15 (10.79%)
2.2.9: Nurse leaders provide adequate nursing staff on each shift to ensure a high quality of nursing care is rendered and documentation is done according to standards	n=139	25 (17.99%)	47 (33.81%)	9 (6.47%)	45 (32.37%)	13 (9.35%)
2.2.10: Nurse leaders ensure nursing documentation audits are done regularly in my nursing unit/department	n=139	4 (2.88%)	25 (17.99%)	13 (9.35%)	80 (57.55%)	17 (12.23%)

Questionnaire Items for the Normative Role	Responses	1.Strongly disagree	2.Disagree	3.Neutral / N/A	4.Agree	5.Strongly agree
2.2.11: Results of nursing documentation audits are shared with staff and used by nurse leaders as a reference point for improvement of nursing documentation in my unit/ department	n=139	4 (2.88%)	21 (15.11%)	15 (10.79%)	78 (56.12%)	21 (15.11%)

For most of the eleven questionnaire items for the normative role, more than 50% of the nurses either agreed or strongly agreed with the statements posed. However, for the following two items below, less than 50% of the nurses agreed:

2.2.8: Nurse leaders ensure staff are provided with enough documentation materials (including all necessary papers, forms, registers, etc.)

2.2.9: Nurse leaders provide adequate nursing staff on each shift to ensure a high quality of nursing care is rendered and documentation is done according to standards

It is important to note that at least 10% of the nurses were neutral or non-committal on the following statements pertaining to the normative role:

2.2.4: Nurse leaders ensure nurses are provided with policies, procedures and guidelines regarding nursing care documentation

2.2.5: Nurse leaders assist junior nurses or subordinates to familiarize themselves with the policies and procedures for good nursing documentation

2.2.6: Nurse leaders ensure nursing documentation in my ward/ department is done according to the hospital policy and procedures

2.2.7: Nurse leaders create a conducive working environment and ensure good working conditions at the hospital to achieve proper nursing documentation

2.2.8: Nurse leaders ensure staff are provided with enough documentation materials (including all necessary papers, forms, registers, etc.)

2.2.11: Results of nursing documentation audits are shared with staff and used by nurse leaders as a reference point for improvement of nursing documentation in my unit/ department

4.4.3 ANALYSIS OF THE RESPONSED FOR THE RESTORATIVE ROLE

The table below displays the responses of the participants to the restorative role of the nurse leader in overseeing nursing documentation in the public hospital under study.

Question 2.3.1: Nurse leaders assist nurses to cope with work stress/ burnout at the hospital, which enables nurses to do proper documentation of nursing care (n=139)

Participants had mixed experiences with nurse leaders' assistance with work stress at the public hospital. A majority n=58 (41.73%) of the participants agreed that nurse leaders assisted nurses to cope with work stress/ burnout at the hospital, which enabled nurses to do proper documentation of nursing care, but only n=12 (8.63%) strongly agreed. However, some of them disagreed n=36 (25.90%); strongly disagreed n=19 (13.67%) and others remained neutral n=14 (10.07%) on this question. A statistically significant $p<0.05$ result (table 4.12).

Question 2.3.2: Nurse leaders promote teamwork, which promotes good nursing documentation in my unit/ department (n=139)

A majority n= 78 (56.12%) of the participants agreed that in their unit, nurse leaders promoted teamwork, which promoted good nursing documentation, however, only n= 26(18.71%) strongly agreed. A few of the participants disagreed n=22 (15.83%); strongly disagreed n= 2 (1.44%) and others were neutral n=13 (9.35) on this question. The results showed statistical significance $p<0.05$ (table 4.12).

Question 2.3.3: Where nurse leaders promote good interpersonal relationship between the nurse leaders and nurses, proper nursing documentation is achieved (n=139)

Nurses link good interpersonal relationships with good nursing documentation. A majority n=84 (60.43%) of the participants agreed that where nurse leaders promoted good interpersonal relationship between the nurse leaders and nurses, proper nursing documentation was achieved; however, only n= 35 (25.18%) strongly agreed. A few of the participants disagreed n=11 (7.91%); strongly disagreed n=1 (0.72%) and others remained neutral n= 8 (5.76%) on this question.

Question 2.3.4: In my department, nurses feel free to discuss their problems and challenges related to patient care including nursing documentation with the nurse leaders because there is a feeling of support from the leaders (n=139)

A majority n= 70 (50.36%) of the participants agreed that in their department, nurses felt free to discuss their problems and challenges related to patient care including nursing documentation with the nurse leaders because there was a feeling of support from the leaders; however, only n=28 (20.14%) strongly agreed. A few of the participants disagreed n= 20 (14.39%); strongly disagreed n=5 (3.60%) and others were neutral n= 16 (11.51%) on this question. A statistically significant $p<0.05$ result (table 4.12).

Question 2.3.5: Nurse leaders strive to keep staff in my ward/department motivated to provide the best care to the patients including proper documentation of the care rendered (n=139)

Nurses are motivated regarding proper nursing documentation. A majority n= 70 (50.36%) of the participants agreed that Nurse leaders strive to keep staff in their ward/department motivated to provide the best care to the patients including proper documentation of the care rendered; however, only n=26 (18.71%) strongly agreed. A few of the participants disagreed n=13 (9.35%); strongly disagreed n=9 (6.47%) and others remained neutral n =21 (15.11%) on this question. The results showed statistical significance $p<0.05$ (table 4.12).

Question 2.3.6: Nurse leaders ensure personal wellbeing of nurses, which leads to improved quality of the care rendered to patients, including good nursing documentation(n=139)

A majority n=57 (41.30%) of the participants agreed that nurse leaders ensured personal wellbeing of nurses, which led to improved quality of the care rendered to patients, including good nursing documentation; however, only n=22 (15.83%) strongly agreed. A few of the participants disagreed n=37 (26.62%); strongly disagreed n=8 (5.76%) and other remained neutral n=15 (10.79%) on this question. A statistically significant $p<0.05$ result (table 4.12).

Question 2.3.7: Nurse leaders assist nurses in dealing with conflicts that may compromise patient care and nursing documentation (n=139)

Conflicts are well dealt with at the public hospital. A majority n=71 (51.08%) of the participants agreed that nurse leaders assisted nurses in dealing with conflicts that may compromise patient care and nursing documentation; however, only n=21 (15.11%) strongly agreed. A few of the participants disagreed n=22 (15.83%); strongly disagreed n=6 (4.32%) and others were neutral n=19 (13.67%) on this question.

Question 2.3.8: In my hospital, nurse leaders demonstrate clinical expertise; they are knowledgeable and provide assistance to the nurses to carry out their tasks well(n=139)

A majority n=71 (51.08%) of the participants agreed that in their hospital, nurse leaders demonstrated clinical expertise; they were knowledgeable and provided assistance to the nurses to carry out their tasks well; however, only n= 21(15.11%) strongly agreed. A few of the participants disagreed n=19 (13.67%); none strongly disagreed. Together with question 2.2.7, this question provided the most neutral responses n=28 (20.14%). The results showed statistical significance $p<0.05$ (table 4.12).

Question 2.3.9: In my hospital, nurse leaders act as role models in clinicals tasks including nursing documentation (n=139)

Role modeling of nursing documentation are being done at the public sector hospital. A majority n=64 (46.04%) of the participants agreed that in their hospital, nurse leaders acted as role models in clinical tasks including nursing documentation; however, only n= 26(18.71%) strongly agreed. A few of the participants disagreed n=28 (20.14%); strongly disagreed n= 1 (0.72%) and others remained neutral n=20 (14.39%) on this question. A statistically significant $p<0.05$ result was attained (table 4.12).

Question 2.3.10: The support from the nurse leader in my unit, ward/ department facilitates professional self-improvement of nurses, leading to improved nursing care and good nursing documentation (n=139)

A majority n=75 (53.96%) of the participants agreed that the support from the nurse leader in their unit facilitated professional self-improvement of nurses, leading to improved nursing care and good nursing documentation; however, only n=31(22.30%) strongly agreed. A few of the participants disagreed n=14 (10.07%); strongly disagreed n=1 (0.72%) and others remained neutral n=18 (12.95%) on this question.

Table 4.5: Responses for the restorative role of the nurse leader (n:139)

Questionnaire Items for the Restorative Role	Responses	1.Strongly disagree	2.Disagree	3.Neutral / N/A	4.Agree	5.Strongly agree
2.3.1: Nurse leaders assist nurses to cope with work stress/ burnout at the hospital, which enables nurses to do proper documentation of nursing care	n=139	19(13.67%)	36(25.90%)	14(10.07%)	58(41.73%)	12 (8.63%)
2.3.2: Nurse leaders promote teamwork, which promotes good nursing documentation in my unit/ department	n=139	2(1.44%)	22(15.83%)	13(9.35%)	78(56.12%)	26 (18.71%)
2.3.3: Where nurse leaders promote good interpersonal relationship between the nurse leaders and nurses, proper nursing documentation is achieved	n=139	1 (0.72%)	11 (7.91%)	8 (5.76%)	84 (60.43%)	35 (25.18%)
2.3.4: In my department, nurses feel free to discuss their problems and challenges related to patient care including nursing documentation with the nurse leaders because there is a feeling of support from the leaders	n=139	5 (3.60%)	20 (14.39%)	16 (11.51%)	70 (50.36%)	28 (20.14%)
2.3.5: Nurse leaders strive to keep staff in my ward/department motivated to provide the best care to the patients including proper documentation of the care rendered	n=139	9 (6.47%)	13 (9.35%)	21 (15.11%)	70 (50.36%)	26 (18.71%)
2.3.6: Nurse leaders ensure personal wellbeing of nurses, which leads to improved quality of the care rendered to patients, including good nursing documentation	n=139	8 (5.76%)	37 (26.62%)	15 (10.79%)	57 (41.01%)	22 (15.83%)
2.3.7: Nurse leaders assist nurses in dealing with conflicts that may compromise patient care and nursing documentation	n=139	6 (4.32%)	22 (15.83%)	19 (13.67%)	71 (51.08%)	21 15.11(%)

