THE EXPERIENCES OF NEOPHYTE PROFESSIONAL NURSES ALLOCATED IN CRITICAL CARE UNIT IN THEIR FIRST YEAR POST GRADUATION IN KWA-ZULU NATAL

by

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DECLARATION

I declare that **THE EXPERIENCES OF NEOPHYTE PROFESSIONAL NURSES ALLOCATED IN CRITICAL CARE UNIT IN THEIR FIRST YEAR POST GRADUATION IN KWA-ZULU NATAL** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete reference and that this work has not been submitted before for any other degree at any other institution.

07 May 2014

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THE EXPERIENCES OF NEWLY QUALIFIED PROFESSIONAL NURSES ALLOCATED IN CRITICAL CARE UNIT IN THEIR FIRST YEAR POST GRADUATION IN KWAZULU-NATAL

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ABSTRACT

The purpose of the study was to explore and describe the lived experiences of neophyte professional nurses working in ICU during their first year post graduation with the aim to discover strategies to support the nurse in critical care unit. An explorative, descriptive, interpretative qualitative design was conducted to uncover the nurse's experiences. A purposive sampling was used which is based on belief that the researcher's knowledge about the population can be used to hand pick sample elements. Data was collected through in-depth unstructured interviews and written narratives. Collaizi's method of data analysis was used. The study findings revealed that neophyte professional nurses experienced difficulties and challenges in adjusting to the unit because of lack of mentors emanating from the shortage of staff. Nurses experienced mixed feelings regarding the relationship with colleagues in terms of support received.

Key concepts:

Critical care unit; critical care nurse; neophyte professional nurse; experience.

ACKNOWLEDGEMENTS

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List of abbreviations

CCU	Coronary Care Unit
ECG	Electrocardiogram
HRH	Human Resource for Health
ICU	Intensive Care Unit
MEWS	Modified Early Warning Scoring
RN	Registered Nurse
SANC	South African Nursing Council
UNISA	University of South Africa

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1   INTRODUCTION

In South Africa a professional nurse is "a person who is qualified and competent to independently practice comprehensively, capable of assuming responsibility and accountability for such practice" (Nursing Act No 33 of 2005, Section 30(1)) (South Africa 2005). A newly qualified South African professional nurse has met requirements of the South African Nursing Council Regulation (SANC), Regulation R.425, as amended (South Africa 1988). She is suitably prepared to function as a general nurse in medical surgical nursing, midwifery, psychiatry and community nursing science. In order for the comprehensive professional nurse (general nurse) to function as, the critical care nurse, she/he should have an additional qualification in medical surgical: critical care nursing in accordance to the SANC Regulation R.212, as amended (South Africa 1997).

This is as a result of critical care nursing being a complex and technical clinical specialty, which is developed to provide for the health care needs of patients and families with actual or potential life threatening conditions. It is a well-recognised phenomenon that critically ill patients especially those nursed in intensive care units (ICU) present the most challenging aspect of nursing practice. Their management and treatment incorporates the utilisation of a complex array of biomedical equipment, sophisticated diagnostic and therapeutic regimens (Urden, Stacy & Lough 2006:134). Thus, as a specialist clinician, the critical care nurse requires knowledge and skills in technical operations, problem solving, clinical decision-making, critical thinking, reflective practice, leadership and teamwork (Williams, Schmollgruber & Alberto 2006:400).

The level of preparation required for the critical care nurse is beyond the scope of undergraduate/basic nursing programmes. It is for this reason that the preparation of critical care nurses requires a post basic registration nursing education programme to achieve the depth and the breadth of clinical knowledge, skill and attributes necessary

to render competent nursing care (Moleki 2009:02) The programme prepares the general registered professional nurse to be an expert clinician in the context of ICU, in which patient care requirements include complex monitoring therapies, high-intensity nursing interventions or continuous nursing vigilance within a range of high acuity care. Therefore, the incumbent in the programme must be the one who is able to dexterously integrate cognitive and manual skills which will enable him/her to create order from chaos, in the context of complicated resuscitations and high technological environment of critical care nursing (Tobin 2005:2).

The fact that it is undertaken by already registered nurses, means that it builds on the competencies acquired in the basic training focusing only on those practices which would make the nurse a specialist practitioner in the area of critical care nursing. It is therefore clear that newly qualified professional nurses placed in ICU can be overwhelmed by the ICU environment as they are still inexperienced professional nurses.

In KwaZulu-Natal training of critical care nurses in the public sector is conducted in one campus under KwaZulu-Natal College of Nursing. At the end of 2008 the population of KwaZulu-Natal was 10 105 500 whereas the total number of registered nurses were 10 591 in public sector and 11 973 in private sector. These figures of registered nurses are not specifically for critical care units but encompassing health care sector.

This shortage of nurse affects the critical care units and thereby affecting nurse patient ratio in critical care units. Newly qualified professional nurses are then allocated to critical care on completion of community service period. The application of occupation specific dispensation has attracted nurses from general wards into critical care units. In KwaZulu-Natal a tertiary hospital has to employ newly qualified nurses in their critical care units as they are the ones available, seeking employment and interested to critical care units. It is from this background that this study sought to explore the experiences of newly qualified professional nurses in KwaZulu-Natal hospitals who are or were allocated in the critical care unit during their first year post registration.

1.2   BACKGROUND TO THE RESEARCH PROBLEM

1.2.1   Source of the problem

The general shortage of nurses and of critical care nurses, in particular, around the world poses a challenge for human resource for health (HRH). Worldwide, this cadre of nurses is very limited, to the extent that, in South Africa, this category of nurses is classified under the scarce skills cadre.

In KwaZulu-Natal, training of critical care nurses is only conducted in one institution the KwaZulu-Natal College of Nursing. The intake of critical care students is once a year. A maximum of two critical care nurses per institution are given an opportunity to enroll for training as clinical nurse in medical-surgical nursing. This result in shortage of trained ICU staff. To cap this shortage, the modified early warning scoring (MEWS) tool was put into practice. However, according Gwele and Uys as cited by Chabeli and Morolong (2005:39) recommendations must be made that newly qualified nurses should undergo a six to twelve month internship when their findings revealed incompetence of these nurses. In North America a nurse internship programme has been successfully implemented for new graduates and ICU naïve nurses (Jones, Mims & Luecke 2001:44).

Available literature depicts studies on the competence of newly qualified nurses. The lived experiences of the newly qualified nurses haven't been given much attention. During the training years, the nurse focuses on her studies. The methods of teaching and evaluation systems contribute towards preparation of nurse to the new environment (employment). Neophytes (newly qualified) professional nurses still need intensive mentoring by experienced nurse more so in the critical care setting.

1.2.2   Statement of the research problem

A basic nursing training programme does not accommodate introduction to critical care setting. In order to bridge this short coming, MEWS programme was introduced in one of KwaZulu-Natal hospitals with referral algorithm of patients to the surgical wards. This programme assists a nurse who is in the general ward to identify patients who need critical care nursing. Although this programme is meant to bridge the knowledge gap of

critical care deficit for nurses allocated in the wards, the nurse allocated in ICU are not catered for because they are already working in ICU therefore they are assumed to be in possession of the required skills to monitor the patient. Not taking into cognisance that it is their first time that they are exposed to ICU and they have just completed their training.

Hence this study intends to answer the following research question:

- What are the experiences of the neophyte professional nurses allocated in ICU in their first year post registration as professional nurses?

1.3   PURPOSE OF THE STUDY

The purpose of this study is to propose strategies which will facilitate support of neophyte nurses allocated in ICU post registration.

1.4   RESEARCH OBJECTIVES

In order to achieve the research purpose, the researcher aimed to

- explore and describe the lived experiences of neophyte professional nurses working in ICU post registration as professional nurses
- interpret the meaning that these nurses attach to these experiences
- recommend strategies to support neophyte nurses allocated in ICU

1.5   SIGNIFICANCE OF THE STUDY

The study supports policy makers and curriculum developers such as hospital management, charge nurses in ICU, clinical instructors, and nurse lecturers to pay more attention to the plight of inexperienced nurses allocated in ICUs. The recommendations will lead to practical strategies which will alleviate insecurities and incompetence in this cadre of nurses. Furthermore, policies and curriculum guidelines that will facilitate transition of incumbent into critical care nurse will be proposed.

1.6   DEFINITION OF KEY CONCEPTS

The key concepts are defined to allow the reader to understand the context of the terms used in this study. The following definitions are used:

1.6.1   Allocation

Is assignment of an individual to perform a certain duty. In the study, it is the assignment of the newly qualified nurse to perform duties of rendering nursing care to patients in critical care unit (Lawson 2006:141).

1.6.2   Competence

This term is used to describe knowledge to be able to perform a particular task. It includes the understanding of knowledge, clinical, technical, and communication skills, and ability to problem solve through the use of clinical judgement (Schroeter 2008:2). In this study competence would refer to the ability of the nurse to safely and effectively fulfill his/her professional responsibilities within her/his scope of practice.

1.6.3   Critical care unit

It is a specialised department where immediate and continuous care is administered to clients who experience actual or potentially life-threatening health disorders (Black & Hokanson 2009:32).   In the context of this study the term 'ICU' will be used interchangeably with critical care unit.

1.6.4   Critical care nurse

Is an advanced nurse practitioner who is educated to identify and diagnose problems of clients by using increased knowledge and skills gained through advanced study in critical care nursing practice. The nurse holds additional qualification in medical-surgical nursing science critical care (SANC Regulation R.212, as amended) (South Africa 1997:4).

1.6.6 Experience

It is the knowledge that adults have been exposed to depending on where they have been. In this study it will be the meaning and interpretation of exposure to critical care unit during first year as a professional nurse. (Carlson, Kotzé & Van Rooyen 2005:67).

1.6.7 Independent functions of a nurse

In this study it relates to a nurse who has a duty to act responsibly within parameters of her scope of practice, the legal and ethical constraints at her own level of competence (Searle 2005:171).

1.6.8 Post registration

It is the period when the person has submitted the documents and paid fees for registering as a member of the professional body. In the study , the researcher refers to a period when a nurse who after completion of training has submitted his/her qualification documents to the SANC and paid SANC fees to be entered into the professional nurses register's roll (Nursing Act no 33 of 2005, as amended) (South Africa 2005).

1.6.9 Professional nurse

As defined in the Nursing Act (Act No 33 of 2005, as amended, Section 30(1) is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice (South Africa 2005).

1.6.10 Neophyte professional nurse

As explained in the Nursing Act (Act No 33 of 2005, as amended) as a professional nurse who has just complied with the requirements of qualification in the categories of professional nurse as registered on the National Qualification Framework. In this study the term 'newly qualified professional nurse' is used interchangeably with neophyte

professional nurse (Nursing Act no 33, as amended) (South Africa 2005). In this study the term neophyte and newly qualified will be used interchangeably.

