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The perceptions and factors influencing the competency in newly qualified professional nurses working in private hospitals in the Western Cape, South Africa

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Abstract

In our constantly changing healthcare system and with large numbers of staff shortages in hospitals, newly qualified professional nurses (PNs) are expected to be competent and work unsupervised in leadership capacities soon after they have completed their nursing programmes. This study was aimed at determining the perceptions of newly qualified PNs competency as well as factors that influence competence. A quantitative approach using a descriptive survey design was employed, using 34 experienced PNs working in selected private hospitals in the Western Cape. Data were collected by means of a peer evaluation questionnaire, namely the Competency Inventory for Registered Nurses (CIRN). Data were analysed, using SPSS 19. The results of the 55-item CIRN indicate that newly qualified nurses were perceived as highly competent in clinical care, leadership, interpersonal relation, legal/ethical and professional development. Newly qualified nurses were perceived as low in competency in teaching/coaching and critical thinking/research aptitude. All of the factors identified using literature was perceived as having an influence on competence. Recommendations were made to the institutions to assist newly qualified nurses in competence development.

Keywords: Competency, clinical competence, perception, newly qualified nurses, professional nurses.

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Introduction

In our constantly changing healthcare system and with large numbers of staff shortages in hospitals, newly qualified professional nurses are expected to be competent and work unsupervised in leadership capacities soon after they have completed their nursing programme. Scott, Engelke and Swanson (2008) concur that new graduate nurses enter a work environment that is very busy with minimal resources, high patient numbers and staff shortages. The expectation is that the newly qualified PN be competent in a wide range of skills namely administrative, clinical, communication and critical thinking to name but a few. In order to acquire the aforementioned skills, education

and training of nurses working in private hospitals in South Africa is mostly conducted at private nursing colleges. There are two routes for acquiring a PN's qualification in South Africa. These routes include a bridging courses according to R 683 (South African Nursing Council (SANC), 1989) for enrolled nurses and education and training according to R425 (SANC, 1985) for comprehensive training (general, midwife, community nurse and psychiatric nursing). In private hospitals most nurses follow the R683 route to qualify as PNs. These newly qualified nurses are not obliged to do community service (R765; SANC, 2007). This means that while their counterparts who studied according to R425 have an opportunity of being mentored and supervised by experienced PNs during the community service year, the newly qualified nurses who studied according to the R683 do not get this opportunity. Anecdotal evidence obtained from experienced PNs working in private hospitals has indicated that some newly qualified nurses lack certain basic competencies in rendering patient care.

Watson (2002) observed that competency is a poorly defined concept and that its measurement is a concern. Cowan, Norman and Coopamah (2007) state that there is confusion over the distinction between competence and competency. Woodruffe (1993) indicates that there could be a blurring of the two and defined competence as the aspect of a job that an individual could perform, while competency is the behaviour underpinning such performance. McMullan, Endacott, Gray, Jasper, Scholes and Webb (2003) note that the terms competence, competency, capability and performance are still used interchangeably and suggested that competence and competencies are job-related, and are descriptive of action, behaviour or outcome of performance.

Researchers, Uys (2004) and Verma, Paterson and Medves (2006) clarified the terms competence and competency to an understandable degree: According to Uys (2004: 1) "competence is the ability to deliver a specified professional service. This refers to the total role functioning of the professional and incorporates a number of units of competence" which "describes the outcome expectations of a particular work role and acts as a benchmark against which individual performance is judged." Researchers Verma et al (2006) assert that competency is a concept that is dynamic and consists of many aspects that are more than knowledge and includes the understanding of knowledge, clinical skills, interpersonal skills, problem solving, clinical judgement and technical skills. Oerman (1990) cited in Baramee and Blegen (2003), states that clinical competence implies integration of cognitive and affective dimensions, i.e. knowing the scientific principles underlying performances of skills and reflecting the nurses' value and concern for the client while performing the procedures. Clinical competence can be seen as the ability of newly qualified nurses to integrate

what they have learned in theory into practice and in this manner render quality patient care which is influenced by several factors.