Questionnaire Items for the Restorative Role	Responses	1.Strongly disagree	2.Disagree	3.Neutral / N/A	4.Agree	5.Strongly agree
2.3.8: In my hospital, nurse leaders demonstrate clinical expertise; they are knowledgeable and provide assistance to the nurses to carry out their tasks well	n=139	0 (0%)	19 (14%)	28 (20.14%)	71 (51%)	21 (15%)
2.3.9: In my hospital, nurse leaders act as role models in clinicals tasks including nursing documentation	n=139	1 (1%)	28 (20%)	20 (14,38%)	64 (46%)	26 (19%)
2.3.10: The support from the nurse leader in my unit, ward/ department facilitates professional self-improvement of nurses, leading to improved nursing care and good nursing documentation.	n=139	1 (0.72%)	14 (10.07%)	18 (12.95%)	75 (53.96%)	31 (22.30%)

For all the ten questionnaire items for the restorative role, more than 50% of the nurses either agreed or strongly agreed with the statements posed. However, for the items below, at least 20% of the nurses either disagreed or strongly disagreed:

2.3.1: Nurse leaders assist nurses to cope with work stress/ burnout at the hospital, which enables nurses to do proper documentation of nursing care

2.3.6: Nurse leaders ensure personal wellbeing of nurses, which leads to improved quality of the care rendered to patients, including good nursing documentation

2.3.7: Nurse leaders assist nurses in dealing with conflicts that may compromise patient care and nursing documentation

2.3.9: In my hospital, nurse leaders act as role models in clinicals tasks including nursing documentation

It is important to note that at least 10% of the nurses were neutral or non-committal on the following statements pertaining to the restorative role:

2.3.1: Nurse leaders assist nurses to cope with work stress/ burnout at the hospital, which enables nurses to do proper documentation of nursing care

2.3.4: In my department, nurses feel free to discuss their problems and challenges related to patient care including nursing documentation with the nurse leaders because there is a feeling of support from the leaders

2.3.5: Nurse leaders strive to keep staff in my ward/department motivated to provide the best care to the patients including proper documentation of the care rendered

2.3.6: Nurse leaders ensure personal wellbeing of nurses, which leads to improved quality of the care rendered to patients, including good nursing documentation

2.3.7: Nurse leaders assist nurses in dealing with conflicts that may compromise patient care and nursing documentation

2.3.8: In my hospital, nurse leaders demonstrate clinical expertise; they are knowledgeable and provide assistance to the nurses to carry out their tasks well

2.3.9: In my hospital, nurse leaders act as role models in clinicals tasks including nursing documentation

2.3.10: The support from the nurse leader in my unit, ward/ department facilitates professional self-improvement of nurses, leading to improved nursing care and good nursing documentation.

4.5 ANALYSIS OF ASSOCIATIONS BETWEEN DEMOGRAPHIC VARIABLES AND RESPONSES TO THE ROLE OF THE NURSE LEADER

The researcher conducted simple logistic regression analysis to identify which demographic variables were statistically significantly associated with nurses' responses for the formative, normative and restorative domains of the Proctor model. Odd ratios (ORs) were calculated to show the association between the valuables and the results reported with their corresponding confidence intervals and *P* values.

The results were summarized in the tables below. For purposes of simplifying the tables, only results that were statistically significant, or notable have been reported. All other results that have not been shown in the tables were unremarkable.

4.5.1 FORMATIVE ROLE

The table below shows the association between the demographic data and the nurses' perception of the formative role of the nurse leader in overseeing documentation at a public hospital in Windhoek, Namibia. To avoid the table being overly crowded, only results that are statistically significant or nearing statistical significance are presented.

Table 4.6: Association between demographic variables and formative role

		Formative role						
Variable	**Category**	**2.1.1**	**2.1.2**	**2.1.4**	**2.1.5**	**2.1.6**	**2.1.7**	**2.1.8**
Age group	20-29 years	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	30-39 years		OR 4.10, 95% CI 1.06-15.87, p=0.04			OR 0.34, 95% CI 0.11- 1.05, p=0.06		OR 2.53, 95% CI 1.11-5.78, p=0.03
	40-49 years				OR 0.25, 95% CI 0.09-0.75, p=0.01	OR 0.24, 95% CI 0.06-0.97, p=0.04	OR 0.22, 95% CI 0.07-0.76, p=0.02	
	50 years and older							
Qualification	Enrolled nurse and midwife	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Registered nurse and midwife			OR 4.17, 95% CI 1.28-13.52, p=0.02				
	Registered nurse with specialization	OR 0.19, 95% CI 0.06-0.63, p=0.01						
Experience	0-1 year	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2 - 5 years							
	6 - 10 years			OR 12.96, 95% CI 1.56-107.56, p=0.02		OR 0.26, 95% CI 0.07- 1.07, p=0.06		
	Over 10 years				OR 0.28, 95% CI 0.09-0.86, p=0.03	OR 0.22, 95% CI 0.05-1.00, p=0.05		

Age group

The researcher explored whether supervision of nursing documentation by nurse leaders enhanced knowledge of nurses on good documentation practices. Compared to nurses aged 20-29 years, those aged 30-39 years were most agreeable with this statement (OR 4.10, 95% CI 1.06-15.87, p=0.04).

A question was posed on whether leaders facilitated nurses to receive continuous professional development training related to nursing documentation. When compared to

the younger nurses aged 20-29 years, older nurses, especially those aged 40-49 disagreed the most with this statement (OR 0.25, 95% CI 0.09-0.75, p=0.01).

On whether the mentorship support by nurse leaders led to improved professionalism amongst nurses in the ward, unit, or department, the older nurses tended to disagree the most. When compared to the responses given by the youngest nurses (20-29years), those aged 30-49 years (OR 0.34, 95% CI 0.11- 1.05, p=0.06) and those aged 40-49 years (OR 0.24, 95% CI 0.06-0.97, p=0.04) disagreed the most with the statement.

A question was posed whether nurse leaders always facilitated orientation of the newly appointed nurses to familiarize themselves with the requirement of good nursing documentation. Comparing with the youngest nurses aged 20-29 years, older nurses, especially those aged between 40-39 years disagreed the most with the statement (OR 0.22, 95% CI 0.07-0.76, p=0.02).

Comparing with the youngest nurses aged 20-29 years, older nurses, especially those aged between 30-39 years agreed that leaders offered constructive criticism when nursing care and documentation was not done well (OR 2.53, 95% CI 1.11-5.78, p=0.03).

Qualification

Regarding the question of whether supervision of nursing documentation is a continuous process of information sharing between the nurse and supervisor, registered nurses with specializations were most disagreeable with the statement, compared with the enrolled nurses (OR 0.19, 95% CI 0.06-0.63, p=0.01).

Experience

The researcher explored whether supervision of nursing documentation by nurse leaders enhanced the attitude of nurses towards good documentation practices. Compared to enrolled nurses, registered nurses and midwives were most agreeable with the statement (OR 4.17, 95% CI 1.28-13.52, p=0.02).

The researcher also sought to know whether supervision of nursing documentation by nurse leaders enhanced attitude of nurses towards good documentation practices. Compared to the newly qualified nurses with 0-1 years of experience, the nurses with 6-

10 years of experience were most agreeable with the statement (OR 12.96, 95% CI 1.56-107.56, p=0.02).

A question was posed on whether leaders facilitated nurses to receive continuous professional development training related to nursing documentation. When compared to the newly graduated nurses with 0-1 years of experience, the nurses with the longest years of experience (over 10 years) disagreed the most with this statement (OR 0.28, 95% CI 0.09-0.86, p=0.03).

Similarly, on whether the mentorship support by nurse leaders led to improved professionalism amongst nurses in the ward, unit, or department, the more experienced nurses tended to disagree the most with this statement. When compared to the responses given by the newly qualified nurses who have the least experience (0-1years), those with 6-10 years of experience (OR 0.26, 95% CI 0.07- 1.07, p=0.06) and those with over 10 years of experience (OR 0.22, 95% CI 0.05-1.00, p=0.05) disagreed the most.

4.5.2 NORMATIVE ROLE

The table below show the association between the demographic data and the participant' responses to the normative role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia. To avoid the table being overly crowded, only results that are statistically significant or nearing statistical significance are presented.

Table 4.7: Association between demographic variables and normative role

		Normative role							
Variable	**Category**	**2.2.2**	**2.2.4**	**2.2.5**	**2.2.6**	**2.2.7**	**2.2.8**	**2.2.9**	**2.2.11**
Age group	20-29 years	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	30-39 years		OR 0.41, 95% CI 0.17-1.00, p=0.05						
	40-49 years								
	50 years and older								
Gender	Female	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Male		OR 0.25, 95% CI 0.11-0.59, p=0.01						

		Normative role							
Qualification	Enrolled nurse and midwife	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Registered nurse and midwife								
	Registered nurse with specialization	OR 0.17, 95% CI 0.04-0.84, p=0.03				OR 0.22, 95% CI 0.07-0.70, p=0.01			
Experience	0-1 year	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2 - 5 years			OR 2.74, 95% CI 0.99-7.56, p=0.05			OR 0.47, 95% CI 0.19-1.15, p=0.10	OR 0.47, 95% CI 0.19-1.15, p=0.10	
	6 - 10 years			OR 3.04, 95% CI 1.01-9.14, p=0.05		OR 0.42, 95% CI 0.16-1.10, p=0.08	OR 0.16, 95% CI 0.06-0.47, p=0.00	OR 0.34, 95% CI 0.13-0.88, p=0.03	
	Over 10 years					OR 0.26, 95% CI 0.08-0.80, p=0.02			
Department	Accident and Emergency	Reference	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Antenatal and Postnatal			OR 4.66, 95% CI 1.01-21.36, p=0.05		OR 0.18, 95% CI 0.04-0.81, p=0.02			OR 0.10, 95% CI 0.01-0.91, p=0.05
	Critical Care Unit			OR 3.74, 95% CI 0.92-15.32, p=0.07					OR 0.06, 95% CI 0.01-0.53, p=0.01
	Internal medicine			OR 3.80, 95% CI 1.01-14.18, p=0.05	OR 5.91, 95% CI 1.07-32.80, p=0.04				
	Obstetrics and Gynaecology								
	Paediatrics								OR 0.09, 95% CI 0.01-0.97, p=0.05
	Surgery and Orthopedics			OR 3.99, 95% CI 1.07-14.87, p=0.04	OR 3.95, 95% CI 0.87-17.98, p=0.07				

Age group

Compared to the nurses in the youngest age group (20-29 years), the middle-aged nurses, particularly those between 30-39 years old, disagreed the most with the statement that nurse leaders in their department ensure nurses are provided with policies, procedures, and guidelines regarding nursing care documentation (OR 0.41, 95% CI 0.17-1.00, p=0.05).