1.7   ASSUMPTIONS UNDERLYING THE STUDY

Assumptions are basic principles that are assumed to be true without proof or verification (Tutorial letter MNUALLL/301/2010) (University of South Africa. Department of Health Studies 2010).

The researcher has chosen to conduct the inquiry in line with the paradigm of constructivism approach which is based on basic philosophical principles of ontology, epistemiology, methodology.

1.7.1 Meta-theoretical assumption

Meta theoretical assumptions are testable beliefs that are accepted to be true by the researcher. In this study the Meta theoretical assumptions are related to the four main construct of nursing namely the person, environment, nursing and health (Pitacco, Silverstro & Drigor 2001:27).

1.7.1.1   The person

The person in this case refers to the critically ill patients in critical care units nursed by the newly qualified graduate nurse and the newly qualified nurse who is allocated in critical care unit during her/his first year post graduation.

1.7.1.2   Environment

The environment is the high technological ICU in which the professional nurse is working. This is the lived world where the newly qualified nurse is allocated. This is the environment the nurse will be relating to as she/he reflects on her/his experience.

1.7.1.3   Nursing

This refers to the nursing care rendered to critically ill patients and their families. Clinical decisions are made by the newly qualified nurses in dynamic environment which they are not prepared for (Standing 2007:257).

1.7.1.4   Health

Health is the state of physical, mental and social wellbeing, and absence of disease or abnormal condition. It is a basic human functioning which can be promoted with competent nursing care. Critical care nursing is a branch of discipline in health sciences concerned with provision of care to critically ill patients requiring intensive monitoring.

1.7.2   Ontology

Is patterned set of assumptions about reality. Polit and Beck (2008:14) states that reality is assumed to be multiple and subjective, and mentally constructed by individuals.

The researcher assumes that subjects will have different interpretations of their lived experience during the transition period.

1.7.3   Epistemiology

Epistemiology deals with the nature of knowledge, knowing, how is knowledge is generated, how knowledge is regarded as valid. It explains how things can be known by specifying rules knowledge should be generated. Knowledge will be gathered through interviews, observations. The researcher will interact with participants therefore findings are the creation of the interactive process.

1.7.3.1   Epistemological assumption

The researcher assumes that the more she/he interacts with participants the truth regarding their lived experience will be revealed.

1.8 METHODOLOGY

This is the technique used to structure a study and to gather and analyse information relevant to the research question (Polit & Beck 2008:15). The methodological distinction typically focuses on qualitative research and the philosophical grounding which is phenomenology.

1.8.1 Research design

It is the overall plan for addressing the research question. It outlines how the research will be conducted in order to answer the research question (Polit & Beck 2008:765). An explorative, descriptive, interpretative qualitative design will be used in the study applying a phenomenological tradition.

- **Qualitative design**

The proposed design will be a qualitative design within the phenomenological tradition. The researcher has chosen this paradigm because of its descriptive and interpretive characteristic. It provides a picture of a situation as it naturally occurs.

According to Denzil and Lincoln (2000:157), qualitative research is a multi-perspective approach to social interaction, aimed at describing, making sense of, interpreting or reconstructing the interaction in terms of meanings that the subjects attach to it. There are a number of terms or labels used that refers to qualitative designs. The most commonly used terms are field research, naturalism, ethnography, interpretive and constructivist research (Lofland & Lofland 2004:167). These terms and their definitions further qualify qualitative designs as inductive, interpretive and field oriented in nature.

Creswell as stated by De Vos, Strydom, Fouché and Delport (2011:65) state that qualitative designs are more holistic, keep focus on learning the meaning that the participants hold about the problem or issue not meaning that the researcher bring to the research. They rest on a paradigm that explains humans as conscious self-directing beings who are continuously constructing and re-constructing social reality (Tjale 2004:293). They are not aimed at explaining human behaviour in terms of universally

valid laws of generalisation, but make an interpretation of what they see, hear and understand (De Vos et al 2011:65).

Qualitative study makes use of emergent design therefore the researcher will be directed by what has already been learned. Ongoing analysis and interpretation enables direction towards the next samples e.g. charge sisters in ICU. The desire is to have inquiry based on the realities and view points of those under study which are not known or not understood at the onset.

Qualitative designs are also naturalistic in nature. This research will take place in the real world setting and the researcher will not attempt to manipulate the phenomenon of interest (Patton 2002:39).

- **Phenomenology**

The purpose of phenomenological approach is to describe experiences as they are lived. In phenomenological terms is to capture the lived experience of study participants (Burns, Grove & Gray 2013:60). Phenomenology encompasses both descriptive and interpretive approach. Heidegger's hermeneutic phenomenology enables entering another person's world view and understanding found in their lived world (Polit & Beck 2008:229). Phenomenology is useful when a phenomenon is poorly defined and focuses on meaning of lived experiences therefore will assist in understanding the concept as narrated by those who lived it.

1.9   RESEARCH METHODS

Research methods refer to the steps, procedures and strategies for gathering and analysing the data in the research process**.**

1.9.1 Population

In order to answer the research question, individuals, objects or elements that can shed light to the issues related to the topic under investigation have to be identified. These are termed the 'research population. Polit and Beck (2008:761) define population as the entire set of individuals or objects having some common characteristics whereas Burns

et al (2013:703) state that it is all elements that meet the sample criteria for inclusion in a study. Population is the entire group of persons that are of interest to the researcher, in other words, that meet the criteria the researcher is interested in studying. In this way, terminology referring to 'population' includes universal population sometimes called the 'target population' and 'accessible population' (De Vos et al 2011:198).

- **Target population**

Burns et al (2013:711) define the target population as the a group of individuals who meet the sampling criteria and to which the study findings will be generalised whereas other point of view explains it as the aggregate of cases about which the researcher would like to make generalisations (Polit & Beck 2008:338). The target population for this study is professional nurses who are allocated in ICU during their first year of being registered nurse.

- **Accessible population**

An accessible population is a portion of the target population to which the researcher has reasonable access (Burns et al 2013:686), this definition is also used by (Polit & Beck 2008:471; Brink, Van der Walt & Van Rensburg 2006:171). The accessible population for this study will be professional nurses allocated in ICU in hospitals at EThekwini District with lived experiences of working in ICU immediately post graduation

- **Eligibility criteria**

The eligibility of the criteria in this study will be professional nurses who undergone a four year course training in nursing, allocated to critical care unit within their first year post graduation. Professional nurses who are from bridging courses or any post basic course were not included.

1.9.2 Sampling procedure

It specifies in advance how study participants are to be selected and recruited, and how many to include (Polit & Beck 2008:337). A non-probability sampling will be used therefore not all elements of the sample will have a chance of inclusion. A purposive

sampling will be used which is based on belief that the researcher's knowledge about the population can be used to hand pick sample elements. The study is phenomenological in nature therefore a critical case sampling strategy will be used as the researcher will be looking for the good story that illuminates critical aspects of the phenomenon.

1.9.2.1 *Sample size*

It is the number of participants recruited and consenting to take part in a study (Burns et al 2013:708). A qualitative research design will be undertaken using phenomenological traditional approach. The use of purposive sampling plan enables the researcher to obtain good informants who are able to reflect and communicate their experience effectively. The sample will be determined by the saturation point.

- **Research setting**

The setting is the location where a study is conducted. Naturalistic setting will be used as data will be collected at the place of work where the participant can reflect on experience.

1.9.3 Data collection

Data collection will be collected by means of unstructured in-depth interviews, self-reports using projective technique that enables to understand the inner feelings, emotions and subconscious attitudes of respondents to chosen phenomenon. The data will be audio recorded during the interview sessions. Questions will be asked without having a predetermined plan regarding the content or flow of information to be gathered (Polit & Beck 2008:768). Unstructured interviews encourage respondents to define the important dimensions of phenomenon.

Observations will be used to collect data regarding non-verbal communication cues that will be observed during interview sessions. Participants will be requested to record any incident of the specific aspect to their experience on their diaries.

1.9.4   Data analysis

The Heideggarian phenomenological approach will be used therefore Colaizzi's method of data analysis will be used as it calls for returning to study participants (Polit & Beck 2008:519, 520) therefore it does not end with description but also interprets findings. This method ensures credibility of the study through member checking.

Data will be transcribed from audio tapes, narrative stories written by respondents will be analysed. Analysed data will be categorised according to themes and coded. Themes will help to discover commonalities across participants as well as natural variations. Themes act as objects of reflection and interpretation through follow up interviews with participants.

1.10   ETHICAL CONSIDERATION

Ethics is about what is right and what is right in the conduct of the research. Since scientific researches is a form of human conduct, a holistic view of a participant as an active and interactive human being is of major importance therefore researchers need to be aware of the social and cultural context (Holloway & Wheeler 2010:56). In this study the newly qualified professional nurses will be the sample and therefore the institution where they are practicing will be incorporated. The research will be executed in a way that will foster autonomy, justice, beneficence and non-maleficence.

1.10.1   Protecting the rights of the participants

Informed consent will be obtained from relevant participants in whom clarification is made regarding the purpose of the study, methods of data collection, voluntary nature of participants and confidentiality. Sensitivity will be ensured in areas that involve deep personal experiences. The participants who decline will still benefit from the findings of the study.

1.10.2   Protecting the rights of the institution

The research proposal was submitted to Higher Degree Ethics Committee of the Department of Health Studies, Unisa for approval (Annexure A). Once permission was obtained, permission to collect data was sought from name them who are the relevant institutions. Informed consent will be obtained from the relevant institution in which confirmation is made that the published findings will present no links to the institution. If the institution declines during the process will remain beneficiaries of the study findings.

1.10.3   Scientific integrity of the research

The researcher obtains informed consent from the participants and institutional ethics committees. The researcher will adhere to pre-determined agreements (such as methods of data collection, time, protection of rights, etc).

1.11   TRUSTWORTHINESS

Trustworthiness refers to the degree of confidence qualitative researchers have in their data, assessed using criteria of credibility, transferability, dependability, conformability and authenticity (Polit & Beck 2008:768). The researcher used Lincoln and Guba (1985) model and strategies stated by Holloway and Wheeler (2010:302) to enhance trustworthiness of this study namely credibility, transferability, dependability and conformability.

- **Credibility**

It includes the activities that increase the probability that credible findings will be produced (Streubert Speziale & Carpenter 2007:49). Trust and rapport between the researcher and participants will be established as this will lead to participants giving accurate and rich information. Making use of method triangulation of interviews, observations as well as written narrative stories by participants enables the evaluation of consistency and coherent understanding of the phenomenon. Member checking and dependability will be conducted after data has been analysed.

- **Transferability**

It means that the findings in one context can be transferred to similar situations or participants (Holloway & Wheeler 2010:303). Findings will be applicable to other groups of Professional nurses who are allocated to ICU for first time as the sample represents this population. A detailed database and thick description will be provided so that someone other than the researcher can determine whether the findings of the study are applicable in another context or setting.