These factors include experience gained through repeated practice and observation of more experienced colleagues; learning opportunities that challenge newly qualified nurses abilities and allow them to reflect on their strengths and weakness which lead to improvement of their competency; personal characteristics such as nurses' eagerness to learn new things, to make a concerted effort to apply them in the correct manner and being open to criticism have a positive influence on competency.

The environment is regarded as important in developing technical competencies in relation to technological improvements. It requires that staff must constantly be up to date and do their best to become competent (Khomeiran, Kiger & Ahmadi, 2006). Motivation is intrinsic rather than extrinsic, and reflects our interest in achieving a task, how important it is, whether we want to do it, and if we are capable of doing it (Pugliese, n/d). Mooney (2007) states that expectation placed on newly qualified graduates by ward managers, doctors and patients was found to be high and unreasonable, and made them feel ill-prepared and incompetent. It is important that newly PNs have a sound theoretical knowledge and use it correctly in practice (Clark & Holmes, 2006). However knowledge must support actions (Goh & Watt, 2003). Ulrich (2003) suggests that preceptors have a positive influence on graduates' confidence in their abilities in their first year, but only if there is consistency and not frequent changing of preceptors. The guidance and support received by newly qualified professionals through preceptorship is perceived as crucial in the development of competency (Clarke and Holmes 2006).

Methodology

A quantitative descriptive survey design was employed to explore PNs perceptions of the competency of newly qualified PNs and factors influencing competence. An all-inclusive sampling approach was used as all the PNs (n=34) worked with newly qualified nurses at three selected private hospitals in the Western Cape from July 2010 to July 2011. The participants had to be qualified professional nurses with five or more years clinical experience; registered with the SANC; employed on a full-time or sessional basis at the Life Healthcare hospitals and have worked with a newly qualified PN in the past year from July 2010 to July 2011.

Ethical clearance was obtained from the Ethics Committee at the University of the Western Cape. Permission to access the PNs at the hospitals was obtained from the relevant authorities. Besides adhering to the principles of

voluntary participation and informed consent, participants also signed consent forms and were guaranteed confidentiality of their responses and anonymity of their identities.

Data were collected using a standardized questionnaire, namely the Competency Inventory for Registered Nurses (CIRN) which was developed by Liu, Kunaiktikul, Seneratana, Tonmukaykul & Eriksen (2007). Written permission was obtained from the above mentioned authors to use the CIRN questionnaire. The questionnaire consisted of three sections; Section A - biographical data; section B - 55-item measure seven dimensions of competencies, namely clinical care, leadership, interpersonal relation, legal/ethical, professional development, teaching/coaching and critical thinking/research aptitude; and section C - factors influencing competency.

Content validity of the CIRN questionnaire was supported by ratings of six experts with an average content valid index (CVI) 0.852. Evidence for two additional kinds of validity, namely criterion validity ($r = .44$, p -0.04) and contrasted group-validity ($p<0.001$), was obtained. Reliability of the questionnaire was further established by pretesting it on 10 volunteers who did not participate in the study. Cronbach's alpha for the revised instrument used in this study was set at 0.985.

The questionnaire was hand-delivered to 34 participants, which yielded a response rate of 88% (n=30). Data were analysed by means of the Statistical Package for the Social Sciences (SPSS) version 19 (IBM). Basic descriptive statistics on perceptions of competence and factors influencing competency were used. Univariate analysis was done for simple and group frequency distributions, means and standard deviations of the variables for example sex, age, years of practice experience and for measuring scores in scale items.

Results

Socio-biographical data

The findings indicate that all (n=30) of the participants who responded were female. Fifty percent (50%, n=15) of the participants had more than 21years' experience as registered nurses.

Competencies: Seven dimensions of competencies, which included clinical care, leadership, interpersonal relations, legal/ethical, professional development, teaching/coaching and critical thinking/research aptitude were measured.