Gender

Interestingly, male nurses disagreed more than female nurses with the statement that nurse leaders ensure nurses are provided with policies, procedures, and guidelines regarding nursing care documentation (OR 0.25, 95% CI 0.11-0.59, p=0.01). This was the only statement where there was disagreement between male and female nurses.

Qualification

The researcher asked respondents for their opinion on whether nurse leaders encouraged every member of the nursing team to carry out proper nursing documentation and other nursing care activities. It was noted that registered nurses and midwives, compared to the enrolled nurses, disagreed most with this statement (OR 0.17, 95% CI 0.04-0.84, p=0.03).

With reference to the Enrolled nurses, Registered nurses with a specialization tended to disagree with the statement that nurse leaders created a conducive working environment and ensured good working conditions are implemented at the hospital to achieve proper nursing documentation (OR 0.22, 95% CI 0.07-0.70, p=0.01).

When compared with the Enrolled nurses, Registered nurses having a specialization disagreed the most with the statement that nurse leaders ensured staff are provided with enough documentation materials, such as the necessary papers, forms, registers (OR 0.29, 95% CI 0.09-0.88, p=0.03).

Additionally, when compared with the Enrolled nurses, Registered nurses having a specialization disagreed the most with the statement that results of nursing documentation audits are shared with staff and used by nurse leaders as a reference point for improvement of nursing documentation in the nursing unit or department.

Experience

On the statement that nurse leaders assisted junior nurses or subordinates to familiarize themselves with the policies and procedures for good nursing documentation, nurses with 2-5 years of experience (OR 2.74, 95% CI 0.99-7.56, p=0.05) and nurses with 6-10 years

of experience (OR 3.04, 95% CI 1.01-9.14, p=0.05) agreed the most, in comparison with the newly employed nurses with 0-1 year of experience.

Compared to the newly employed nurses with 0-1 years of experience, nurses with 6-10 years of experience (OR 0.42, 95% CI 0.16-1.10, p=0.08) and nurses with over 10 years of experience (OR 0.26, 95% CI 0.08-0.80, p=0.02) tended to disagree to the statement that nurse leaders create a conducive working environment and ensure good working conditions are implemented at the hospital to achieve proper nursing documentation.

When compared with the newly graduated nurses, nurses with 2-5 years of experience (OR 0.47, 95% CI 0.19-1.15, p=0.10) and nurses with 6-10 years of experience (OR 0.16, 95% CI 0.06-0.47, p=0.00) tended to disagree the most with the statement that nurse leaders ensured staff were provided with enough documentation materials, such as the necessary papers, forms, registers.

In addition, when compared with the newly graduated nurses, nurses with 2-5 years of experience (OR 0.47, 95% CI 0.19-1.15, p=0.10) and nurses with 6-10 years of experience (OR 0.34, 95% CI 0.13-0.88, p=0.03) tended to disagree the most with the statement that nurse leaders provided adequate nursing staff on each shift to ensure a high quality of nursing care is rendered and documentation is done according to standards.

Department

There was varied opinion by nursing department on the statement whether nurse leaders assisted junior nurses or subordinates to familiarize themselves with the policies and procedures for good nursing documentation. Compared with nurses working in the accident and emergency department, those working in the Antenatal and Postnatal Department (OR 4.66, 95% CI 1.01-21.36, p=0.05); the Critical Care Unit (OR 3.74, 95% CI 0.92-15.32, p=0.07); the Internal Medicine Department (OR 3.80, 95% CI 1.01-14.18, p=0.05); and in the Surgery and Orthopedics Department (OR 3.99, 95% CI 1.07-14.87, p=0.04); were most agreeable.

The respondents were asked if nurse leaders in their department ensure nursing documentation is done according to the hospital policy and procedures. When compared

with the responses from the nurses working in the Accident and Emergency Department (OR 5.91, 95% CI 1.07-32.80, p=0.04), those working in the Departments of Internal Medicine and in Surgery and Orthopedics (OR 3.95, 95% CI 0.87-17.98, p=0.07) agreed the most with the statement.

Compared to nurses working in the Accident and Emergency Department, nurses working in the Antenatal and Postnatal Department (OR 0.18, 95% CI 0.04-0.81, p=0.02) tended to disagree with the statement that nurse leaders created a conducive working environment and ensured good working conditions were implemented at the hospital to achieve proper nursing documentation.

There was a general disagreement about the statement whether results of nursing documentation audits were shared with staff and used by nurse leaders as a reference point for improvement of nursing documentation in the nursing unit or department. Compared with nurses working in the accident and emergency department, those working in the Antenatal and Postnatal Department (OR 0.10, 95% CI 0.01-0.91, p=0.05); the Critical Care Unit (OR 0.06, 95% CI 0.01-0.53, p=0.01); and in the Paediatrics Department (OR 0.09, 95% CI 0.01-0.97, p=0.05); disagreed the most with the statement.

4.5.3 RESTORATIVE ROLE

The table below show the association between the demographic data and the participant' responses to the restorative role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia. To avoid the table being overly crowded, only results that are statistically significant or nearing statistical significance are presented.

Table 4.8: Association between demographic variables and restorative role

		Restorative role						
	Category	**2.3.1**	**2.3.2**	**2.3.4**	**2.3.5**	**2.3.6**	**2.3.8**	**2.3.9**
Age group	20-29 years	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	30-39 years							OR 0.41, 95% CI 0.19-0.93, p=0.03
	40-49 years						OR 0.36, 95% CI 0.12-1.04, p=0.06	

		Restorative role						
	50 years and older							
Qualification	Enrolled nurse and midwife	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Registered nurse and midwife							
	Registered nurse with specialization	OR 0.27, 95% CI 0.08-0.86, p=0.03			OR 0.21, 95% CI 0.07-0.66, p=0.01	OR 0.16, 95% CI 0.05-0.56, p=0.00	OR 0.29, 95% CI 0.09-0.88, p=0.03	
Experience	0-1 year	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	2 - 5 years						OR 0.33, 95% CI 0.11-1.04, p=0.06	OR 0.16, 95% CI 0.05-0.53, p=0.00
	6 - 10 years						OR 0.24, 95% CI 0.08-0.78, p=0.02	OR 0.17, 95% CI 0.05-0.58, p=0.00
	Over 10 years	OR 0.30, 95% CI 0.10-0.94, p=0.04					OR 0.08, 95% CI 0.02-0.29, p=0.00	OR 0.11, 95% CI 0.03-0.42, p=0.00
Department	Accident and Emergency	Reference	Reference	Reference	Reference	Reference	Reference	Reference
	Antenatal and Postnatal	OR 0.14, 95% CI 0.03-0.59, p=0.01		OR 4.67, 95% CI 1.02-21.42, p=0.05			OR 0.30, 95% CI 0.07-0.19, p=0.09	OR 0.23, 95% CI 0.06-0.93, p=0.04
	Critical Care Unit	OR 0.24, 95% CI 0.06-0.95, p=0.04	OR 9.69, 95% CI 1.06-88.63, p=0.04	OR 3.75, 95% CI 0.92-15.34, p=0.07				
	Internal medicine	OR 0.24, 95% CI 0.06-0.87, p=0.03						
	Obstetrics and Gynaecology							
	Paediatrics	OR 0.12, 95% CI 0.01-0.66, p=0.01				OR 0.18, 95% CI 0.03-1.06, p=0.06		
	Surgery and Orthopedics							

Age group

Compared to the nurses in the youngest age group (20-29 years), the middle-aged nurses, particularly those between 40-49 years old, disagreed the most with the statement that nurse leaders demonstrated clinical expertise; they were knowledgeable and provided assistance to the nurses to carry out their tasks well (OR 0.36, 95% CI 0.12-1.04, p=0.06).

Compared to the nurses in the youngest age group (20-29 years), nurses aged between 40-49 years disagreed the most with the statement that nurse leaders acted as role models in clinical tasks including nursing documentation (OR 0.41, 95% CI 0.19-0.93, p=0.03).

Qualification

In comparison to Enrolled nurses, Registered nurse and midwives having a specialization disagreed the most with the statement that nurse leaders assisted nurses to cope with work stress and burnout at the hospital, which enabled nurses to do proper documentation of nursing care (OR 0.27, 95% CI 0.08-0.86, p=0.03).

Similarly, in comparison to Enrolled nurses, Registered nurse and midwives having a specialization disagreed the most with the statement that nurse leaders strived to keep staff in their ward/department motivated to provide the best care to the patients including proper documentation of the care rendered (OR 0.21, 95% CI 0.07-0.66, p=0.01).

When compared with Enrolled nurses, Registered nurse and midwives having a specialization disagreed the most with the statement that nurse leaders ensured personal wellbeing of nurses, which led to improved quality of the care rendered to patients, including good nursing documentation (OR 0.16, 95% CI 0.05-0.56, p=0.00).

In comparison to Enrolled nurses, Registered nurse and midwives having a specialization disagreed the most with the statement that nurse leaders demonstrated clinical expertise; they were knowledgeable and provided assistance to the nurses to carry out their tasks well (OR 0.29, 95% CI 0.09-0.88, p=0.03).