- **Dependability**

It is a criterion met once researchers have demonstrated the credibility of findings (Streubert Speziale & Carpenter 2007:49). To stabilise data so that there is consistency, the researcher will carefully document data with regards to field notes of observation and interviewing session, methodological decision-making and rationale for decisions, analytic documents on data analysis. A detailed record of decisions made before and during research, description of research process will be well explained to create a trail for another researcher. Triangulation where interview, observation and written narratives will be conducted. Member checking will help verifying findings.

- **Confirmability**

An audit trail is created where details of research and background and feelings of the researcher be opened to public for scrutiny (Holloway & Wheeler 2010:303). Data will be categorised according to themes as manufactured from data that has been collected. The study will enable the reader to follow the researcher and the way the researcher arrived at constructs, themes and interpretation.

1.12   CONCLUSION

In summary, the following areas were discussed. The research problem incorporating literature a review was discussed that led to the problem statement. The purposes of the study of which is exploratory as well as objectives were stated. Beneficiaries of findings who are participants (subjects, institution) and the population from which the sample was sampled from were enumerated. Assumptions based on ontology,

methodology and epistemology levels were formulated. The research design with the approach was stated bearing in mind their advantages to the study. Sampling with clear indication of the approach to be used during sampling.

Methods of data collection with the chosen approach that will enable the process of collecting data. Transcribing, categorising and coding data was explained as means of data analysis. Trustworthiness of the study will be ensured through credibility, transferability, dependability and conformability. Protection of the rights of the participants, the institutions has been clearly stated based on autonomy, justice, beneficence and non-maleficence. The researcher role to sustain the scientific integrity of research has been clarified.

1.13   LAYOUT OF THE STUDY

Chapter 1:   Orientation of the study
Chapter 2:   Phenomenology as a guiding framework
Chapter 3:   Research design and method
Chapter 4:   Data analysis and presentation of the findings
Chapter 5:   Conclusions and recommendations presentation

CHAPTER 2

PHENOMENOLOGY AS A GUIDING FRAMEWORK

2.1   INTRODUCTION

In this chapter the rationale to choose phenomenological approach will be discussed and analysed. Phenomenological research aims at describing experiences as they are lived. This approach is usually adapted by nurses as they want to examine the meaning of human experiences from the perspective of the 'knower' the person to whom the experiences belong (Burns, Grove & Gray 2013:60).

Phenomenology is based from nursing theories which are: theory of humanistic nursing, theory of human becoming and the theory of caring. Human beings cannot be separated from their relationship in the world. The world shapes an individual's experiences. In the humanistic theory, phenomenology shapes the nurse and the patient as they share experiences in the context of health care (Burns et al 2013:61). It suits nursing as it is based on description and interpretation of lived experience of an individual therefore description and interpretation of lived experience of individual and diseases, situations in nursing practice.

Paradigms for human inquiry in nursing research being ontology and epistemology. Epistemology concerned about the theory of knowledge, how we know. Phenomenology makes knowing possible through interviewing participant who will give detailed information as he/she experience it. Ontology is concerned with studying what is a being and nature of reality that is how things are really are.

The different aspects on phenomenology will be discussed in this chapter:

2.2   DEFINITION OF PHENOMENOLOGY

It is a qualitative research tradition which is rooted in the philosophical and psychological tradition of Husserl and Heidegger that focuses on the lived experience of

humans. It is an approach to thinking about what life experiences of people are like and what they mean (Polit & Beck 2008:761, 64). It is based on the philosophy of obtaining the description of an experience as is lived in order to understand the meaning of that experience for those who have it (Lobiondo-Wood & Haber 2006:583).

2.2.1 Description of phenomenology

The philosophy of phenomenology was firstly discovered by Kant as partly about epistemological question where we discover knowledge of how we know, the relationship of a person who knows and what can be known. The participant knows about the phenomenon because is a person who has lived the phenomenon of inquiry. The participant is the person who knows and the researcher uses the phenomenological approach to discover what can be known.

Phenomenology is partly connected to the ontological question which aims to discover nature of reality and our knowledge about it 'how things are really are'. The phenomenologists believed that the only reality was the one that is perceived. Perception is a way of observing and processing those things that are present to the self within the context of one's lived experience (Streubert Speziale & Carpenter 2011:5). The only person who can share the reality about the phenomenon is the one who have lived experience of the phenomenon. Phenomenology is useful when the phenomenon is poorly defined and focuses on meaning of lived experiences and assist in understanding the concept as narrated by those who lived it. Phenomenologists believe that lived experience gives meaning to each person's perception of particular phenomenon.

Streubert Speziale and Carpenter (2011:173) state that the interest of phenomenology is on lived space, lived body, lived time, lived human relation. 'Lived space' that is has worked in critical care, 'Lived body' is the person who experienced working in critical care , 'Lived time' within first year post graduation, 'Lived human relation' a person who has interacted with staff including doctors, patients, relatives of patients in critical care setting. The world is "already there", therefore there is interaction between the world and a human being.

2.2.2 Phenomenological phases:

Streubert Speziale and Carpenter (2011:75-77) states that the phenomenological movement began around the first decade of the 20th century consisted of:

- **Preparatory phase**

This phase was dominated by Franz Brentano (1838-1917) and the concept 'intentionality 'was the primary focus.

- **German phase (the second phase)**

Edmund Husserl (1857-1938) and Martin Heidegger (1889-1976) were prominent leaders during this phase and the concepts of essences, intuiting, and phenomenological reduction was developed.

- **French phase (the third phase)**

Gabriel Marcel (1889-1973), Jean-Paul Sartre (1905-1980) and Maurice Merleau-Ponty (1905-1980) were leaders during this phase and the concepts of embodiment and being-in-the-world.

2.2.3 Concepts in phenomenology

Contributions by philosophers to phenomenology have led to discovery of different concepts that bring meaning to phenomenology:

2.2.3.1 *Intentionality*

The concept of intentionality was learned by Husserl from Brentano though he did not use it the same way. According to Husserl's work, intentionality is 'the essential feature of consciousness' directed to an object. When we are conscious of an object we are in relation to it, it means something to us (humans). Therefore we (humans) and object are joined together in mutual co-constitution. Consciousness is when an individual is always conscious of something, consciousness of the world (Holloway & Wheeler 2010:214).

Merleau-Ponty (1956) cited in (Streubert Speziale & Carpenter 2011:75) states that interior perception is impossible without the exterior perception thereby realising the world connection to the phenomenon is the way of realising the individual's consciousness, and the act is the conscious thought. The intentional relationship between the person and the meanings of the things they are focusing on and experiencing gives meaning of their experience to the surrounding world.

2.2.3.2 *Essence*

It is what makes the phenomenon what it is, without which it would not be what it is (Polit & Beck 2008:227). It's a concept that gives meaning of something, common understanding of the phenomenon under investigation. In order to arrive at the essence of meanings, the researcher is to employ imaginative variation. Spiegelberg (1982) cited in (Dowling 2007:133) describes imaginative variation as sort of mental experimentation in which the researcher intentionally alters via imagination different aspects of experience either by taking from or adding to the proposed transformation.

The point of this exercise is to imaginatively stretch the proposed transformation to the edges until no longer describes the experience underlying the subject's naïve description. Dowling (2007:133) (quotes Van Manen 1990) describing the process as to discover aspects of or qualities that make the phenomenon what it is and without which the phenomenon could not be what it is. This process therefore verifies whether the theme belongs to a phenomenon essentially or accidentally. Does the phenomenon remain the same even if the theme has been imaginatively changed or deleted?

2.2.3.3 *Intuiting*

It is an accurate interpretation of what is meant in the description of the phenomenon under investigation. It requires the researcher to imaginatively vary data until a common understanding about the phenomenon emerges (Streubert Speziale & Carpenter 2011:76). It is the second step of the four steps in the descriptive phenomenology whereby the researcher remains open to the meaning attributed to the phenomenon by those who experienced it, avoids all criticism, evaluation, or opinion and pays strict attention to the phenomenon as it is described (Polit & Beck 2008:228). It is achieved by

free imagination which leads the researcher to a description of the essential structures of the phenomenon, without which it would not exist (Dowling 2007:132).

2.2.3.4 Phenomenological reduction

Is a return to the original awareness regarding the phenomenon under investigation. This concept was identified by Husserl who challenged individuals to go 'back to the things themselves' to recover this original awareness. 'To the things' he meant a fresh approach to concretely experienced phenomena, free from conceptual presuppositions. These things include hearing, seeing, believing, feeling, remembering, and so forth. Phenomenological researchers firstly identify any preconceived ideas about the phenomenon under investigation and then bracket or separate out of consciousness what they know or believe about the phenomenon (Streubert Speziale & Carpenter 2011:76-77). It allows the researchers to experience things as fresh and new as they do not prejudge. Phenomenological reduction is necessary to gain the essence of a phenomenon. This is also call 'bracketing'.

2.2.3.5 Being-in-the-world

Sometimes called embodiment, is the concept that acknowledges people's physical ties to their world, they think, see, hear, feel, and are conscious through their bodies' interaction with the world (Polit & Beck 2012:495). The world is known through the subjectivity of being in the world, uniting the body and mind eliminates the idea of subjective and objective world (Burns et al 2013:60). At any point in time and for each individual a particular perspective or consciousness exist that is based on the individual's history, knowledge of the world and perhaps openness to the world (Streubert Speziale & Carpenter 2011:77).

2.2.3.6 Being and time

Phenomenologists acknowledge that the person is situated in specific context and time that shapes his/her experiences. During the time spent the individual is able to establish meanings through language, culture, history, purposes and values (Burns et al 2013:61). The body, the world and the concerns are the context within which that person can be understood. The person's experiences being within the framework of

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time are also known as being in time. Being in time, Heidegger's work published in 1927, proposes that consciousness is not separate from the world of human existence and further argued for an existential adjustment to writings that interprets essential structures rather than pure, cerebral consciousness (Dowling 2007:133).

2.3   THE MAIN SCHOOLS OF PHENOMENOLOGY IN NURSING

Holloway and Wheeler (2010:213) identified three major streams of phenomenology:

(1)   Descriptive phenomenology of Edmund Husserl (1859–1939)
(2)   The hermeneutic phenomenology of Martin Heidegger (1889–1976)
(3)   Existentialist phenomenology of Merleau-Ponty (1908–1961) and Jean-Paul Satre (1905–1980) who had an idea of existence and essence, consciousness and behaviour.

The two main schools of thought are descriptive phenomenology based on Husserl and interpretive phenomenology based on Heidegger. Both of these camps are based on phenomenological tradition and do have some commonalities and differences. The broad goal in each school remains the same, that is, to gain knowledge and insight about the phenomenon (Holloway & Wheeler 2010:219).