Dimension 1: Clinical Care

This dimension established participants' perceptions of how competent newly

qualified professional nurses are in their maintenance of high standard of nursing care. As outlined in Table 1, the highest scores (33% to 52%) were obtained in seven items in the 'somewhat competent' range and the lowest scores (3%) in the 'slightly competent' and 'incompetent' range. In four items the highest scores (33% to 41%) were in the 'competent' range and the lowest score (7%) in the 'incompetent' range.

Table 1: Clinical care

Competency Items	**I n (%)**	**SC n (%)**	**SoC n (%)**	**C n (%)**	**VC n (%)**	**M**	**SD**
Culturally sensitive care (B2)		1(3)	14(47)	8(27)	7(23)	3.7	0.81
Changes in patients condition (B3)		6(21)	8(28)	12(41)	3(10)	3.4	0.97
Emotional support to families (B5)	2(7)	3(10)	7(23)	10(33)	8(27)	3.6	1.1
Assess all health dimensions (B9)	1(3)	9(30)	12(40)	6(20)	2(7)	2.8	0.97
Develops nursing care plan for specific patients (B12)	2(7)	2(7)	13(43)	10(33)	3(10)	3.2	1.1
Delivers comprehensive nursing according to plan (B15)	1(3)	5(17)	13(43)	9(30)	2(7)	3.1	0.94
Involve patient and family in planning care (B20)	5(17)	5(17)	10(33)	8(27)	2(7)	2.7	1.2
Utilizes technological advances to improve care (B24)	2(7)	7(24)	8(28)	10(35)	2(7)	3.2	0.91
Identifies and includes immediate pt. needs in care plan (B27)		5(17)	15(52)	7(24)	2(7)	3.2	0.82
Evaluates results of nursing care (B38)		4(13)	11(37)	12(40)	3(10)	3.5	0.88

I = Incompetent, SC = slightly competent, SoC = somewhat competent, C = competent, VC = very competent, M = mean, SD = standard deviation

Dimension 2: Leadership

This dimension established the participants' perceptions of how competent newly qualified nurses are stepping into a leadership role. As outlined in Table 2 the highest scores (33% to 57%) were obtained in all items except one in this dimension in the 'somewhat competent' range, the lowest score (3%) was in the 'incompetent' and (7%) in 'very competent' range. One item had the highest score (34%) as 'competent' and the lowest score (3%) as 'incompetent'.

Table 2: Leadership

Competency Items	**I n (%)**	**SC n (%)**	**SoC n (%)**	**C n (%)**	**VC n (%)**	**M**	**SD**
Identifies strengths and weaknesses (B13)	2(7)	7(23)	13(43)	4(13)	4(13)	2.9	1.0
Coordinates relation between multidisciplinary team (B14)	2(7)	2(7)	17(57)	5(17)	4(13)	3.1	0.97
Recognises other's contribution and achievement (B28)		5(17)	13(43)	10(33)	2(7)	3.2	0.79

Competency Items	**I n (%)**	**SC n (%)**	**SoC n (%)**	**C n (%)**	**VC n (%)**	**M**	**SD**
Accepts and uses criticism constructively (B32)	1(3)	6(21)	13(45)	7(24)	2(7)	3.0	0.99
Delegates responsibility based on abilities of staff (B33)		4(13)	15(50)	2(23)	4(13)	3.4	0.82
Gets group approval before acting (B36)	1(3)	7(24)	9(31)	10(35)	2(7)	3.2	1.0
Develops an atmosphere of teamwork and cooperation (B39)	2(7)	2(7)	16(53)	7(23)	3(10)	3.2	0.84
Promotes trust andopen exchange of ideas (B43)	1(3)	4(13)	17(57)	5(17)	3(10)	3.1	0.79
Resolves conflict positively (B48)	2(7)	8(27)	10(33)	9(30)	1(3)	2.9	0.95

I = Incompetent, SC = slightly competent, SoC = somewhat competent, C = competent, VC = very competent, M = mean, SD = standard deviation

Dimension 3: Interpersonal Relation

This dimension established the participants' perceptions of how competent newly qualified nurses are in their relationships with colleagues, patients and their families. As outlined in Table 3 the highest scores (33% to 38%) obtained in four items in this dimension were in the 'somewhat competent' range and the lowest scores (3%) were in 'very competent' and 'incompetent' range. The other four items scored (38% to 43%) highest in the 'competent' and lowest (7%) in the 'incompetent' range.