Experience

In comparison with the newly graduated nurses, nurses with over 10 years of experience disagreed the most with the statement that nurse leaders assisted nurses to cope with work stress and burnout at the hospital, which enabled nurses to do proper documentation of nursing care (OR 0.30, 95% CI 0.10-0.94, p=0.04).

When compared with the newly graduated nurses, nurses with 2-5 years of experience (OR 0.33, 95% CI 0.11-1.04, p=0.06); nurses with 6-10 years of experience (OR 0.24, 95% CI 0.08-0.78, p=0.02); and nurses with over 10 years of experience (OR 0.08, 95% CI 0.02-0.29, p=0.00) tended to disagree the most with the statement that nurse leaders demonstrated clinical expertise; they are knowledgeable and provided assistance to the nurses to carry out their tasks well.

Despite the years of experience, majority of the nurses tended to disagree that nurse leaders acted as role models when performing clinical tasks, including nursing documentation. The finding for nurses with 2-5 years of experience (OR 0.16, 95% CI 0.05-0.53, p=0.00); nurses with 6-10 years of experience (OR 0.17, 95% CI 0.05-0.58, p=0.00); and nurses with over 10 years of experience (OR 0.11, 95% CI 0.03-0.42, p=0.00).

Department

There was a general disagreement with the statement that nurse leaders assisted nurses to cope with work stress and burnout at the hospital, which enabled nurses to do proper documentation of nursing care. Compared with nurses working in the accident and emergency department, those working in the Antenatal and Postnatal Department (OR 0.14, 95% CI 0.03-0.59, p=0.01); the Critical Care Unit (OR 0.24, 95% CI 0.06-0.95, p=0.04); the Internal Medicine Department (OR 0.24, 95% CI 0.06-0.87, p=0.03) and in the Pediatrics Department (OR 0.12, 95% CI 0.01-0.66, p=0.01); disagreed the most with the statement.

Compared with nurses working in the accident and emergency department, those working in the Critical Care Unit (OR 9.69, 95% CI 1.06-88.63, p=0.04) agreed that where nurse leaders promoted good interpersonal relationship between the nurse leaders and nurses, proper nursing documentation was achieved.

Furthermore, compared with nurses working in the accident and emergency department, those working in the Antenatal and Postnatal Department (OR 4.67, 95% CI 1.02-21.42, p=0.05); and in the Critical Care Unit (OR 3.75, 95% CI 0.92-15.34, p=0.07) agreed the most with the statement that nurses felt free to discuss their problems and challenges related to patient care including nursing documentation with the nurse leaders because there was a feeling of support from the leaders.

Compared with nurses working in the accident and emergency department, those working in the Paediatrics Department (OR 0.18, 95% CI 0.03-1.06, p=0.06) disagreed the most that nurse leaders ensured personal wellbeing of nurses, which led to improved quality of the care rendered to patients, including good nursing documentation.

Whereas nurses from all the departments generally disagreed with the statement that nurse leaders demonstrated clinical expertise; they were knowledgeable and provided assistance to the nurses to carry out their tasks well, those from the Antenatal and Postnatal Department disagreed the most when compared with the responses of the nurses from the Accident and Emergency Department (OR 0.30, 95% CI 0.07-0.19, p=0.09).

Compared with nurses working in the accident and emergency department, those working in the Antenatal and Postnatal Department (OR 0.23, 95% CI 0.06-0.93, p=0.04) disagreed the most that nurse leaders acted as role models when performing clinical tasks, including nursing documentation.

4.6 CONCLUSION

In this chapter, data analysis methods, study results and an interpretation of the findings have been presented. This chapter presented the answers to the research question which was about the role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia.

Demographic data were clearly described and some statistical tests such as the chi-square test were used to determine if two variables are related. Finally, simple logistic regression analysis was performed to assess whether nurses' age group, gender, qualifications, experience and department explained the responses to the statements posed in the questionnaire.

In the next chapter, Chapter Five, the findings of this study will be discussed and compared with the available findings from different studies and literature.

Recommendations will be made and limitations to this study will also be presented.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The foundation of this study is presented in chapter 1 and chapter 2 that outline the overview of the literature on nurse leader's role in overseeing nursing documentation. In chapter 3, the research methodology and design applied in this study were explained. In chapter 4, the results of the study are presented.

This chapter is the discussion of the results of the study as presented in the previous chapter. Interpretation of the results is done with reference to other previous studies. Conclusion is made, and recommendations and limitations also outlined.

5.2 DISCUSSION

The study aimed to investigate the role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia.

The objectives were to determine:

- The formative role of nurse leaders in overseeing nursing documentation at a public sector hospital,
- The normative role of nurse leaders in overseeing nursing documentation at a public sector hospital,
- The supportive role of nurse leaders in overseeing nursing documentation at a public sector hospital.

A cross-sectional descriptive research design was utilized to answer the research question: What is the role of the nurse leader in overseeing nursing documentation? The study adopted the lens of the Brigid Proctor model of clinical supervision which explains the three roles of the nurse leader in overseeing nursing documentation. Those roles include the formative, normative and restorative role of the nurse leader respectively.

5.2.1 Objective 1: Determine the formative role of nurse leader in overseeing nursing documentation

The formative role is concerned with skills development and educational drives towards reflective practice. This role involves giving constructive criticism, arranging for training and continuous development of the supervisees. The leaders are considered as teachers, tutors, mentors or encouragers (Cutcliffe *et al.*, 2015:24; Yuswanto & Ernawati, 2018:203).

The questions posed in section 2 subsection 2.1 of the study questionnaire included questions in regard to the nurse leaders' support of continuous education, training and orientation of new appointees, and support in improving knowledge, skills, and attitudes of the nurses, et cetera. The responses received answered this objective. According to the nurses' responses to questions on the formative role of the nurse leader, the majority of the respondents either agreed or strongly agreed with the questionnaire items posed. It is also important to note that at least 10% of respondents were either non-committal or neutral in their responses; or disagreed with some statements. Therefore, there is room for improvement on the formative role of the nurse leader in overseeing nursing documentation at the public hospital.

5.2.1.1 Continuous professional development

According to the statement posed in 2.1.5 that nurse leaders facilitate nurses to receive continuous professional development training related to nursing documentation, some respondents were non-committal (19.42%, n:29) while 14.39% (n=20) disagreed with the statement. In their work, Ning and Costello (2016:111) have emphasized the importance of continuous professional development and learning for nurses as an enabler in the attainment of professional competency. Furthermore, a mixed methods study done in Uganda by Chelagat *et al*. (2013:237) revealed that lack of training and continuous development of nurses on the importance of nursing documentation is one of the contributing factors to poor nursing documentation.

Lack of sufficient continuous professional development as an impediment in nursing practice was also supported by a research study done in Ghana, using a qualitative

design, where respondents showed concern for the absence of workshops or seminars, and in-service training on nursing documentation (Johnson, 2011:90). The respondents in the above study done in Ghana also suggested that there should be provision of leadership and monitoring team for documentation to enhance nursing practice (Johnson, 2011:91).

5.2.1.2 Nurse leaders offer feedback, constructive criticism, praise and encouragement

On the following statements, 2.1.8 Nurse leaders offer constructive criticism when nursing care and documentation is not done well, most of the nurses either agreed or strongly agreed with the statement. However, 11.51% (n:16) were neutral while 15.82% (n: 22) disagreed with the statement.

Regarding statement 2.1.9 that nurse leaders give praises and encouragement if good documentation was done, a majority 74.82%, n:104 (49.64%, n:69; 25.18%, n:35) either agreed or strongly agreed with the statement while 17% disagreed with the statement. Giving feedback and praise is important for improving staff performance. A study by Yuswanto and Ernawati (2018:206) support the importance of feedback to the employees, explaining that the extent to which employees receive feedback and information about how well they perform their tasks and duties at work positively influence the outcome of their work (Yuswanto & Ernawati, 2018). This sentiment is in agreement with a study by Gillieatt *et al*. (2014:4) that if leaders including supervisors give clear feedback to employees, it will consequently lead to development of the required skills.

5.2.1.3 Supervision by the nurse leader enhances knowledge, attitude and skills of nurses on good documentation practices

More than 80% of the nurses agreed or strongly agreed with the statements 2.1.2, 2.1.3, 2.1.4 (see table 4.7) that supervision of nursing documentation by nurse leaders enhances knowledge, attitude and skills of nurses on good documentation practices.

This finding is in agreement with the study by Turner and Hill (2011:16) where more than 60% of the respondents agreed that knowledge, skills and attitude of staff in their clinical practices were improved as a result of clinical supervision. The findings are also support

by Yuswanto and Ernawati (2018:203) who found that skills are developed with clinical supervision to improve nursing documentation. These findings are also similar to a study by Gillieatt *et al.* (2014:5) who indicated that a majority of the participants (80%) of the study stated that their knowledge and skills were improved through clinical supervision. Relatedly in our study, a majority of the participants, 46.76%, n:65 and 35.25%, n:49 also agreed or strongly agreed with the statement 2.1.1 that supervision of nursing documentation is a continuous process of information sharing between the nurse and supervisor. This is in agreement with Turner and Hill (2011:16) where at least 40% of participants agreed that clinical supervision is a two-way continuous process of information sharing between the supervisor and supervisees to improve their knowledge in nursing documentation.

5.2.1.4 Orientation of the newly appointed nurses

On the following statement, 2.1.7 Nurse leaders always facilitate orientation of the newly appointed nurses to familiarize themselves with the requirement of good nursing documentation, the majority of participants (49.64%, n:69; 31.65%, n:44) either agreed or strongly agreed with the statement.

These findings are consistent with Kamil *et al*., (2018:113) who revealed the importance of orientation of new staff and regularly supporting the staff leading to the development of staff competency in nursing activities including documenting nursing care. The findings also correspond with a study carried out in Sweden by Larsson and Sahlsten (2016:3) describing registered nurses' perceptions of what it entails to have the presence of the leader at the bedside in an inpatient care setting. The respondents expressed that the nurse leaders should keep an eye on new staff and provide support to them where necessary.