2.3.1 Husserl's school of phenomenology

The Duquesne School, guided by Husserl's ideas focuses on the notion of description hence is called 'Descriptive phenomenology'. Husserl's goals were strongly epistemological and regarded experience as the fundamental source of knowledge with unbiased study of things 'as they appear' (Dowling 2007:132). Epistemology in phenomenological approach is based in a paradigm of personal knowledge, personal perspective and subjectivity. These enable the researcher to understand subjective experience, gain insights into peoples' motivations and actions and thus invade those assumptions that are taken for granted.

Emphasis is on careful description of ordinary conscious experience of everyday life which is a description of 'things' as people experience them. Giorgi (1985) as quoted by Holloway and Wheeler (2010:219) states that researcher should describe what the

phenomenon under investigation presents itself to them without adding or subtracting from it. Evidence is acknowledged but not to go beyond the data as description cannot ever be complete. Dowling (2007:132) identified the motto of phenomenology as 'to the things themselves' meaning returning to that world which precedes knowledge of which knowledge always give concrete information.

Descriptive phenomenology involves direct exploration, analysis and description of a particular phenomenon as free as possible from unexamined presuppositions. It does not attempt to answer questions of how/why/when the characteristic occurred rather addresses 'what are characteristics of the phenomenon' being studied. There is no manipulation of variables or to establish the causality but to describe the phenomenon as it appears. It aims to observe, describe and document aspects of a phenomenon as it naturally occurs (Polit & Beck 2008:274).

Life world can be described as the world that is lived and experienced, a world that appears meaningfully to consciousness. Husserl argues that life world (Lebenswelt) is understood as what individuals experience pre-reflectively, without resorting to interpretations. Lived experience involves the immediate pre-reflective consciousness of life that is it takes place before we think about it or put into language. Explanations are not to be imposed before the phenomenon has been understood from within (Dowling 2007:132). Therefore Husserl's phenomenological view requires description of experience be gleaned before it has been reflected.

Husserl uses the term 'natural' to indicate original, naïve, prior to critical or theoretical reflection. In the natural attitude individuals hold knowledge judgmentally, that is they refrain from judgment or stay away from every day, commonplace of perceiving things also known as 'Epoche'. In order to bracket one's preconceptions and presuppositions, one must firstly make them overt and render them as clear as possible in an effort to confront the data in a pure form (Polit & Beck 2008:228).

Once bracketing has taken place and data is dealt with in a pure form, the intuiting process takes place. Researchers remain open to the meanings attributed to the phenomenon by those who have experienced it (Polit & Beck 2008:228). During intuiting the researcher comes to know the phenomenon as it shows itself as described by participants.

The descriptive phenomenological studies involve four steps as enumerated by Polit and Beck (2008:228):

- Bracketing: the researcher identifies and hold in abeyance preconceived ideas and opinions.
- Intuiting: the researcher becomes totally immersed in the phenomenon and begins to know about the phenomenon as described by the participants.
- Analysing: the researcher identifies the essence of the phenomenon under investigation based on data obtained and how the data is presented.
- Describing: the researcher aims at bringing written and verbal description of critical elements or essences of the phenomenon within the context of their relationship to one another.

2.3.2 Heidegger's school of phenomenology

Martin Heidegger's changed the direction from Husserlian phenomenology into interpretive phenomenology or hermeneutics. His hermeneutic phenomenology like Husserl's phenomenology is concerned with human experience as it is lived Hermeneutics is the basic characteristic of human existence and refers to the art and philosophy of interpreting the meaning of an object such as text (Polit & Beck 2008:229). He argued that the lived experience is inherently an interpretive process. He agrees with Husserl declaration 'to the things themselves 'but disagrees on Husserl's view of importance description rather than understanding. His approach being interpretive' at the same time descriptive as there is no interpretation without description. His philosophy is about the ontological question concerned about the nature of being.

Heidegger was interested in ontological ideas that explain the nature of being and existence rather than a mode of knowledge. It is not how we establish knowledge but how human beings exist in the world (Blaikie 2010:123). The critical question being 'what is being'? Main focus is in understanding of reality. Emphasis is on interpreting and describing, not just describing human experience. Holloway and Wheeler (2010:216) elaborate on Heideggerian phenomenological view of the person as:

- A person having a world which is often overlooked and taken for granted until we reflect and analyse.

- The person has a being in which things have value and significance therefore persons can be understood through study of context of their lives.

- The person is self-interpreting, ability to make interpretations about knowledge.

- The person is embodied. The body is the way we can potentially experience the action of ourselves in the world.

- The person is in time, is aware of now, the no longer and not yet.

The goals of interpretive phenomenological research are to enter another's world and to discover practical wisdom, possibilities and understandings found there. He speaks of being-in-the-world and reflects on fundamental structures that characterise the essential qualities of being-in-the-world such as the way in which the body occurs, the way the meaningful world of place and things occurs, the way quality of interpersonal relationships occurs.

According to Gadamer (1976) as cited in Holloway & Wheeler (2010:220) sees the interpretive process as a circular relationship known as hermeneutic circle. In the hermeneutic one understands the whole of a text, where one enters into dialogue with the text and questions its meaning. Phenomenologists claim that the hermeneutics adds notion of reflexivity in everyday life. Preconceptions and provisional knowledge are always revised in the light of experience and reflection. Because researchers are reflective persons, the text is always open to multiple interpretations (Holloway & Wheeler 2010:220).

Researchers who follow the philosophy of Heidegger do not agree, taking the position that bracketing is not possible (Burns et al 2013:60). They refuse the possibility of starting without preconceptions and emphasise the importance of making clear how interpretations and meanings have been placed on findings. The researcher is a visible and interested actor in the study.

For Heidegger it became impossible to bracket one's being-in-the-world therefore reflexive bracketing is used by hermeneutics. In 'reflexive bracketing' researchers attempt to identify internal supposition to facilitate greater transparency but without bracketing them out (Polit & Beck 2008:229). Researcher aims to be open to interview

text and see the world differently and put aside how things supposedly are and focus on how things are experienced.

2.4   APPLICATION OF HEIDEGGER'S PHENOMENOLOGY TO METHODOLOGY

Phenomenology is guided by philosophers i.e. Husserl's descriptive phenomenology, Heidegger's interpretive phenomenology, Dutch hermeneutical phenomenology directs the research method to be used. The researcher will apply Heideggerian interpretive phenomenology to the current study.

Phenomenology is based on the philosophy of obtaining the description of an experience as is lived in order to understand the meaning of that experience for those lived it. The study makes use of purposive sampling where the participants who are judged to be typical of the population that lived the experience or who are knowledgeable about the issue under study. The professional nurses who experienced working in critical care unit during first year as professional nurses, are the ones who lived and knowledgeable to tell about the experience.

Data can be collected through interviews, conversations, narratives in order to get into the participants inside world. Interpretive phenomenologists rely on in-depth interviews with individuals who have experienced the phenomenon of interest (Polit & Beck 2008:229). Interview give ideas of 'insider' therefore enable the researcher to understand the world as experienced by those who lived in it. In-depth conversations with researchers and informants as co-participants are crucial in attaining this understanding. Researchers help informants to describe lived experiences without leading the discussion (Polit & Beck 2008:227).

The unstructured interviews are conducted which are conversational and interactive, usually chosen by researchers when they do not have a clear idea of what is it they do not know. This type of interview allows flexibility and enables the researcher to follow interests and thoughts of the participant rather than their own assumptions (Holloway & Wheeler 2010:89).

The researcher begins the interview by asking a broad question also known as 'grand tour question': *'How do you experience working in critical care unit in this first year as a professional nurse?'*

In phenomenology the interview produces thick rich description of the phenomenon under study. Phenomenologists share their insights in rich vivid reports. A phenomenological text that describes the results of the study should help the reader to see something in a different way that enriches their understanding of experiences. Different methods from phenomenologists (Van Kaam, Giorgi and Colaizzi) used for data analysis give the basic outcome which is the description of the meaning of an experience through identification of themes employing series of steps (Dowling 2007:135):

- The original descriptions are divided into units.
- The units are transformed by researcher into meaning that are expressed in phenomenological concepts.
- These transformations are combined to create general description of the experience.

There are some important differences among these three approaches: Colaizzi's method is the only one that calls for return to study participants, Giorgi's analysis to validate remains solely to the researchers, Van Kaam's method requires that intersubjective agreement be reached with other expert judges (Polit & Beck 2008:519). Colaizzi's method is commonly adopted by nurse researchers who employ phenomenological tradition of inquiry.

Polit and Beck (2008:519) state that these three methods are used for descriptive phenomenology, however, Dowling (2007:135) regards Colaizzi's method suitable for Heideggarian phenomenological research because it calls for return to participants asking 'how my descriptive results compare with your experience?' That question need participants to give some interpretation rather than just description that was collected during interview process.

Interpretive phenomenologists described the interpretive process as a circular relationship known as 'hermeneutic circle' in which one understands the whole of a text

(transcribed interview) in terms of its parts, the process of grasping the unknown whole from the fragmented parts and using this in order to understand any part (Blaikie 2010:123). The hermeneutic circle signifies a methodological process in which, to reach understanding there is continual movement between the parts and the whole of the text being analysed. Researchers cannot separate themselves from the meanings of the text, must be open to hearing what it is the text is saying and strive for possibilities that the text can reveal (Polit & Beck 2008:521). In this study, Colazzi's data analysis and interpretation will guide the process.

2.5 THE RATIONALE FOR USE OF PHENOMENOLOGICAL APPROACH IN THIS STUDY

Phenomenology is based on the philosophy of obtaining the description of an experience as is lived in order to understand the meaning of that experience for those who have it (Lobiondo-Wood & Haber 2006:583). This study aims at describing and interpreting the lived experiences of the newly qualified professional nurses during their first year post graduation. The Heideggerian interpretive hermeneutic phenomenology is used in this study. For Heidegger, understanding is embedded in the fabric of social relationships, and interpretation simply understands explicit in language (Blaikie 2010:123).

The purpose of this study is to explore and describe the lived experiences of newly qualified Professional nurses working in ICU during the first year of graduation, to interpret the meaning that the newly qualified Professional nurses attach to their experience during their first year in critical care unit. The research question directs the approach to be used in the study.

- What are the experiences of these professional nurses allocated in ICU within the first year of registration as professional nurses?

This approach to the study enables the researcher to explore the phenomenon under study. It is suitable method to investigate phenomena important to nursing practice as nursing is dealing with human and caring of mind, body, and spirit. Provides understanding as described by who experienced it, and that is the best data source for the phenomenon under study. Data obtained from the participants will be aiming at

answering the research question. The question needs interpretation therefore transcripts will be described and meanings made by scrutinising for what they implied about their experiences.

The aim of data analysis is to understand and interpret experience critically. Hermeneutic circle enables moving back and forth between text and participants in order to find meaning of the participants 'experience. The text or narrative is described an individual 'being-in-the world'. The world is known through the subjectivity of being in the world, uniting the body and mind eliminates the idea of subjective and objective world (Burns et al 2013:60). The participants are the ones who experienced the phenomenon.