Table 3: Interpersonal Relation

Competency Items	**I n (%)**	**SC n (%)**	**SoC n (%)**	**C n (%)**	**VC n (%)**	**M**	**SD**
Writes in clear and organised way (B4)	2(7)	5(17)	7(24)	11(38)	4(14)	3.4	1.1
Adjusts actions in relation to others actions (B18)	4(14)	6(21)	11(38)	6(21)	2(7)	2.9	0.97
Expresses disagreements in a constructive manner (B22)	4(14)	6(21)	11(38)	7(24)	1(3)	2.8	1.0
Cooperates with others in team to meet pts' needs (B23)	3(10)	4(14)	11(38)	8(28)	3(10)	3.2	0.97
Communicates facts, ideas to other team members verbally (B30)	2(7)	4(14)	9(31)	11(38)	3(10)	3.3	1.1
Keeps word, commitments and promises (B34)	2(7)	5(17)	7(24)	12(41)	3(10)	3.3	1.1
Acknowledges differences in beliefs and culture (B35)		3(10)	9(30)	13(43)	5(17)	3.7	0.91
Willing to share workload (B54**)**	1(3)	4(13)	10(3)	8(27)	7(23)	3.5	1.0

I = Incompetent, SC = slightly competent, SoC = somewhat competent, C = competent, VC = very competent, M = mean, SD = standard deviation

Dimension 4: Legal/ Ethical

This dimension established the participants' perception of whether newly

qualified nurses are competent to practice in accordance with common law and policies as laid down by the institutions. As outlined in table 4 the highest scores (30% to 47%) obtained in five items in this dimension were in the 'somewhat competent' range and the lowest score (3%) in the 'incompetent' range. The other three items had the highest scores (48% to 66%) in the 'competent' and the lowest score (3%) in the 'incompetent' range.

Table 4: Legal/Ethical

COMPETENCY ITEMS	**I n (%)**	**SC n (%)**	**SoC n (%)**	**C n (%)**	**VC n (%)**	**M**	**SD**
Nursing practice within legal & organisational policy (B10)	1(3)	3(10)	14(47)	9(30)	3(10)	3.2	0.87
Functions within legislative and common law affecting nursing (B11)	1(3)	6(21)	10(35)	10(35)	2(7)	3.1	0.97
Takes responsibility for own performance (B25)	2(7)	7(24)	11(38)	7(24)	2(7)	2.9	0.99
Advocates for rights of pts. (B31)		6(21)	11(38)	7(24)	5(17)	3.4	0.92
Respects pts' right to privacy (B37)			8(27)	15(50)	7(23)	3.9	0.69
Ensures confidentiality and security of all information re pts. (B44)		7(23)	9(30)	8(27)	6(20)	3.4	1.1
Reports malpractice incidents (B45)	1(3)	4(14)	7(24)	14(48)	3(10)	3.5	1.0
Respects pts' right to choice (B49)		4(14)	4(14)	19(66)	2(7)	3.6	0.83

I = Incompetent, **SC** = slightly competent, **SoC** = somewhat competent, **C** = competent, **VC** = very competent, **M** = mean, **SD** = standard deviation

Dimension 5: Professional Development

This dimension established the participants' perceptions of newly qualified nurses' competency with regard to personal and professional growth. As indicated in Table 5, five items had the highest scores (33% to 50%) in the 'somewhat competent' range and the lowest score (3%) in the 'incompetent' range. The other one item had the highest score (40%) as 'competent' and the lowest score (7%) as 'incompetent'.