A study in Ghana by Johnson (2011) explained that often, the newly qualified nurse joins the nursing practice while equipped with theoretical and practical knowledge acquired during training and as they start working, the practice-based experience gets different from the theory acquired in the classroom. Hence, during this adaptation period, there is a need for re-orientation in nursing practices including nursing documentation. This means that constant orientation of nurses in nursing documentation processes is

important to achieve improvement in care provision (Johnson , 2011). Similarly, an action research study in Uganda by Okaisu *et al.*, (2014:4) suggested a 2-month orientation program for newly recruited nursing staff. This move aimed to teach a new patient-centered way of thinking and doing to improve the knowledge on nursing practice and to create a nursing team that would help drive the efforts to maintain the good standards of the nursing profession.

A study in Namibia by Muyakui *et al*. (2019:55) also supported orientation and induction of new staff, explaining that principles of recording and documentation taught at the university were not correlating with what was experienced in the actual clinical practice. The importance of orientation and induction of new staff is also supported by Western Cape Government Health Strategy (2016:8) suggesting that nurse managers need to enforce a compulsory orientation and induction of all new nurses and all nursing agency personnel. The implication is that clinical training in the healthcare context is vital for developing professional competencies (Western Cape Government Health Strategy, 2016:10).

5.2.2 Objective 2: Determine the normative role of nurse leader in overseeing nursing documentation

The normative role is concerned with promoting accountability, awareness and adherence to accepted nursing standards and professional norms together with adherence to the organizational policies and procedures and contributing to clinical audits (Cutcliffe *et al*., 2015; Martin *et al*., 2014:203; Yuswanto & Ernawati, 2018:203).

The questions posed in section 2 subsection 2.2 pertained to the managerial role of the nurse leader. This included audit of nursing documentation, availability of policy and guidelines, staffing in the wards, availability of recording materials, et cetera. Most of the respondents either agreed or strongly agreed with the statement posed, with an aggregate score of 50% or more for most of the normative role statements. However not all participants agreed with statements posed as shown in table 4.8. Therefore, this requires strategies for maintaining the gains and improving upon the gaps identified regarding the normative role of the nurse leader in overseeing nursing documentation at the public hospital. Below is a detailed discussion of the specific responses received from the nurses about their perception of the normative role of the nurse leaders.

5.2.2.1 Supply of documentation materials

More than 40%; 19.42%, (n:27) disagreed and 25.90% (n:36) strongly disagreed with the statement 2.2.8 that nurse leaders ensure staff members are equipped with enough documentation materials, such as necessary papers, forms, and registers. This finding is in agreement with a study conducted in South Africa, which revealed that one of the challenges of record keeping is the shortage of recording material (Mutshatshi *et al.*, 2018:1). The study conducted in South Africa further found that nurses were able to perform various activities and plan for patient care, but not enough patient record forms were made available to them (Mutshatshi *et al.*, 2018). The shortage of documentation materials was also demonstrated in a study by Chelagat *et al.* (2013:240), which revealed that there were occasional shortages of important patient documentation material at a public hospital in Kenya. As required, Brady and Cummings (2010:437) suggested that nurse leaders and managers should recognize the importance of the duties, activities and responsibilities of the nurses in their workday by having access to appropriate resources. Healthcare organizations are encouraged and should take responsibility in providing the necessary resources for nurses to meet their professional responsibilities (Brady & Cummings, 2010:436).

5.2.2.2 Adequate nursing staffing

As indicated in table 4.8, 17.99% (n:25) of nurses strongly disagreed and 33.81%, (n:47) disagreed with the statement that nurse leaders provide adequate nursing staff on each shift to ensure that a high quality of nursing care is rendered to patients and to ensure that documentation is done according to required institutional standards for nursing care.

The problem of nursing shortage has been experienced in many countries around the world, and inadequate documentation is largely attributable to shortage of nurses with an increasing workload (Asamani *et al*., 2014:52; Shihundla *et al*., 2016). A study in Namibia by Muyakui *et al.* (2019:55) revealed that while there was an increase in patients, there were few nursing staff to provide care to them. This shortage of nursing staff was also demonstrated in a study done in Kenya that revealed that most of the hospitals especially in the public sector were experiencing a grave shortage of nursing staff; leaving staff with no time to ensure proper nursing documentation of care provided to patients (Chelagat *et*

al., 2013:239). Similar results were also reported in a developed country context, with an estimated 20% shortage of nurses as stated by Cherry and Jacob (2008) in Asamani *et al*. (2014:49) who predicted that the tendency to devote less time to documentation is also expected to increase, if shortage in nursing staff persists.

A study in Singapore underscored the shortage of nurses as a serious challenge to the effectiveness of any health-care system (Ning & Costello, 2016:111). The problem of shortage of nursing staff is also revealed in a study by Brady and Cummings (2010:425) who found that many nursing units in Canada were operating in a crisis mode, which is intensified by increasing patient case load and a limited nursing staff. Another study in Ghana by Johnson (2011:89) explained that a shortage of nursing staff will have negative impact on the performance of nurses. The study further explained that the deficient ratio of nurses to patients has led to overworking of the nurses. This situation undermines the efficiency of nursing documentation (Johnson, 2011). This outcome is also supported by Brady and Cummings (2010:436) through the argument that excessive workload affects nurse performance.

Furthermore, a study by Mutshatshi *et al.* (2018:4) in South Africa reported that an increased number of admitted patients was the leading reason as to why nursing documentation was not implemented effectively in South African hospitals. Therefore, staff shortage has a negative impact on record-keeping as few nurses attending to many patients have to record in many forms (Mutshatshi *et al.*, 2018:4). Still in South Africa, the lack of national policy on nurse staffing ratio remains problematic and hinders effective human resource planning thus affecting the quality of care (Western Cape Government Health Strategy, 2016:9).

5.2.2.3 Nursing documentation audits

Regarding audit of nursing documentation, 17.99% (n:25) of the participants disagreed with the statement 2.2.10 that nurse leaders ensure nursing documentation audits are done regularly in their nursing unit or department. This statement agrees with the findings of a qualitative study reported from Indonesia by Kamil *et al.* (2018:113) that there is a lack of regular supervision and auditing in nursing documentation, and this puts the nurses in a challenging position. The study further revealed that nursing audits was

intensified when the hospital was due for accreditation and once achieved, the quality of documentation deteriorated, thus supervision or auditing processes were irregular (Kamil *et al.*, 2018). Another study done in one of the big hospitals in Kenya by Chelagat *et al.* (2013:237) explained that lack of regular audits undertaken to evaluate nursing documentation was one of the contributing factors to poor documentation. Furthermore, a study in Finland emphasized on the importance of regular nursing audits. After conducting regular audits, the researchers discovered that the quality of nursing documentation greatly improved (Mykkänen *et al.*, 2012:3).

5.2.2.4 Availability of policies, procedures, guidelines for nursing documentation

On statements regarding awareness and use of policies, procedures and guidelines for good nursing documentation as presented in table 4.8 and specifically on questions 2.2.4, 2.2.5, 2.2.6, more than 10% of the participants were either neutral or disagreed with the statements posed. This finding relates to a study in Ghana by Johnson (2011:90) who did not find guidelines on nursing documentation to explicitly outline what to include and not to include in nursing documentation. The findings were confirmed again by Asamani *et al.* (2014:52) who found that nursing care documentation practices in Ghana were below expectations mainly due to a lack of national, local guidelines, policies and procedures that are important to safeguard the interests of the patient. In relation to this, Asamani *et al.* (2014:51) emphasized the importance of policies, procedures and guidelines, stating that in a setting where nursing documentation is not standardized according to national or local guidelines, nurses will experiment with what they have learned or seen elsewhere leading to fragmentation in patient records. Furthermore, in one of the leading health care facilities in Kenya, a study by Chelagat *et al.* (2013:237) revealed a lack of standardized method of nursing documentation, leading to poor documentation of nursing care.

5.2.2.5 Legal aspect related to nursing documentation

On a positive note, a majority of the participants, 58.99% (n: 82) agreed and 25.18% (n:35) strongly agreed with the statement 2.2.1 that nurse leaders inform and remind nurses about relevant legal aspects related to nursing documentation. There is a saying in nursing that “what is not written is not done” by Marinic (2015) and it can lead to legal action against the nurse. Nurse leaders are becoming more aware of the importance of

legal aspects related to nursing and nurses are being sensitized in this area. The American Nurses Association (2010:6) explained that documentation that is incomplete, inaccurate, and false can lead to serious legal problems and can put the healthcare organization and the nurse at risk of liability.

Compared with other professions, the nursing profession is mostly affected by health laws. The main reason for this is that the nursing profession deals with aspects of human life that are protected by the law such as human dignity, privacy and physical integrity (Pera & Tonder, 2011:93). A study conducted in Kenya by Chelagat *et al.* (2013:239) confirmed the importance of legal aspects related to nursing documentation stating that care which is not documented is care not given, according to legal principles. Nurse's notes and plans of care will often be the only proof in the future that patients and clients were monitored and given the desired care.

5.2.3 Objective 3: Determine the restorative role of nurse leader in overseeing nursing documentation

The restorative role is concerned with supporting work-related emotional, social, relational and personal wellbeing, which might include the management of work-related stress. The supervisees are supported to achieve self-improvement (Cutcliffe et al., 2015), (Yuswanto & Ernawati, 2018:204).

The questions posed in section 2 subsection 2.3 included the restorative role of the nurse leader including provision of support in dealing with stress and burnout, conflicts at work, staff motivation, good interpersonal relationship, etc. The responses from the study participants achieved this objective. A majority of the participants agreed or strongly agreed with the statement posed with a score of 50% and above. However not all participants agreed with statements posed as shown in table 4.8. Therefore, this requires strategies for maintaining the gains and for improving on the gaps pertaining to the restorative role of the nurse leader in overseeing nursing documentation at the public hospital.