The researcher is a lecturer for basic nursing students of the programme R425, is a trained critical care nurse who practiced critical care nursing in KwaZulu-Natal hospitals specifically in Durban under public and private sector. Though participants narrate their experience from their own interpretation, the researcher will be able to describe and interpret it from her background and experience.

2.6 CONCLUSION

Phenomenology was described in depth paying attention to two schools of phenomenology (Husserl's and Heidegger's). Husserl (descriptive phenomenology) believed that phenomenological description requires the study of that which the individual experience. Heidegger (interpretive phenomenology) went beyond description to understanding and interpreting what the individual experiences. The concepts of intentionality, essence, and intuiting, phenomenological reduction, being-in-the-world, being and time were discussed to give meaning to phenomenology. Application of phenomenology to the study methodology was discussed as well rationale to use phenomenology. The qualitative research design and methodology will be discussed in chapter 3

CHAPTER 3

RESEARCH DESIGN AND METHODS: A QUALITATIVE PARADIGM

3.1 INTRODUCTION

This chapter lays out the research design used in this study as well as methods of sampling and data collection with the aim to answer the research question. It enables the researcher to structure the study.

3.2 RESEARCH DESIGN

It is the overall plan for addressing the research question. It outlines how the research will be conducted in order to answer the research question (Polit & Beck 2008:765). An explorative, descriptive, interpretative qualitative design was used in the study applying a phenomenological tradition.

3.2.1 Qualitative design

Qualitative research is a form of social inquiry that focuses on the way people make sense of their experiences and the world in which they live (Holloway & Wheeler 2010:3). According to Leedy and Ormrod as cited by De Vos et al (2011:64), qualitative research is used to answer questions about the complex nature of phenomena, with the purpose of describing and understanding the phenomena from the participant's point of working in critical care units. In this study, a qualitative approach was used because the researcher wanted to understand the experiences of professional nurses during their first year of in critical care as described by participant through in-depth interviews, a narrative data was collected. It is characterised by the following:

- It is more appropriate to explore the nature of a problem issue or phenomenon.
- It is classified as unstructured, because it allows flexibility in all the aspects of the research process (De Vos et al 2011:65).

- Requires the researcher to be the research instrument by merging together of various data collection strategies such as triangulation therefore the researcher collected data through unstructured interview questions, making observations and taking down notes and using a voice recorder during interview sessions to supplement notes.

- Is capable of adjusting to what is being learned during the course of data collection. Some of the researcher's question emerged from what has been learned during the interview session (Polit & Beck 2008:219).

- Tends to be holistic striving for understanding of the whole. The researcher wanted the participants to describe their experiences in critical care during their first year as professional nurses.

- It makes use of inductive reasoning which is a process that starts with details of the experience and moves to a more general picture of the phenomenon of interest (Streubert Speziale & Carpenter 2007:10).

3.2.1.1 *Exploratory design*

It is done to gain insight into the phenomenon of interest. It investigates full nature of the phenomenon as it is designed to shed light on the various ways in which a phenomenon is manifested and other factors related to it (Polit & Beck:2008:21). Exploratory design was suitable for the study because not much is known about experiences of newly qualified nurses in critical care units

3.2.1.2 *Descriptive design*

Burns et al (2013:26) explain the descriptive design as an accurate portrayal of characteristics of a particular situation or individual or group which is conducted when little is known about the phenomenon. It offers researchers a way to:

- discover new meaning
- describe what exists
- determine the frequency with which something occurs
- categorise information

Descriptive design will enable the researcher to describe the phenomenon under study, to obtain a clear picture of the phenomenon and provide thick description of the phenomenon. It describes the characteristics of a phenomenon being studied. The characteristics used to describe the phenomenon are usually some kind of categorical scheme. The researcher will be able to categorise data as it is described.

It does not attempt to answer questions of how/why/when the characteristic occurred rather addresses 'what are characteristics of the phenomenon' being studied. There is no manipulation of variables or to establish the causality but to describe the phenomenon as it appears. It aims to observe, describe and document aspects of a phenomenon as it naturally occurs (Polit & Beck 2008:274).

3.3   THE SETTING

It is the location where study is conducted. A natural setting or field setting which is an uncontrolled, real life situation or environment (Burns & Grove 2005:359) was used. Qualitative researchers choose several settings in an attempt to demonstrate the typicality of their findings (Holloway & Wheeler 2010:47). The naturalistic inquiry was conducted in ICU which is the participant's work area, a room was located to enable to conduct interview.

Data was collected from participants working in several ICU's in different institutions from KwaZulu-Natal Province. The study was conducted from the participant's working environment i.e. hospitals in KwaZulu-Natal at EThekwini district. Three state hospitals were used to conduct the study (1) tertiary hospital in KwaZulu-Natal Province with ten (10) bedded general ICU, (2) regional hospital with six (6) bedded general ICU situated in one of EThekwini townships and serving the South of Durban, and (3) regional hospital with six (6) bedded coronary care unit situated in the city of EThekwini and serving urban community.

3.4   INCLUSION CRITERIA

These are the characteristics that restrict the population to a homogeneous group. (Lobiondo-Wood & Haber 2010:222). The following were criteria for inclusion:

Participants were professional nurses who have undergone four year course training (SANC – Regulation R.425) and were allocated to critical care units within first year post graduation. They were working in the State hospitals of KwaZulu-Natal at EThekwini District. Only those who are willing to participate in the study were included.

3.5   RESEARCH METHOD

As described by Holloway and Wheeler (2010:42, 340) method is the procedure and strategy applied in collecting, analysing and interpreting data based on the research approach that is selected that is relevant to the research question. This entails researcher's role, sampling, gaining access and entry to the setting and protection of participants.

3.5.1 Population

In the definitions used by various authors in Brink et al (2006:123), population is the entire group of persons that are of interest to the researcher, in other words, that meet the criteria the researcher is interested in studying sometimes referred to as 'universe' as stated by Arkava and Lane in De Vos et al (2011:223) referring to all potential subjects who possess the attributes in which the researcher is interested. The researcher's population comprises of Professional nurses allocated in ICU in KwaZulu-Natal Hospitals. Within the population there is a target population and an accessible population.

- **Target population**

Burns and Grove (2005:342) define the target population as the entire set of individuals who meet the sampling criteria, other point of view explains it as the aggregate of cases about which the researcher would like to make generalisations (Polit & Beck 2008:338). The target population in this study is professional nurses who are allocated in ICU during their first year of being registered nurse.

- **Accessible population**

An accessible population is a portion of the target population to which the researcher has reasonable access, might be elements within a state, city, or nursing unit (Burns & Grove 2005:342), this definition is also used by (Polit & Beck 2008:332; Brink et al 2006:201).

The accessible population in this study is comprised professional nurses allocated in ICU in hospitals at EThekwini District with lived experience of being allocated in ICU during their first year.

3.5.1.1 Sample and sampling process

A sample comprises elements or a subset of the population considered for actual inclusion in the study (De Vos et al 2011:223). The reason to use the sample is to represent the rest of the population that might not be accessible in terms of cost, time, and quality of research with more in-depth information. In such cases where the population is too large, application of triangulation will be tedious and time consuming with massive data that would be difficult to process, analyse and interpret. A sample is obtained from the accessible population and findings are generalised first to the accessible population and then more abstractly to the target population (Burns & Grove 2005:342).

There are two types of sampling technique namely, probability sampling and non-probability sampling.

- **Probability sampling**

In probability sampling the researcher can specify in advance the segment of the population that will be represented in the sample. Generally, the probability sample is chosen from the population by a process known as random selection (Leedy & Ormrod 2001:211). 'Random selection' means choosing a sample in such a way that each member of the population has an equal chance of being selected. When such a random sample is selected, the researcher can assume that each characteristic of the sample approximates the characteristic of the whole population. This is the

distinguishing characteristic that sets probability sampling apart from non-probability sampling (Babbie & Mouton 2002:174). Random sampling can be stratified, cluster or systematic sampling.

- **Non-probability sampling**

In non-probability sampling, the researcher has no way of forecasting or guaranteeing that each element of the population will be represented in the sample. Furthermore, some members of the population have little or no chance of being sampled. Selection is based on the sample availability or activity. The three types of non-probability sampling include convenience sampling, quota sampling and purposive or judgemental sampling (Polit & Beck 2008:731).

In qualitative research, as indicated earlier, the focus is on quality data not statistics. The sample is purposeful in that subjects are selected based on their knowledge of the phenomenon. The sample size is also small to allow for an in-depth interview to be conducted. In this study a non-probability purposive sampling was chosen.

- **Purposive sampling**

The researcher had to decide regarding selection of the sample based on personal judgment about which ones will be most informative in the study because findings will represent the accessible population. Purposive sampling was chosen because participants were known to be representative of the phenomenon under study.

The three state hospitals who have critical care departments were used for population and sampling purposes. The study comprises of eight (8) participants: four (4) participants from tertiary hospital in KwaZulu-Natal Province with ten (10) bedded general intensive, two (2) participants from regional hospital with six (6) bedded general ICU situated in one of EThekwini townships and serving the South of Durban, two (2) participants from regional hospital with six (6) bedded coronary care unit situated in the City of EThekwini.

- **Sample size**

The sample size was determined based on the fact that these professional nurses have lived the experience. Sampling was discontinued when data saturation was reached. All the participants are professional nurses allocated in ICU, who lived the experience of being allocated in critical care unit for the first time and willing to participate. The participants were approached and informed consent was signed, however participants who were approached and were not willing, they were not coerced and were not included in the sample.

- **Eligibility criteria**

The eligibility of the criteria in this study will be professional nurses who undergone a four year course training in nursing, allocated to critical care unit within their first year post graduation. Professional nurses who are from bridging courses or any post basic course were not included

3.6   DATA COLLECTION

Is a precise, systematic gathering of information relevant to the research the purpose or the specific objectives and questions of the study. Data collection plan gives details on how a study will be implemented (Burns & Grove 2005:733). A variety of strategies can be used to generate qualitative research data such as interviews, observations, narratives and group focus (Streubert Speziale & Carpenter 2007:35) including field guides, participant observation stated by De Vos et al (2011:335). In this study data was triangulated between in-depth interviews and written narratives. Unstructured interviews were conducted, audio taped and supplemented by fields notes that indicate observations noted.

3.6.1 Data collection instrument

The researcher was used as data collection instrument. The researcher was the one who directly collected data from the participants in the form of interviews. The researcher was instrumental during the preparatory phase, gaining access to the field and leaving the field.

3.6.1.1 *Unstructured interviews*

Unstructured interviews are conversational and interactive, the researcher asks respondents questions without having a predetermined plan regarding the content or flow of information to be gathered (Polit & Beck 2008:392, 786). This type of interviewing allows flexibility and makes it possible for researcher to follow the interests and thoughts of informants rather than follow their own assumptions (Holloway and Wheeler 2010:89). Unstructured interview was conducted following the interview guide that directed the interviewer although direction and control by interviewer is minimal. To enable the interviewer to pay attention to the nonverbal cues by the participant, a voice recorder was used to record data.