Table 5: Professional Development

COMPETENCY ITEMS	I n (%)	SC n (%)	SoC n (%)	C n (%)	VC n (%)	M	SD
Professional Organisations (B6)	1(3)	6(20)	10(33)	9(30)	4(13)	3.1	1.1
Self-awareness of personal limitations & strengths (B26)	1(4)	3(11)	16(57)	5(18)	3(11)	3.3	0.85
Understands relevant & current information re health system (B29)	1(3)	4(14)	11(38)	10(35)	3(10)	3.3	1.0
Uses learning opportunities for personal & professional growth (B52)		2(7)	15(50)	8(27)	5(17)	3.4	0.77
Recognises own learning needs (B53)	2(7)	2(7)	8(27)	12(40)	6(20)	3.6	1.2
Displays self- direction in personal development (B55)	2(7)	3(10)	11(37)	8(27)	6(20)	3.3	1.2

I = Incompetent, **SC** = slightly competent, **SoC** = somewhat competent, **C** = competent, **VC** = very competent, **M** = mean, **SD** = standard deviation.

Dimension 6: Teaching/Coaching

This dimension established the participants' perception of newly qualified nurses' competency in teaching patients, their families and colleagues. As the data indicate in Table 6 five items had the highest scores (38% to 41%) in the 'somewhat competent' range and the lowest score (3%) in the 'incompetent' range. The other one item had the highest score (30%) in the 'competent' and the lowest score (10%) in the 'very competent' range.

Table 6: Teaching/Coaching

COMPETENCY ITEMS	I n (%)	SC n (%)	SoC n (%)	C n (%)	VC n (%)	M	SD
Patient teaching opportunities (B8)	4(13)	6(20)	8(27)	9(30)	3(10)	2.8	1.2
Initiates orientation program for new nurses (B17)	5(17)	8(27)	12(41)	3(10)	1(3)	2.5	0.83
Takes up preceptor role to support new nurses (B19)	3(10)	7(23)	12(40)	6(20)	2(7)	2.8	1.0
Develops a teaching strategy (B40)	5(17)	6(20)	9(30)	8(27)	2(7)	2.8	1.2
Coaches junior nurses to meet task & developmental needs (B41)	2(7)	7(24)	11(8)	6(21)	3(10)	2.9	1.1
Identifies learning needs of pts', families &junior nurses (B46)	1(3)	5(17)	12(41)	7(24)	4(14)	3.2	0.98

I = Incompetent, **SC** = slightly competent, **SoC** = somewhat competent, **C** = competent, **VC** = very competent, **M** = mean, **SD** = standard deviation.

Dimension 7: Critical Thinking/Research Aptitude

This dimension established the participants' perception of the competency of newly qualified nurses' critical thinking skills and research aptitude. As summarised in Table 7 the highest scores (37% to 55%) in seven items were in the 'somewhat competent' range and the lowest scores (3%) were in the 'incompetent' and 'very competent' range. The one item had the highest score (38%) in the 'slightly competent' range.

Table 7: Critical thinking/ Research Aptitude

COMPETENCY ITEMS	**I n (%)**	**SC n (%)**	**SoC n (%)**	**C n (%)**	**VC n (%)**	**M**	**SD**
Identifies priority risk (B1)	1(3)	2(7)	14(47)	12(40)	1(3)	3.3	0.82
Integrates data from sources (B7)	1(3)	11(38)	10(35)	6(27)	1(3)	2.7	0.91
Uses different ways to search for information (B16)	3(10)	8(27)	11(37)	5(17)	3(10)	2.7	1.0
Figures out more than one way to solve clinical problems (B21)	7(23)	4(13)	15(50)	4(13)		2.5	0.97
Assists in research data collection (B42)	5(17)	6(20)	11(37)	5(17)	3(10)	2.7	1.1
Makes decisions reflecting both knowledge & good judgment (B47)	1(3)	5(17)	12(40)	9(30)	3(10)	3.2	0.99
Incorporates relevant research findings into nursing care (B50)	2(7)	6(20)	15(50)	6(20)	1(3)	2.8	0.76
Defends decisions using scientific principles (B51)	2(7)	4(14)	16(55)	5(17)	2(7)	3.0	0.80

I = Incompetent, SC = slightly competent, SoC = somewhat competent, C = competent, VC = very competent, M = mean, SD = standard deviation.