5.2.3.1 Dealing with stress, burnout and ensuring personal wellbeing of nurses

Around forty percent (13.67%, n:19 and 25.90%, n:36) of the participants either strongly disagreed or disagreed with the statement that nurse leaders assist nurses to cope with work stress and burnout at the hospital. It is very important to deal with work stress to ensure the wellbeing of the nursing staff. Furthermore, the safety of patients could be compromised when a nurse experiences compassion fatigue and burnout (Marcum & Rusnak, 2018:3). A study done in the United Kingdom found similar outcomes as the above statement where more than 50% of participants strongly agreed that dealing with stress and burnout at the workplace enhanced a practitioners' ability to offer quality care to patients (Turner & Hill, 2011:17). In support of the above statement, Brady and Cummings (2010:426) suggested that, for the nurses to deal with work stress and burnout, there is a need for nurse leaders to adopt leadership styles that support subordinates' needs by influencing nurses to perceive their work environment as a challenge as opposed to being overwhelming. In a qualitative study by Turner and Hill (2011:18), respondents expressed the importance of dealing with stress and burnout during their clinical supervision with the nurse leaders because some staff perceived the experience of a 'pressure cooker' and wanted to keep work stress at work.

Moreover, a study by Haik *et al*. (2017:1534) revealed that health care professionals are at a higher risk of experiencing adverse psychological implications resulting from direct patient interactions, including the risk of burnout, compassion fatigue and stress. It is important to understand the effect it can have on a nurse' psychological health and job satisfaction as this will influence future retention (Haik *et al.*, 2017). similarly, a study conducted in the United States of America by Marcum and Rusnak (2018:3) emphasized that stress, fatigue and burnout affect the wellbeing of nurses, and can also affect the goal of nursing, which is quality and safe patient care. The study further revealed that an increase in workload and stress at work led to lower job satisfaction and decreased work efficiency. The researchers suggested more support from the leaders and supervisors to help staff to cope (Marcum & Rusnak, 2018).

5.2.3.2 Teamwork and dealing with conflicts

On a positive note, above seventy percent (56.12%, n:78; 18.71%, n:26) of the participants either agreed or strongly agreed with the statement 2.3.2 that nurse leaders promote teamwork, which promotes good nursing documentation. The results concur with a study in Brazil by de Souza *et al*. (2016:640) who emphasized the importance of team work, explaining that team work enhances trust and professional bonds. The study adopted a qualitative design and the respondents reported that the presence of conflicts at work were obstacles to teamwork. The study further explains that nursing perceives teamwork as an interprofessional area that also involves the recognition and handling of conflicts (de Souza *et al.*, 2016). Furthermore, a study by Yuswanto and Ernawati (2018:208) explained the importance of strengthening the nurse leader's role in overseeing documentation, which will increase team work and assist in decreasing conflict related to the completion of nursing care records.

5.2.3.3 Staff motivation

A majority of the participants, 50.36% (n: 70) agreed and 18.71% (n:26) strongly agreed with the statement 2.3.5 that the nurse leaders strive to keep staff motivated to provide the best care to the patients including proper documentation of the care rendered. The importance of staff motivation was also reported by Yuswanto and Ernawati (2018:208) who suggested that nurse leaders should offer support and motivation to their subordinates in the process of service delivery inclusive of nursing care documents. Additionally, staff motivation was expressed by Kamil *et al*. (2018:111) who found that the issue with nursing documentation is associated with lack of confidence and motivation on documentation from the leaders/supervisors. A qualitative design using focus group was used in the above study and some respondents expressed low motivation from their leaders.

5.2.3.4 Good interpersonal relationship

A majority of the participants 60.43% (n: 84) agreed and 25.18% (n:35) strongly agreed with the statement 2.3.3 that nurse leaders promote good interpersonal relationship. Similar results were also reported in Brady and Cummings (2010:436) where respondents

expressed that it is important that nurse leaders build relationships with their colleagues. Strong relationship between nurses and nurse leaders can promote trust and increase staff performance. The respondents in the study considered working relationships as a factor affecting their performance. The study further revealed that nurse leaders who use open informal and formal feedback channels to the nurses will easily achieve goals that assist in developing autonomy and building relationships (Brady & Cummings, 2010). These results concur with the findings of Yuswanto and Ernawati (2018:208) that support from leaders improves the quality of the relationship between a leader and the subordinates by maintaining a good interpersonal relationship.

5.2.3.5 Nurse leader as a role model with clinical expertise

A majority of the nurses agreed or strongly agreed with the two statements 2.3.8 and 2.3.9 that nurse leaders demonstrate clinical expertise, they are knowledgeable (51%, n:71; 15%, n:21) and act as role models in clinical tasks (46%, n:64; 19%, n:26). This finding is consistent with the findings of a study conducted in Sweden by Larsson and Sahlsten (2016:3) exploring the perceptions among nurses of staff nurse clinical leader at the bedside. A qualitative descriptive approach was adopted and the results revealed that nurses believed that clinical nurse leaders should demonstrate clinical knowledge that includes handling clinical duties securely and being underpinned with scientific sources. The results were also confirmed by an action research in Uganda by Okaisu *et al.* (2014;6) that leaders in nursing are encouraged to model the way to improve documentation practices.

5.3 LIMITATIONS OF THE STUDY

The study targeted nurses working at one state hospital. The research findings are thus sample-specific; they can be generalized to public hospitals in Windhoek, but they cannot be generalized to all health care institutions across the country. The sample was satisfactory as the response rate was 71%, which can be attributed to the fact that the study took place during the Covid 19 pandemic but the researcher, in her ethical capability, proceeded with the study with permission from the management. The study is quantitative, and the questionnaire contained Likert scale questions where participants were required to tick their answers. With Likert scale, participants tend to

agree to the statements posed. The wording of the questionnaire also might have contributed to the participants agreeing mostly to the statements. Furthermore, no open questions were included in the instrument used for data collection; therefore, the participants were not given the opportunity to elaborate or to clarify their responses.

5.4 RECOMMENDATIONS

The recommendations focus on nursing leadership and education as well as future research.

5.4.1 Nursing leadership

Overseeing of nursing documentation by nurse leaders has been proven to improve the quality of nursing documentation in hospital settings. The concept of nursing leadership is used interchangeably with nursing management and most literature focus on management responsibilities. The nurse leader's role should be recognized and strengthened because nurse leaders indirectly and directly influence the nursing team's performance leading to achieving the organizational goals (Brady & Cummings, 2010:437).

Health care institutions are encouraged to strengthen and empower nurse leaders to offer support to their subordinates leading to improvement of quality of care rendered to patients. This may include training nurse leaders in various aspects of health systems management encompassing key topics in materials supply chain management such as ordering and managing stocks of materials for nursing documentation; aspects of human resource management like orientation of new staff, motivating staff, dealing with staffing challenges, and health and wellness in the workplace.

5.4.2 Nursing education

In relation to the leadership role of registered nurses in clinical settings, especially with regard to supporting or promoting the quality of nursing care documentation, there is still a shortage of empirical studies on this topic. More research is needed to develop evidence-based knowledge in this area (Larsson & Sahlsten, 2016:2).

Therefore, nursing training institutions are encouraged to integrate leadership in nursing during training to equip nursing students with leadership skills that they will apply in their future practice. Some of the areas to be considered in the nurse leadership training program may include topics in human resource management like orientation of new staff, motivating staff, staffing, dealing with staffing challenges, workload management, and health and wellness in the workplace, including stress management. Other areas may include use of informational technology in the provision and documentation of nursing services; and in materials supply chain management such as ordering and managing stocks of materials for nursing documentation.

5.4.3 Recommendations for future research

Future research on the role of the nurse leader in overseeing nurse documentation is proposed as follow:

- Qualitative study exploring the role of the nurse leader in overseeing nursing documentation to gain an understanding from the nurse managers and nurse leaders' subjective perspective and worldviews.
- Correlation study to link demographic variables with the different roles of nurse leaders related to overseeing nursing documentation
- A study on improving nursing documentation knowledge, behaviors and practices through strengthening the nurse leader role of overseeing nursing documentation in hospital settings.

5.5 RESEARCH DISSEMINATION

The results will be disseminated to various stakeholders. The report for this study will be submitted to the Ministry of Health and Social Services research department and a copy will be submitted to the hospital where the study took place according to the permission agreements with the stakeholders. An electronic copy of the study will be available in the Stellenbosch University library. An article of the study's findings will be published in a scientific journal.

5.6 SUMMARY

The nurse leader' role is still a relatively new role in our hospital settings that needs further investigation. Chapter five presented a discussion of the study findings based on the established research objectives. This chapter is concluded with some recommendations made for future research and dissemination of the study findings.

The study investigated the role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia. The results of the study indicate that a majority of the participants agreed most with the statements posed to them in regards to the different roles of the nurse leader in overseeing nursing documentation. However, a significant percentage of the participants disagreed or were neutral/ non-committal in some statements. The conceptual framework, based on Brigid Proctor model of clinical supervision was applied to guide this study. These roles include the formative role, normative role and restorative role of the nurse leader and they were discussed in the previous chapters.

Finally, the research question which was "what is the role of the nurse leader in overseeing nursing documentation" has been answered; and the aims were met by the study.

5.7 CONCLUSION

Based on the findings of this study, the researcher argues that it is important for the hospitals and health care institutions to invest in nurse leaders because the support they provide to the nursing staff will lead to the improvement of the quality of care rendered to the patients. A majority of the participants agreed with the statements posed with regards to support from the nurse leaders, but some were not satisfied with the support received or disagreed with the statements posed. However, some problems are beyond the nurse leader's ability, for example, staff shortage where this problem has been experienced everywhere in the world as revealed in the literature. The nurse leader's role should be strengthened, and more support given to the nursing staff to improve the quality of nursing documentation and nursing care in general.