- **Preparing an interview guide**

Open-ended questions were utilised. Streubert Speziale and Carpenter (2007:37) state that open-ended questions provide the participant with the opportunity of to fully describe their experience.

Main questions: researcher prepares a handful of main questions with which to begin and guide the conversation (De Vos et al 2011:349). Spradley and Patton as cited in Holloway & Wheeler (2010:91) recommended these particular types of questions: experience, knowledge, mini-tour questions.

Experience question

Describe your experience in critical care unit during your first year as a professional nurse.

Mini-tour question

Describe your experience you encountered in nursing patient population in critical care during your first year as a professional nurse.

Knowledge question

What clinical exposure you had during the course of training as a student nurse.

Probing questions

Where responses lacked sufficient detail and for clarity, the researcher had to utilise the probing questions.

Follow-up questions

Follow-up questions were ask to pursue the implications of answers to the main questions.

Closing questioning

The participant was requested to state her idea regarding improving or sustaining the situation of the phenomenon in question.

Unstructured interview was chosen because of the following advantages:

- It is flexible, researcher have freedom to prompt for more information.
- Participants are able to explore their own thoughts as well as exert more control over interview as their ideas have priority.
- Participants react spontaneously and honestly to questions.
- Researchers can follow up and clarify meanings of words or phrases immediately.

At the same time it was noted that analysis of interview data is time consuming and labour intensive.

- **Interview process**

Preparation of the interview guide

Specific questions may be written down or memorised for guiding the conversation with the participant. The researcher formulated the question as mentioned above.

Introduction

The rapport was built as the researcher attentively listened, showing interest to the participant. During this phase, the researcher re-iterated the purpose of research, the role of the interview it plays in the research, the approximate time required and assured the participant confidentiality of the information (De Vos et al 2011:350).

Conducting interview

The researcher used the voice recorder to record the interview sessions. Observations to the participants were made during the interview sessions. Field notes were written down because the in- depth data on non-verbal responses cannot be explained through the recorded data only.

Termination of interview

Careful consideration on exhaustion of broad questions, probing and follow up questions indicated the end of the interview process. The researcher must be aware of the relationship that has been created with the participant as well as the content of an interview session. Therefore the researcher must be able to analyze an interview whilst participating in it. The researcher winds the interview down slowly rather than abruptly (De Vos et al 2011:351). One of the participants had to elaborate on ideas related to critical care in general therefore the researcher had to listen to her concerns.

3.6.1.2   Field notes

Field notes contain a comprehensive account of the respondents themselves, the events taking place, the actual discussions and communication. The researcher does

not have to utilise all field notes in the final report. During interviewing full accurate notes of what is going on are made (De Vos et al 2011:359).

Field and Morse as stated by De Vos et al (2011:359) refer to some critical points to follow when writing notes:

- Getting right to the task.
- Not talking about the observation before it is recorded.
- Finding the quiet place to write.
- Setting aside to complete the notes.
- Sequencing events in order they occurred.
- Letting the events and conversation to flow from mind onto paper.

Field notes were taken to document observations, cues, important statements that would not been captured in the voice recorder. Observations were translated into written records.

3.6.1.3   Written narratives

Narrative focuses on the story as object of inquiry, to determine how individuals make sense of events in their lives. Narratives are viewed as a type of cultural envelope into which people pour their experiences and relate their importance to others (Polit & Beck 2008:236). They also permit the participants to think about what they want to share (Streubert Speziale & Carpenter 2007:41). Narrative research is a useful way of gaining access to feelings, thoughts and experience in order to analyse them, it helps people to make sense of their experience (Holloway & Wheeler 2010:193). The main disadvantage is that it fails to document non-verbal cues.

Three participants were verbally requested to write descriptive narratives regarding their experience in critical care unit during their first year as professional nurse. There was no specific criterion to select the three participants but because of their shifts they were working which didn't allow the researcher to directly interview them face-to-face.

The following guide was given to participants:

- To write a descriptive narrative regarding your experience in critical care unit during the first year as a professional nurse.
- To write a descriptive narrative regarding your experience in nursing patient population in ICU.
- To write your suggestions that can be implemented as measures to overcome/ sustain challenges encountered.

3.7 ETHICAL CONSIDERATIONS RELATED TO DATA COLLECTION

Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, offers rules and behavioural expectations about most correct conduct towards respondents, employers, sponsors, other researchers, assistants and students (De Vos et al 2011:114). In this study the newly qualified Professional nurses will be the sample and therefore the institution where they are practicing will be incorporated. The research will be executed in a way that will foster autonomy, justice, confidentiality, beneficence and non-maleficence.

3.7.1 Protecting the rights of the participants

Respect for persons requires that participants be given the opportunity to choose what shall or shall not happen to them (De Vos et al 2011:117). Participant information sheet was presented in a user friendly way understood by the participant. Adequate information on the study was clarified. Informed consent was obtained from relevant participants in which clarification is made regarding the purpose of the study, methods of data collection, voluntary nature of participants and confidentiality. The participants who declined are still to benefit from the findings of the study.

3.7.2 Privacy

In its most basic meaning is to keep to oneself that which is normally not intended for others to observe or analyse. Every individual has the right to privacy and it is his/her right to decide when, to whom, to what extent his/her attitudes, beliefs and behaviour be revealed. Participants were assured that the information to be published will have no

link to the participants thereby addressed as participants. Sensitivity was ensured in areas that involve deep personal experiences.

3.7.3 Protecting the rights of the institution

Application for permission to conduct research was submitted to various institutions in EThekwini District (Annexure B). The research proposal, consent forms, ethical clearance certificate submitted to the Institutional Review Boards accordingly (Annexures A and F). Permission was granted by various institutions (Annexures C, D, and E). The protocols and procedures of KwaZulu-Natal Department of Health were adhered to. Confirmation was made that the published findings will present no links to the institution. If the institution declines during the process will remain beneficiaries of the study findings.

3.7.4 Scientific integrity of the research

The researcher obtained informed consent from the participants and institutional ethics committees. The researcher adhered to pre-determined agreements (such as methods of data collection, time, protection of rights, etc.). The researcher honestly collected data according to data collection process as stated to participants until data saturation was reached. Ethical guidelines were adhered to through the study.

3.8   DATA ANALYSIS

Qualitative data analysis is a complex, non-linear process but yet a systematic, orderly and structured manner of analysing data. In reality, qualitative data analysis is messy, ambiguous, time consuming but also creative and a fascinating process (De Vos et al 2011:398).

Detailed data analysis will be documented in chapter 4.

3.9   TRUSTWORTHINESS

Holloway and Wheeler (2010:302) explain trustworthiness in qualitative research as methodological soundness and adequacy. Researchers make judgments of

trustworthiness possible through developing credibility, transferability, dependability and conformability.

3.9.1 Credibility

Polit and Beck (2008:751) define credibility as a criterion for evaluating integrity and quality in qualitative studies. The participants recognise the meaning that they themselves give to a situation and the truth of the findings in their own social context (Holloway & Wheeler 2010:303). Trust and rapport between the researcher and participants was established. Participants were given accurate and rich information. To enhance credibility, triangulation, member checking, and thick description were used in the study.

- **Triangulation**

Making use of triangulation of interviews, observations, written narratives, as well as written field notes by researcher enables the evaluation of consistency and coherent understanding of the phenomenon. Triangulation is the combined use of two or more theories (theoretical triangulation), methods (methodological triangulation), data sources (data triangulation), and investigators (investigator triangulation) in the study of the same phenomenon (Burns & Grove 2005:224).

A methodological and theoretical triangulation was used to ensure credibility.

Methodological triangulation

Data was collected through in-depth unstructured interviews, observations were made and written as field notes and the researcher reflected on both interviews and notes to understand the phenomenon.

Theoretical triangulation

Literature search regarding data processing, analysis and interpretation was read by the researcher. Based on known theoretical information, the researcher had to place theory

into practice by developing categories and themes which is information derived from the participants.

- **Member checking**

In member check, researchers provide feedback to study participants about emerging interpretations and obtain participations' reactions (Polit & Beck 2008:545). The specific purpose of conducting was to assess the researcher's understanding and interpretation of data (Holloway & Wheeler 2010:305). Throughout the interviews, participants were checked on data collected and observations made. Summarising, paraphrasing of participants' words by the researcher was done in order to confirm that the interpretation is true.

- **Thick description**

It is an account of the complex processes in specific context and a rich holistic, artistic portrayal of the phenomenon under study Holloway and Wheeler (2010:310). Thick descriptions necessitate immersion and prolonged engagement in the setting (Holloway & Wheeler 2010:311).

Immersion in the setting

The researcher is experienced trained critical care nurse who is familiar with the critical care setting, routines, language therefore understanding the setting was easy. The researcher collected in-depth data that needed transcription and allocated into categories. The researcher went through data over and over again to gain meaning and interpretation

2.9.2 Transferability

It means that the findings in one context can be transferred to similar situations or participants. The knowledge acquired in one context will be relevant in another and those who carry out the same research in another context will be able to apply certain concepts originally developed by other researchers (Holloway & Wheeler 2010:303). To determine whether findings fit or transferable rests with the users of findings (Streubert

Speziale & Carpenter 2007:50). Transferability was established by creating a detailed thick description of the phenomenon so that someone other than the researcher can determine whether the findings are applicable in another setting.

3.9.3 Dependability

It means the findings are consistent and accurate, therefore readers will be able to evaluate the adequacy of the analysis through following the decision making process of the researcher (Holloway & Wheeler 2010:303). Dependability is established through audit trial.

- **Audit trail**

It is a systematic collection of materials and documentation that would allow the independent auditor to come to conclusions about the data (Polit & Beck 2008:545).

Records or documentations are useful to create adequate audit trail:

Interview transcripts

They contain raw data of the interview including observations made, as well as broad questions and probing questions.

Theoretical notes

Thick description is provided with detailed description of the process, contents and people in the research, inclusive of the meaning and intentions of the participants, and the researcher conceptual developments. Data was processed into themes and coding done.

Process notes

Contextual documents containing field notes of observation and interviewing, the description of the setting, people and location. Triangulation where interview, observation and written narratives are documented.

Reflexive notes

Documentation describing the thought processes and demonstrating the self-awareness of the researcher. Reflection on researcher's own role as part of research and as an instrument in research.

3.9.4 Conformability

It is application of objectivity to the study. It is established through audit trail where readers will be able to trace data to their sources (Streubert Speziale & Carpenter 2007:342). The auditor will be able to follow the path of the researcher on how she /he arrived to the conclusion. Raw data, theoretical notes, process notes, reflexive notes will be made available for the audit trail purposes thereby confirming the research process.