Mean scores for sub-categories in each dimension

The total score range is **1** to **275**. High total score indicates high overall competency; high mean score of each sub-category indicates high competency in that dimension.

- Mean >3(or Total = 166 – 275) **High**
- Mean 2<3 (or total =111 – 165) **Middle**
- Mean <2 (or total < 110) **Low**

Table 8 indicates the composite results of the seven dimensions of competency.

Table 8: Mean scores for each dimension

Dimension	No %	Levels	Mean	SD
D1- Clinical care	17 63	Middle	24.10	2.03
	10 37	High	37	5.01
D2- Leadership	2 7	Low	18	0.005
	9 32	Middle	23.11	2.89
	17 61	High	32.76	4.66
D3- Interpersonal	3 11	Low	12.67	2.517
relations	6 22	Middle	19.33	1.751
	18 67	High	29.44	3.899
D4- Legal/ethical	8 30	Middle	19.5	1.414
	19 70	High	30.52	3.58
D5- Professional	9 32	Middle	15.005	1.658
development	19 68	High	22.631	3.639
D6-	7 25	Low	10.57	1.813
Teaching/coaching	10 36	Middle	16.30	2.111
	11 39	High	22.55	3.671
D7- Critical	5 18	Low	15.20	0.837
Thinking/research	13 46	Middle	21.62	2.219
aptitude	10 36	High	29.00	4.472

SD = Standard deviation.

The total mean score for all 55 competencies were 174.71 with a standard deviation of 39.776 indicating overall high competency. However, both the teaching/coaching and the critical thinking/research aptitude dimension was perceived as low in competency in newly qualified nurses.

Factors influencing competency

Factors influencing competency included; experience in nursing; learning opportunities; environment; motivation; confidence; expectation placed on nurses by themselves and others; knowledge supporting actions; effective preceptorship including both support and challenge and acceptance into the ward team. Tables 9 a, b, and c depict the results.

Table 9 a: Factors influencing competency

Factors influencing competency	Sd n (%)	DA n (%)	Neutral n (%)	Agree n (%)	SA n (%)	Mean	SD
Experience at College (C10)	2(7)	4(14)	4(14)	13(45)	6(21)	3.65	1.198
Experience at hospital (C11)		1(3)	5(17)	12(41)	11(38)	4.23	0.710
Consolidation knowledge & skill (C20)		3(11)	6(22)	10(37)	8(30)	3.85	1.008
Time for reflection (C21)		3(10)	4(13)	18(60)	5(17)	3.85	0.784
Eagerness to learn (C31)		1(3)	4(13)	11(37)	14(47)	4.35	0.689
Positive attitude (C32)		2(7)	5(17)	8(27)	15(50)	4.31	0.788

Factors influencing competency	Sd n (%)	DA n (%)	Neutral n (%)	Agree n (%)	SA n (%)	Mean	SD
Activities that increase abilities (C33)		1(3)	4(13)	13(43)	12(40)	4.15	0.834
Openness to criticism (C34)	1(3)	6(20)	6(20)	7(23)	10(33)	3.77	1.177

SD = strongly disagree, **DA** = disagree, **SA** = strongly agree, **SD** = standard deviation.

Experience in nursing practice: This factor included C10 and C11 in which the highest scores were in the 'agree' category (45% and 41%) and the lowest score was in the 'strongly disagree' category (7%) and the 'agree' category (3%).

*Personal Characteristics***:** This factor included 4 items which are C31, C32, C33 and C34. The items C31, C32, C34 had the highest scores in the 'strongly agree' category (47%, 50% and 33%) and the lowest score in the 'disagree' category (3%). C33 had the highest score in the 'agree' category (43%) and the lowest score in the 'disagree' category (3%).

*Learning opportunities***:** This factor includes C20 and C21 in which the highest scores was in the 'agree' category (37% and 60%) and the lowest score was in the 'disagree' category (11% and 10%).