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APPENDICES

Appendix 1: Ethical approval from HREC

UNIVERSITEIT STELLENBOSCH UNIVERSITY

Approval Notice

New Application

11/12/2020

Project ID :19203

HREC Reference No: S20/11/310

Project Title: THE ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION TO IMPROVE PATIENT SAFETY AND QUALITY OF CARE AT A PUBLIC HOSPITAL IN WINDHOEK, NAMIBIA

Dear Mrs Clemence Sagwa

The **Response** received on 08/12/2020 was reviewed and **approved** by members of **Health Research Ethics Committee** via **expedited** review procedures on 11/12/2020.

Please note the following information about your approved research protocol:

Protocol Approval Date: 11 December 2020

Protocol Expiry Date: 10 December 2021

Please remember to use your Project ID 19203 and Ethics Reference Number S20/11/310 on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review

Translation of the informed consent document(s) to the language(s) applicable to your study participants should now be submitted to the HREC.

Please note you can submit your progress report through the online ethics application process, available at: Links Application Form Direct Link and the application should be submitted to the HREC before the year has expired. Please see *Forms and Instructions* on our HREC website (www.sun.ac.za/healthresearchethics) for guidance on how to submit a progress report.

The HREC will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Please note that for studies involving the use of questionnaires, the final copy should be uploaded on Infonetica.

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Please consult the Western Cape Government website for access to the online Health Research Approval Process, see: https://www.westerncape.gov.za/general-publication/health-research-approval-process. Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and instructions, please visit: Forms and Instructions on our HREC website https://applyethics.sun.ac.za/ProjectView/Index/19203

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Yours sincerely,

Mrs. Melody Shana

Coordinator

HREC1

Page 1 of 2

National Health Research Ethics Council (NHREC) Registration Number:

REC-130408-012 (HREC1)·REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372
Office of Human Research Protections (OHRP) Institutional Review Board
(IRB) Number: IRB0005240 (HREC1)·IRB0005239 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by theWorld Medical Association (2013). Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects;the South African Department of Health (2006). Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa (2nd edition); as well as the Department of Health (2015). Ethics in Health Research: Principles, Processes andStructures (2nd edition).

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

Appendix 2: Permission obtained from the Ministry of Health and Social

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 – 203 2507
Fax: 061 – 222558
E-mail: itashipu87@gmail.com

OFFICE OF THE EXECUTIVE DIRECTOR

Ref: 17/3/3 CS
Enquiries: Mr. A. Shipanga

Date: 04 February 2021

Mrs. Clemence Sagwa
Stellenbosch University
South Africa

Dear Mrs. Sagwa

Re: The role of the nurse leader in overseeing nursing documentation to improve patient safety and quality of care at a Public Hospital in Windhoek, Namibia.

1. Reference is made to your application to conduct the above-mentioned study.

2. The proposal has been evaluated and found to have merit.

3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**

3.1 The data to be collected must only be used for academic purpose;

3.2 No other data should be collected other than the data stated in the proposal;

3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;

3.4 A quarterly report to be submitted to the Ministry's Research Unit;

3.5 Preliminary findings to be submitted upon completion of the study;

3.6 Final report to be submitted upon completion of the study;

3.7 Separate permission should be sought from the Ministry for the publication of the findings.

4. All the cost implications that will result from this study will be the responsibility of the applicant and **not** of the MoHSS.

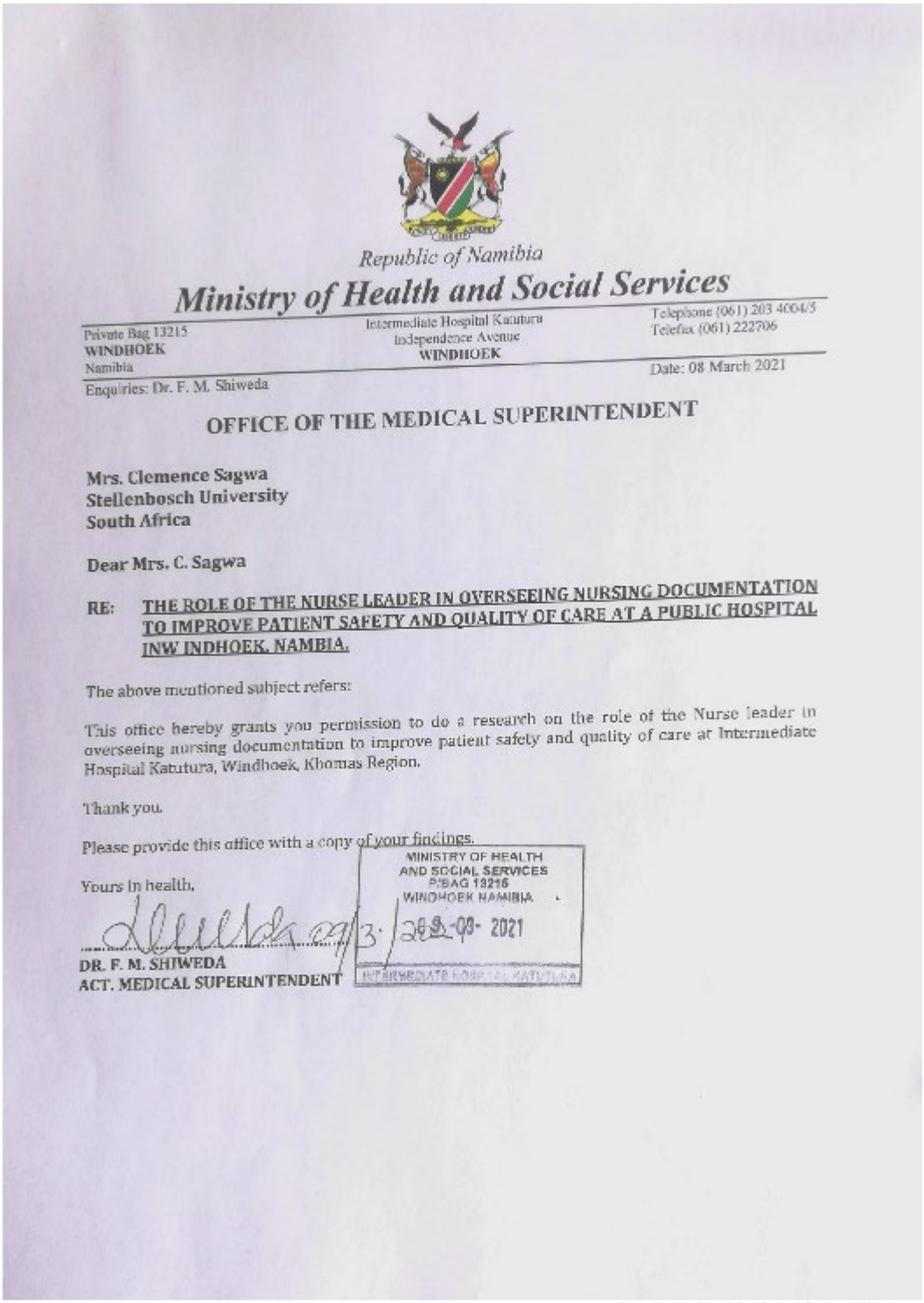
Yours sincerely,

BEN NANGOMBE
EXECUTIVE DIRECTOR

EXECUTIVE DIRECTOR
MINISTRY OF HEALTH AND SOCIAL SERVICES

"Health for All"

Appendix 3: Permission to conduct a study at Intermediate Hospital, Katutura



Republic of Namibia

Ministry of Health and Social Services

Private Bag 13215
WINDHOEK
Namibia

Intermediate Hospital Katutura
Independence Avenue
WINDHOEK

Telephone (061) 203 4004/5
Telefax (061) 222706

Enquiries: Dr. F. M. Shiweda

Date: 08 March 2021

OFFICE OF THE MEDICAL SUPERINTENDENT

Mrs. Clemence Sagwa
Stellenbosch University
South Africa

Dear Mrs. C. Sagwa

RE: THE ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION TO IMPROVE PATIENT SAFETY AND QUALITY OF CARE AT A PUBLIC HOSPITAL INW INDHOEK, NAMBIA.

The above mentioned subject refers:

This office hereby grants you permission to do a research on the role of the Nurse leader in overseeing nursing documentation to improve patient safety and quality of care at Intermediate Hospital Katutura, Windhoek, Khomas Region.

Thank you.

Please provide this office with a copy of your findings.

Yours in health,

MINISTRY OF HEALTH
AND SOCIAL SERVICES
P/BAG 13216
WINDHOEK NAMIBIA
08-03-2021
INTERMEDIATE HOSPITAL KATUTURA

DR. F. M. SHIWEDA
ACT. MEDICAL SUPERINTENDENT

Scanned with CamScanner

Appendix 4: Participant information leaflet and consent form

TITLE OF RESEARCH PROJECT:	
THE ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION AT A PUBLIC HOSPITAL IN WINDHOEK, NAMIBIA	
DETAILS OF PRINCIPAL INVESTIGATOR (PI):	
Title, first name, surname: Mrs Sagwa Munezero Clemence	**Ethics reference number: S20/11/310**
Full postal address: 90027 Klein Windhoek, Windhoek, Namibia	**PI Contact number:** +264813543588

RESEARCH STUDY

THE ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION AT A PUBLIC HOSPITAL IN WINDHOEK, NAMIBIA

We would like to invite you 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 about any part of this project that you do not fully understand. It is very important that you are completely 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. In other words, you may choose to take part, or you may choose not to take part. Nothing bad will come of it if you say no, it will not affect you negatively in any way whatsoever. Refusal to participate will involve no penalty or loss of benefits or reduction in the level of care to which you are otherwise entitled. You are also free to withdraw from the study at any point, even if you do agree to take part initially.

The Health Research Ethics Committee at Stellenbosch University has approved this study. The study will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, the South African Guidelines for Good Clinical Practice (2006), the Department of Health Ethics in Health Research and the study has also been approved by the Research Ethical Committee of the Ministry of Health and social Services and also got approval from the hospital management.

The research study will be conducted at Katutura State Hospital. The purpose of the research study is to investigate the role of the nurse leader in overseeing nursing documentation. The total number of participants is anticipated to be 196 nurses, from all categories, Registered nurses and enrolled nurses. You are required to complete the questionnaire that would take approximately 20 to 30 minutes to complete.