3.10 CONCLUSION

In this chapter the research design and method was discussed. Sample and sampling technique, data collection, ethical consideration related to sampling and data collection, trustworthiness were also included in the discussion. Chapter 4 discusses analysis of data collected from interviews and field notes.

CHAPTER 4

ANALYSIS, PRESENTATION AND DESCRIPTION OF RESEARCH FINDINGS

4.1   INTRODUCTION

In the previous chapter, the research methodology used in this study was discussed. This chapter sets out the data analysis and data interpretation process. Crist and Tanner (2003:202) emphasise the importance of the different steps of data analysis and the interpretive process. The data for analysis was obtained through in-depth interviews. The challenge was in making sense of the massive amount of data and transforming that into findings. This involved reducing the volume of raw information, sifting trivial from significant, identifying significant patterns and constructing a framework for communicating what the data revealed. Transcribed interviews for analysis resulted from the research questions:

- How do you experience working in ICU within the first year of your registration as professional nurses?

4.2   SAMPLE DESCRIPTION

The researcher had to decide regarding selection of the sample based on personal judgment about which ones will be most informative in the study because findings will represent the accessible population. Purposive sampling was chosen because participants were known to be representative of the phenomenon under study. Therefore the sample consisted of Professional nurses who were allocated in Critical care unit in their first year post graduation so as to represent the accessible population.

The three state hospitals that have critical care departments were used for population and sampling purposes. The study comprises of eight (8) participants: four (4) participants from tertiary hospital in KwaZulu-Natal Province with ten (10) bedded general intensive, two (2) participants from regional hospital with six (6) bedded general

ICU situated in one of EThekwini townships and serving the South of Durban, two (2) participants from regional hospital with six (6) bedded coronary care unit situated in the city of EThekwini. One to one interview was conducted.

4.2.1 Sample profile

Age: Ranges 20-50 years

Qualification: Professional nurses

Training: R425 programme

Allocation: Intensive care units

4.3   REASERCHER'S EXPERIENCE OF CRITICAL CARE

The researcher is a professional nurse who did her training under the nursing programme Regulation R.425, and is a trained critical care nurse, currently practicing as a nurse lecturer. This required the researcher to bracket out preconceived ideas. The researcher is using Heidegger's phenomenological approach therefore the experience enabled the researcher to firstly identify any preconceived ideas about the phenomenon under investigation thereby making clear how interpretations and meanings have been placed on findings.

4.4   DATA MANAGEMENT AND ANALYSIS

Polit and Beck (2008:515) compare data management as reductionist in nature by converting large masses of data into smaller, more manageable segments whereas data analysis as constructivist in nature as it puts segments together into meaningful conceptual patterns. In-depth unstructured interviews were collected on 8 participants. Data collected from audio taped interviews were transcribed into verbatim transcripts. Numbers instead of participant's names was used to prevent identification of the participant during data analysis. Transcripts were saved in the computer as plain text then transferred to the second document to be saved as PDF document as the computer programme used imports PDF files. These documents were sequentially numbered as how interviews followed each other. The written narrative transcripts were numbered sequentially following the interviews.

4.4.1 Data analysis process

In order to provide congruence between the study's philosophical underpinning and the research methodological process through which study findings were interpreted, the researcher was obliged to use or develop an approach for textual analysis. As a result, the basic elements of Heidegger's hermeneutic interpretive approach, influenced by activities described by Colaizzi's, guided the data analysis and interpretation process.

- A phenomenological research approach was used which is rooted in Heideggarian and Husserl's philosophical underpinnings. Colaizzi's (1978) method of data analysis is used.

Transcribed scripts were analysed using the seven steps of Colaizzi's (1978) as cited in Polit and Beck (2008:520).

- Participants transcribed descriptions of their experiences were read to acquire a feeling of the whole.
- Thereafter the significant of the whole were extracted from the statements.
- Spell out the meaning of each significant statement were formulated.
- The formulated meanings were organised into clusters of themes.
- Themes were then integrated into exhaustive descriptions of the phenomenon under study.
- Followed by formulation of essential structures of the phenomenon.
- As the final step of analysis, participants validated the master themes that had been identified.

The Weft QDA computer programm was used to categorise and code the data. All participants' transcripts were read and read to acquire a feeling of them. Significant statements were extracted and manually colour coded according to their similarities. Meaning for each statement was spelt out. Meanings were organised into themes. The researcher categorises data as she/he sees fits but the computer automatically assigned codes to the selected data. Data was read through whilst being entered into the computer program in order to get a feeling of interviewees. Statements were

extracted from the data and then categorised in themes, categories and sub-categories accordingly.

Polit and Beck (2008:515) identify Krippendorff (2005) process of presenting data into unit: categorical and thematic distinctions. A theme is an abstract entity that brings meaning and identity to a current experience and its variant manifestations; it captures and unifies the nature or basis of the experience into a meaningful whole (Polit & Beck 2008:515).

Themes were formulated after categories were formulated. The relationship within data was noted that enabled to formulate themes. Categorical distinctions define units by identifying something they have in common. Thematic distinctions delineate units according to themes (Polit & Beck 2008:518). Categories, sub-categories and meaning units are displayed in table form (see table 4.1–4.11) and further discussion on each category is included.

Meaning units consist of words, phrases, sentences or passages (Polit & Beck 2008:532). Meaning units were automatically coded by the computer programme. From the categorised data the three themes emerged: experiencing difficulties, acquiring knowledge/skills, emotional feeling/s, and supportive work environment.

Table 4.1 shows themes, categories and sub-categories that emerged in the data analysis relating to the experience of student nurse allocated in ICU in the first year post registration.

4.5   THEMES, CATEGORIES, SUB-CATEGORIES THAT EMERGED

Table 4.1   Themes, categories and sub-categories that emerged

Theme	Category	Sub-category
1 Experiences of newly qualified registered nurses related to the critical care unit	1.1 Nurses experienced difficulties in adjusting into critical care unit	1.1.1 Lack of knowledge about machines used in critical care
	1.2 Nurses experienced differences in level of activities as compared to general wards	1.2.1 In problem-solving strategies 1.2.2 In treatments used 1.2.3 In type of patients 1.2.4 In type of environment 1.2.5 In the manner of rendering nursing care
	1.3 Acquiring knowledge/skills	1.3.1 Learning decision making strategies 1.3.2. Learning to operate, read and interpret data from machines 1.3.3 Learning more about conditions 1.3.4 learning about treatments that are used in critical care
	1.4 Challenge to learn about the unit within a short period of time	1.4.1 Shortage of staff lead to short orientation period 1.4.2 Nurses had to utilise strategies to cope in the unit and manage patients
	1.5 Nurses felt they have accomplished rendering of nursing care to their satisfaction	1.5.1 Nurses felt they are now more efficient with learning that has taken place whilst working in the unit

Theme	Category	Sub-category
2 Experiences related to emotional feelings	2.1 Emotional feelings associated with fear of the environment	2.1.1 Shock and scared of the environment 2.1.2 Scared of machines
	2.2 Emotional feeling of inferiority and incompetency	2.2.1 Doubting existing nursing experience 2.2.2 Reminded to be a junior RN 2.2.3. Allocated basic nursing care duties
3 Experiences related to work environment	3.1 Orientation and supervision into the unit	3.1.1 Hasty orientation because of staff shortage 3.1.2 Orientation and supervision done by senior professional nurses
	3.2 Mentoring from co-workers	3.2.1 Unavailability of mentors due to shortage
	3.3 Support from co-workers	3.3.1 Nurses were fully supported whereas others had no support

4.6 DISCUSSION OF THE THEMES CATEGORIES AND SUB-CATEGORIES DERIVED FROM THE COLLECTED DATA

The discussion of these finding is based on the three themes that emerged from the data collected namely:

- Experiences of neophyte registered nurses related to the critical care unit
- Experiences related to their emotional feelings
- Experiences related to their work environment

4.6.1 Theme 1: Experiences of newly qualified registered nurses related to the critical care unit

The participants verbalised in different ways but related data regarding experiencing difficulties in ICU during their first year. Difficult means requiring effort or skill, in this research being requiring effort or skill in an ICU setting. Each participant narrated their experience in ICU and this theme emerged from these categories: difficulty, difference. Category system is used to sort and organise the data (Polit & Beck 2008:748).

4.6.1.1 Category: Nurses experienced difficulties in adjusting into critical care unit

Peterson (2009:7) in the study regarding job stress, job satisfaction, intention to leave among new nurses she identified Kramer's theory of four phases in socialisation of new nurses to workplace:

Phase 1

Nurses focus on learning necessary skills for work and the unit routines. Difficulties in negotiating this phase can lead to feelings of being overwhelmed and threaten their confidence.

Phase 2

Main concern is fitting in with co-workers.

Phase 3

Moral outrage characterised by anger related to discrepancy between their school – learned, professional values and bureaucratic values that they encounter in the workplace.

Phase 4

Is a resolution when a new nurse chooses which values she/he is going to uphold.

Therefore these phases are related orientation, mentoring, support received by new nurse in the unit that will help with adjusting in the unit, correlate school learned professional values and be able to make an educated decision which values to uphold. Nurse might experience these phase in chronological order or not.

Table 4.2   Category: Nurses experienced difficulties in adjusting into critical care unit

Category	Sub-category	Meaning units
1 Nurses experienced difficulties in adjusting into critical care unit	1.1 Lack of knowledge about machines used in critical care	*"Now that I am working here they taught me how to operate the ventilator"* (689-789). *"It was very difficult I don't want to lie and say it was easy and I coped, it was very difficult it took me about +/- 6 months to adjust"* (1103-1140). *"Huh ICU is a difficult unit, critical care unit is a very difficult unit compared to the units that I worked in general wards"* (394-519).

4.6.1.1.1 Sub-category: Lack of knowledge about machines used in critical care

Participants verbalised that although it was difficult for them initially, but after they have been taught were confident to operate the machines.

> *"Now that I am working here they taught me how to operate the ventilator"* (689-789).

> *"It was very difficult I don't want to lie and say it was easy and I coped, it was very difficult it took me about +/- 6 months to adjust"* (1103-1140).

Referring to the above extract, the participant found it difficult to adjust to the ICU environment. For this participant, a period of more or less than six months the participant was trying to adapt to the environment.

"Huh ICU is a difficult unit, critical care unit is a very difficult unit compared to the units that I worked in general wards" (394-519).

The participant found ICU as a difficult unit to work in. The participant is used to the general wards and finds ICU setting and workload difficult compared to the units in general wards.

4.6.1.2 Category: Nurses experienced differences in the level of activities as compared to general wards

Difference is a state or way in which people or things are not the same. Difference between ICU and general wards is identified amongst nurses, environment, patient population and number of patients. The biggest and obvious difference being fewer nurses in the ward looking after many patients whilst in ICU each patient is having one dedicated nurse.