Table 9 b: Factors influencing competency

Factors influencing competency	Sd n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	SA n (%)	Mean	Std. Deviation
Short placements (C40)	1(4)	5(18)	6(21)	9(32)	7(25)	3.54	1.208
Conducive environment (C41)	1(3)	1(3)	5(17)	13(45)	9(31)	3.88	0.993
Up to date with technology (C42)		4(13)	5(17)	12(40)	9(30)	3.85	.967
Time to consolidate knowledge (C43)		3(11)	7(26)	8(33)	8(30)	3.85	1.008
Salary (C50)	1(4)	4(14)	6(21)	8(29)	9(32)	3.77	1.177
Patient satisfaction (C51)	1(3)	4(14)	6(21)	10(34)	8(28)	3.77	1.070
Accepts accountability(C52)		4(13)	5(17)	11(37)	10(33)	3.88	.993
Confidence (C60)		2(7)	6(20)	9(30)	13(43)	4.04	.999

SD = strongly disagree, **DA** = disagree, **SA** = strongly agree, **SD** = standard deviation.

*Environment***:** This factor included C40, C41, C42 and C43 in which the highest score was in the 'agree' category (32%, 45%, 40% and 33%) and the lowest score (3%) was in the 'strongly disagree' category and in the 'disagree' category (13% and 11%).

*Motivation***:** This factor includes 3 items which are C50, C51 and C52 which had the highest scores in the 'agree' category (29%, 34% and 37%) the lowest scores was in the 'strongly disagree' category (3%) and the 'disagree' category (13 %). *Confidence***:** The highest score (C60) were in the 'strongly agree' category (43%) and the lowest score in the 'disagree' category (3%).

Table 9 c: Factors influencing competency

Factors influencing competency	**Sd n (%)**	**Disagree n (%)**	**Neutral n (%)**	**Agree n (%)**	**SA n (%)**	**Mean**	**SD**
Exposure to skills (C70)		2 (7)	5 (17)	12 (40)	11 (37)	3.96	.916
Confidence in their abilities (C71)		1 (3)	6 (20)	15 (50)	8 (27)	3.92	.796
Sound theoretical knowledge (C80)		1 (3)	7 (23)	14 (47)	8 (27)	3.92	.796
Knowledge applied in practice (C81)		1 (3)	8 (27)	12 (40)	9 (30)	3.96	.824
Role overload of preceptors (C90)	1 (4)	1 (3)	9 (32)	9 (32)	8 (29)	3.77	1.070
Consistency of preceptors (C91)		2 (7)	9 (32)	9 (32)	8 (29)	3.85	.967
Guidance and support (C92)		1 (3)	5 (17)	15 (52)	8 (27)	4.00	.800
Acceptance into team (C100)		3 (10)	4 (13)	11 (37)	12 (40)	4.12	.909

Sd = strongly disagree, **SA** = strongly agree, **SD** = standard deviation.

Expectation placed on nurses by themselves and others: This factor included C70 and C71 which had the highest score in the 'agree' category (40% and 50%) and the lowest score in the 'disagree' category (3%).

*Knowledge supporting actions***:** This factor included C80 and C81 in which had the highest score was in the 'agree' category (47% and 40%) and the lowest score in the 'disagree' category (3%).

Effective preceptorship including both support and challenge: This factor included C90, C91 and C92 which had the highest score in the 'agree' category (32%, 32% and 52%) and the lowest score in the 'strongly disagree' category (4%) and the 'disagree' category (3%).

*Acceptance into the ward team***:** The highest score was in the 'strongly agree' category (40%) and the lowest score in the 'disagree' category (10%). The overall mean for the 24 factors are 94.23 with a standard deviation of 14.760.

Discussion

Participants scored high in competency for five of the seven dimensions on the CIRN. The results of significance are teaching/coaching and critical thinking/research aptitude in which they scored low.