The study is only for academic purpose but your input in this study will be highly appreciated as it will enable the researcher to gather information that may benefit both nurses and patients. The nurses may benefit by improving the documentation practice with in service training and CPD training while improving the quality of patient care and patient safety in the hospital. No risk or harm will be anticipated during this study.

The information that will be collected will be treated as confidential and protected. The identity of the participants will remain anonymous. Only the researcher and the supervisor will have access to the information. Unfortunately, there will be no financial benefits, no payment will be given to the participants who will be taking part in the study.

Declaration by participant

By signing below, I …… agree to take part in a research study entitled: The role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia.

I declare that:

- I have read this information and consent form and it is written in the language in which am fluent and with which I am comfortable.
- I have had a chance to ask questions and I am satisfied that all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurized to take part.
- I may choose to leave the study at any time and nothing bad will come of it. I will not be penalized or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study researcher feels it is in my best interest.

Signed at (place) ……on (date)…….2021.

…… ……

Signature of participant **Signature of witness**

Declaration by investigator

I (name) ……. declare that:

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

Signed at (place) ……..on (date)……..2021.

…… ……

Signature of investigator **Signature of witness**

Permission to have all anonymous data shared with journals:

When this study is finished, we would like to publish results of the study in journals. Most journals require us to share your anonymous data with them before they publish the results. Therefore, we would like to obtain your permission to have your anonymous data shared with journals.

Tick the Option you choose for anonymous data sharing with journals:

I agree to have my anonymous data shared with journals during publication of results of this study

☐ Signature_____

OR

I do not agree to have my anonymous data shared with journals during publication of results of this study

☐ Signature_____

Appendix 5: Questionnaire used for the study

RESEARCH STUDY: THE ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION AT A PUBLIC HOSPITAL IN WINDHOEK, NAMIBIA

Dear Participant,

Thank you for agreeing to respond to this questionnaire.

This questionnaire aims to investigate the role of the nurse leader in overseeing nursing documentation at a public hospital in Windhoek, Namibia.

All information will be treated as confidential and the researcher undertakes not to reveal any individual information that appears in this questionnaire. Please do not write your name on the questionnaire. The information will only be used for academic purpose.

You will require approximately 20 minutes to complete this questionnaire. Please read each question and mark your answer with an X or write your answer in the space provided.

Please respond based on how the nurse leaders support you regarding documentation in your unit/ department and hospital.

SECTION 1: DEMOGRAPHIC DATA

1.1 SELECT YOUR AGE GROUP

No.	AGE GROUP	RESPONSE
1.1.1	20-29	
1.1.2	30-39	
1.1.3	40-49	
1.1.4	50 and above	

1.2 GENDER

No.	GENDER	RESPONSE
1.2.1	Male	
1.2.2	Female	

1.3 SELECT YOUR HIGHEST PROFESSIONAL NURSING QUALIFICATION

No.	QUALIFICATION	RESPONSE
1.3.1	Registered nurse	
1.3.2	Registered nurse and midwife	
1.3.3	Registered nurse with specialization	
1.3.4	Enrolled nurse and midwife	

1.4 HOW MANY YEARS OF PROFESSIONAL NURSING EXPERIENCE DO YOU HAVE SINCE YOU QUALIFIED?

No.	YEARS OF EXPERIENCE	RESPONSE
1.4.1	Less than 2 years	
1.4.2	2 - 5 years	
1.4.3	6 - 10 years	
1.4.5	11 years and above	

1.5 IN WHICH DEPARTMENT OF THE HOSPITAL ARE YOU CURRENTLY WORKING?

No.	WARD/ DEPARTMENT	RESPONSE
1.5.1	Internal medicine (Medical ward)	
1.5.2	Surgical and orthopedics	
1.5.3	Obstetrics and gynecology	
1.5.4	Antenatal and postnatal care	
1.5.5	Pediatric	
1.5.6	Emergency	
1.5.7	Other (specify)	

SECTION 2: QUESTIONS RELATED TO THE FORMATIVE (EDUCATIVE), NORMATIVE (MANAGERIAL) AND RESTORATIVE (SUPPORTIVE) ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION

*2.1. In this sub-section you will respond to a few questions related to the formative (**educative**) role of the nurse leader that may improve nursing documentation*

To what extent do you agree with the following statements? Tick or mark X your answer

2.1.1: In this hospital, supervision of nursing documentation is a continuous process of information sharing between the nurse and supervisor

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree

☐	☐	☐	☐	☐

2.1.2: Supervision of nursing documentation by nurse leaders enhances knowledge of nurses on good documentation practices

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.1.3: Supervision of nursing documentation by nurse leaders enhances documentation skills of nurses

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.1.4: Supervision of nursing documentation by nurse leaders enhances attitude of nurses towards good documentation practices

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.1.5: Nurse leaders facilitate nurses to receive continuous professional development training related to nursing documentation

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.1.6: The mentorship support by nurse leaders leads to improved professionalism amongst nurses in my ward/ unit, department

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.1.7: Nurse leaders always facilitate orientation of the newly appointed nurses to familiarize themselves with the requirement of good nursing documentation

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.1.8: Nurse leaders offer constructive criticism when nursing care and documentation is not done well.

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.1.9: Nurse leaders in my unit/ department give praises and encouragement if good documentation was done.

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

---

*2.2 In this sub-section you will respond to a few questions related to the normative (**managerial**) role of the nurse leaders that may improve nursing documentation*

To what extent do you agree with the following statements? Tick or mark X your answer

2.2.1: The nurse leaders inform and remind nurses about relevant ethical and legal aspects related to nursing documentation

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.2: In my unit/department, nurse leaders encourage every member of the nursing team to carry out proper nursing documentation and other nursing care activities

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.3: Supervision by nurse leaders is an important aspect for promoting a culture of good nursing documentation

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.4: Nurse leaders ensure nurses are provided with policies, procedures and guidelines regarding nursing care documentation

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.5: Nurse leaders assist junior nurses or subordinates to familiarize themselves with the policies and procedures for good nursing documentation

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.6: Nurse leaders ensure nursing documentation in my ward/ department is done according to the hospital policy and procedures

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.7: Nurse leaders create a conducive working environment and ensure good working conditions at the hospital to achieve proper nursing documentation

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.8: Nurse leaders ensure staff are provided with enough documentation materials (including all necessary papers, forms, registers, etc.)

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.9: Nurse leaders provide adequate nursing staff on each shift to ensure a high quality of nursing care is rendered and documentation is done according to standards

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.10: Nurse leaders ensure nursing documentation audits are done regularly in my nursing unit/department

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.2.11: Results of nursing documentation audits are shared with staff and used by nurse leaders as a reference point for improvement of nursing documentation in my unit/ department

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

*2.3 In this sub-section you will respond to a few questions related to the restorative (**supportive**) role of the nurse leader that may improve nursing documentation*

To what extent do you agree with the following statements? Tick or mark X your answer

2.3.1: Nurse leaders assist nurses to cope with work stress/ burnout at the hospital, which enables nurses to do proper documentation of nursing care

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.3.2: Nurse leaders promote team work, which promotes good nursing documentation in my unit/ department

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree

☐	☐	☐	☐	☐

2.3.3: Where nurse leaders promote good interpersonal relationship between the nurse leaders and nurses, proper nursing documentation is achieved

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.3.4: In my department, nurses feel free to discuss their problems and challenges related to patient care including nursing documentation with the nurse leaders because there is a feeling of support from the leaders.

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.3.5: Nurse leaders strive to keep staff in my ward/department motivated to provide the best care to the patients including proper documentation of the care rendered

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.3.6: Nurse leaders ensure personal wellbeing of nurses, which leads to improved quality of the care rendered to patients, including good nursing documentation.

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.3.7: Nurse leaders assist nurses in dealing with conflicts that may compromise patient care and nursing documentation

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.3.8: In my hospital, nurse leaders demonstrate clinical expertise; they are knowledgeable and provide assistance to the nurses to carry out their tasks well

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.3.9: In my hospital, nurse leaders act as role models in clinicals tasks including nursing documentation

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

2.3.10: The support from the nurse leader in my unit, ward/ department facilitates professional self-improvement of nurses, leading to improved nursing care and good nursing documentation.

Strongly Disagree	Disagree	Neutral Or N/A	Agree	Strongly Agree
☐	☐	☐	☐	☐

Thank you for taking time off in your busy schedule and completing this questionnaire.

Contact details Student:
Mrs. Sagwa M.C.
Email: sagwa0403@gmail.com
Tel: 061235640 Cell: +264813543588
P.O Box: 90027 Klein Windhoek

Supervisor:
Mrs. Dawn Hector
University of Stellenbosch
Email: hectord@sun.ac.za

Appendix 6: Declaration by technical/ language editor

PROOFREADING AND EDITING

CERTIFICATE

Academic Professionals Domain

75229-00200, Haile Selassie, Nairobi, Kenya

Cell: +254 727 420 881

Email: academicprofessionalsdomain@gmail.com

TO WHOM IT MAY CONCERN,

SUBJECT: CONFIRMATION OF THESIS PROOFREADING AND EDITING

This is to certify that Academic Professionals Domain is a freelance company majoring in different disciplines within the field of academia. The company's areas of strength include general tutoring, editing and proof-reading of scholarly works. We have worked on a MASTER'S THESIS titled: **THE ROLE OF THE NURSE LEADER IN OVERSEEING NURSING DOCUMENTATION AT A PUBLIC HOSPITAL IN WINDHOEK, NAMIBIA,** presented in partial fulfilment of the requirements for the degree of Master of Nursing Science in the Faculty of Medicine and Health Sciences at Stellenbosch University. The tasks accomplished with regards to this thesis include successfully proofreading, editing of content, amending syntax errors, fixing spelling and grammar errors, and aligning the final paper in accordance with the university's standard thesis structure.

Levian Indasi,

Senior Editor

Date: 29 November 2021