Newly qualified nurses are perceived to be competent in only one item in the individual competencies in teaching/coaching. The mean scores suggest that newly qualified nurses were perceived by the majority of participants as low in competency. In this study the participants perceived that newly qualified nurses do not identify learning needs or provide coaching to junior nurses. Teaching/coaching is an important skill that PNs must possess (Quinn, 1997). This not only involves educating patients, but identifying learning needs of patients, families and junior nurses, coaching junior nurses and being a preceptor to provide support to new nurses. Lofmark Smide & Wikblad (2006) found similar results in their study and concluded that although new graduates were given high scores in teaching patients and relatives, they scored very low in teaching co-workers and students.

In the individual competencies, the majority of newly qualified nurses were perceived as not competent in the critical thinking/research aptitude dimension. The mean scores suggest that the majority of participants perceive newly qualified nurses as low in competency. This study concluded that the majority of new registered nurses lack critical thinking skills and are unable to relate theory to practice. Although new graduates have sufficient theoretical knowledge, they were not competent in basic nursing skills, because they were unable to integrate theory into practice. Moeti, Van Niekerk and Van Velden (2004) and Morolong and Chabeli (2005) found similar results in their study that newly qualified nurses lack critical thinking skills in rendering of nursing care.

The ten factors influencing competency namely experience in nursing; learning opportunities; environment; motivation; confidence; expectation placed on nurses by themselves and others; knowledge supporting actions; effective preceptorship including both support and challenge and acceptance into the ward team were perceived to have an influence on newly qualified PNs' competence. Mashburn, Engelke, and Swanson (2009) assert that experience positively affects the preparation of new nurses for practice in the clinical field. Learning opportunities that challenge new graduates abilities and allow them to reflect on their strengths and weakness will lead to improvement of their competency (Khomeiran et al., 2006). Boychuck Duchscher and Cowin (2004) indicate that environmental factors at clinical level such as staff shortages, patient acuity and pressures to role expectations can negatively affect new graduates to improve their competence. Pedley and Arber (1997) conclude from their study that participants alluded to taking on responsibility had given them the opportunity to acquire skills of self-motivation, time management and assertiveness. Authors

Clarke and Holmes (2006) assert that newly qualified professional nurses are assumed to be not competent to practice independently. This however appears to reflect a lack of confidence on their behalf, but also an inability by more experienced staff to display more faith in the capabilities of these nurses due to previous experiences. Mooney (2007) states that expectation placed on newly qualified graduates by ward managers, doctors and patients was found to be high and unreasonable and made them feel ill-prepared and incompetent. Newly qualified nurses place unrealistic expectations on themselves, by working twice as hard, to prove that they are capable as nurses (Kelly, 1996). According to Kelly (1998) new graduates are anxious about not having enough knowledge to perform competently and making mistakes. Despite being optimistic of their future role newly qualified professional nurses felt that their clinical experience as a student did not assist them in their transition and they felt unprepared (Goh & Watt, 2003). However, Ulrich (2003) suggested that preceptors have a positive influence on graduates' confidence in their abilities in their first year, but only if there is consistency and not frequent changing of preceptors. According to Clarke and Holmes (2006) newly qualified professional nurses felt that by giving them the opportunity to perform "specialist" tasks made their acceptance into the ward team so much easier. Carlisle (1999) found that nurse managers' perceptions are that new graduates had difficulty in becoming team members and fully grasping the concept of teamwork.

Limitations

The sample size of this study is small thus the findings can be utilised for baseline data regarding perceived competency of newly qualified nurses working in the clinical settings.

Recommendations

Based on the findings of this study, the following recommendations are made:

- There is a need to improve newly qualified nurses' critical thinking skills. Possible strategies include case study method, role-play, co-operative learning strategies (group learning situations) and thought-provoking visual aids (posting signs) in the classroom, will assist with improving critical thinking skills.
- Organise critical thinking skills workshops in the clinical setting, with opportunities to be involved in teaching and coaching of patients, families, peers and colleagues.
- Provide newly qualified nurses with consistent preceptors.
- Orientation programmes must provide relevant information and focus on ensuring competencies in the clinical area.

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