Haggastron (2009:188) in her studies identified a gap between ICU and the wards which consisted of cultural differences in environment, differences in nurse's competence and uncertainty about how to communicate. Nurses in ICU identifies themselves as medically focused, monitoring of patients whereas ward nurses identifies themselves as more supporting to patients strengths, monitoring being a minor part of their care. ICU environment is noisy and disturbing with nurses always close to patients whereas the ward is always calmer environment.

Sub-categories emerged as participants were expressing the difference they have noted when comparing problem-solving strategies, treatments, patients, environment, nursing care, between ICU and general wards.

Table 4.3   Category: Nurses experienced differences in level of activities as compared to general wards and sub-categories emerged

Category	Sub-category	Meaning units
1 Nurses experienced differences in level of activities as compared to general wards	1.1 In problem-solving strategies	*"Able to identify what the problem in the cardiac monitor of the patient and manage solve that problem as quickly as possible unlike in general ward because we use to rely on doctors (1295-1479)."* *"You have to work with open mind to identify even minor problem of which is not minor but according to ability to read from the cardiac monitor"* (2469-2619).
	1.2 In treatments used	*"The medication and iv therapy used was different as in the types of fluids mixed and made were rare but also risky. Unlike the wards every intake via iv lines ran through machines, controlling every drop that entered the patient. The paper work was also different as it was one big document"* (1255-1545). *"I have gain information about the treatments that are given to the patients unlike when I was a general nurse I had some doubts in treating the patient, but now I"m so confident"* (2008 -2186). *"I"ve gained when we are giving the treatment we get the second witness when we give treatment to patient so that we don't make mistake by giving the wrong treatment"* (2271-2437).
	1.3 In type of patients	*"It is very different because patients in ICU are mostly being ventilated and cannot talk for themselves"* (3291-3394). *"I learnt that the patient being sedated and relaxed helped them to recover easier one on one nursing required lots of concentration and compassion as these patient's lives are totally in the hands nursed in charge for that specific shift"* (2782-3220).
	1.4 In type of environment	*"Because the environment is different from wards"* (520-569). *"Patients are connected to the machine, like sometime the machine is alarming and sometime is something else"* (5597-5729).

Category	Sub-category	Meaning units
	1.5 In the manner of rendering nursing care	*"Nursing individual patients with such conditions was very different to the usual ward based nursing care"* (421-527). *"Although it was my first experience but I was able to use my general nursing care and notice changes that needed to be made to benefit the patient"* (3407-3555).

4.6.1.2.1 Sub-category: In problem-solving strategies

Problem-solving strategies correlate with critical thinking skills and clinical decision making. Standing (2007:266) defines clinical decision making of the nurse as being able to process information at hand, think critically by applying relevant knowledge, problems solving skills and be able to reflect on actions, thereby making clinical judgment in selecting the best course of action which optimises a patient's health and minimise potential hazards.

Problem solving strategies are different from the ones used in the ward which is relying on doctors whereas in ICU you are able to identify patient's problems through observations depicted on the cardiac monitor. Patients in critical care units are under constant monitoring even slightest change in conditions is easy to identify.

Chabeli and Morolong (2005:38) discovered that newly qualified nurses who were participants in their study to evaluate competence to newly qualified nurses using the nursing process approach to provide patient care were found lacking critical thinking skills in their approach in providing patient care. Critical thinking skills are important in decision making especially regarding patient care in critical care. Chabeli and Morolong (2005:38) further states that the nurse who has acquired critical thinking skills will be able to navigate the complex and stressful environment of the ICU, and will ensure better patient care.

Participants responded in this manner:

> *"You have to work with open mind to identify even minor problem of which is not minor but according to ability to read from the cardiac monitor".*

"Able to identify what the problem in the cardiac monitor of the patient and manage solve that problem as quickly as possible unlike in general ward because we use to rely on doctors" (1295-1479).

4.6.1.2.2 Sub-category: In treatments used

Giving of treatment to the patient whilst in critical care unit is not a one nurse's responsibility. Treatments that are used in critical care have severe adverse effects and patients are dependent to the nurse therefore proper precautions are to be strictly adhered to. Participants stated the following aspects during their administration of treatment:

"The medication and iv therapy used was different as in the types of fluids mixed and made were rare but also risky. Unlike the wards every intake via iv lines ran through machines, controlling every drop that entered the patient. The paper work was also different as it was one big document" (1255-1545).

"I have gain information about the treatments that are given to the patients unlike when I was a general nurse I had some doubts in treating the patient, but now I'm so confident" (2008 -2186).

"I've gained when we are giving the treatment we get the second witness when we give treatment to patient so that we don't make mistake by giving the wrong treatment".

The participants noted that delivery of intravenous differs from the wards as in ICU, the intravenous fluids are ran through machines and controlling every drop entering the patient. Researcher gathered that the participant appreciated the manner fluids are delivered for accurate measurements. It was an opportunity for the participant to learn more about treatments given in ICU and doubts were eradicated.

4.6.1.2.3 Sub-category: In type of patients

It is a well-recognised phenomenon that critically ill patients especially those nursed in ICUs present the most challenging aspect of nursing practice. Their management and treatment incorporates the utilisation of a complex array of biomedical equipment,

sophisticated diagnostic and therapeutic regimens (Urden et al 2006:134). It is a well-recognised phenomenon that critically ill patients especially those nursed in ICU present the most challenging aspect of nursing practice. Their management and treatment incorporates the utilisation of a complex array of biomedical equipment, sophisticated diagnostic and therapeutic regimens (Urden et al 2006:134). Patients are critically ill and depend on the nurse for their needs (physiological, physical, psychological needs).

Chabeli and Morolong (2005:38-50) also found newly qualified nurses were incompetent with regards to the management of a patient suffering from Congestive cardiac failure which is the common diagnosis in general health institutions. The results of their study indicated lack of adequate knowledge of assessment, diagnosis, planning, implementation, evaluation and recording of selected patient's needs. This study was conducted in the general setting where patients are not ventilated or sedated.

One of the participants indicated in this manner:

> *"It is very different because patients in ICU are mostly being ventilated and cannot talk for themselves"* (3291-3394).

> *"I learnt that the patient being sedated and relaxed helped them to recover easier one on one nursing required lots of concentration and compassion as these patient's lives are totally in the hands nursed in charge for that specific shift".*

4.6.1.2.4 Sub-category: In type of environment

Critical care unit is a specialised department where immediate and continuous care is administered to clients who experience actual or potentially life-threatening health disorders (Black & Hokanson 2009:32). Patients are monitored through use of high technology of cardiac monitors, intra-aortic balloon pumps, treatments delivered through ivac pumps, gases through ventilators. These machines are set according to prescribed limits that set off the alarm in case values are beyond the set limits. The monitoring machines constantly emit sounds that must be audible all the time to alert nurses if there is the change in the patient's condition. Participants found the environment as threatening and indicated in this manner:

> *"Because the environment is different from wards"* (520-569).

> *"Patients are connected to the machine, like sometime the machine is alarming and sometime is something else".*

4.6.1.2.5 Sub-category: In the manner of rendering nursing care

It is a well-recognised phenomenon that critically ill patients especially those nursed in ICU present the most challenging aspect of nursing practice. Therefore, the nurse in the critical care unit must be the one who is able to dexterously integrate cognitive and manual skills which will enable him/her to create order from chaos, in the context of complicated resuscitations and high technological environment of critical care nursing (Tobin 2005:2). The nurse has to utilise nursing skills acquired during basic training but they need to be more advanced integrated with decision making skills. Participants indicated that:

> *"Nursing individual patients with such conditions was very different to the usual ward based nursing care"* (421-527).

> *"Although it was my first experience but I was able to use my general nursing care and notice changes that needed to be made to benefit the patient".*

The environment was different from usual ward environment. Patient population requires nursing care that is uniquely suited for ICU patients. Findings confirm Haggastron's study where ICU was identified as noisy environment but nurses are always close, physician is always available. She further stipulates that patients in ICU are ewer but more sick than in the ward. ICU patients are under hourly constant observations because of their conditions that demands different and peculiar nursing care.

4.6.1.3 Category: Acquiring knowledge/skills

Knowledge is familiarity with something which can include skills required gained through experience or education. Skill is an ability acquired through deliberate systematic and sustained effort to smoothly carry out complex activities.

This phrase is usually used as in every situation someone finds him/herself whether in a formal or informal occasion. The learner experiences something that results in change in thinking, understanding or behaviour afterwards. Crotty (2010:51-52) states that learning experience is favoured by the atmosphere where it occurs. She continues relating the effectiveness of learning depends on different factors, one of which is personal perspective. A perspective where the atmosphere permits acceptance of person, respect towards the person, support given to the person. In clinical setting the learner come in with their own life experiences and build on what they already know.

Table 4.4   Category: Acquiring knowledge/skills

Category	Sub-category	Meaning units
1 Acquiring knowledge/ skills	1.1 Learning decision-making strategies	*"Here you gain experience to work as independent professional somebody"* (561-631). *"That I saw as being quiet smart as one document, updated hourly was a clear and a true reflection of a patient's management, which allows for adjustments needed and also increase or decrease duration of treatment"* (1680-1892).
	1.2 Learning to operate, read and interpret data from machines	*"Here in ICU I've gained a lot, most of the time I've been working in high care, for me it was the first time allocated in ICU , so the thing that was very interesting that I didn't really know it was my first time was the ventilator so seeing the ventilator was my great experience"* (408-684). *"Most of the time you are allocated to the patient so you find that you work with different people, there is no specific person that is looking after the newcomers , even then it helps because you learn a lot from different people and how to do things differently"* (3918-41182). *"I gained a lot of knowledge and now have a general idea and insight with cardiac patients"* (1944-2037). *"It was the only time when I experienced critical care patients, so everything was new to me, ventilation, critically ill patients but it was ehh interesting, I gained a lot"* (508-703).

Category	Sub-category	Meaning units
	1.3 Learning more about conditions	*"I felt inferior to her because I was learning for the first time how to manage a critical patient, but did not stop me from performing the best of my ability"* (2736-2896). *"As the days went by I was getting more efficient and was learning a lot which was beneficial to the patient and for my own knowledge. Each day there were different experiences with treatment plans and different patients and allowed me to learn that an exploratory approach can sometimes benefit patients"* (1894-2191). *"* *"You also learn the importance of pressure care as if the patient is under your care and gets a pressure sore you are responsible; since pressure sores decrease progress rate and allows for complications"* (3916-4120).
	1.4 Learning about treatments that are used in critical care	*"As the days went by I was getting more efficient and was learning a lot which was beneficial to the patient and for my own knowledge. Each day there were different experiences with treatment plans and different patients and allowed me to learn that an exploratory approach can sometimes benefit patients"* (1894-2191).

Standing (2007:266) discovered that respondents in her study mentioned that they learned more since qualifying and more comfortable with support. Respondents were evaluated on preparedness in respect of their responsibilities and as Registered nurses. Eighty percent of respondents spoke of accountability nightmare but they learned more since qualifying and more comfortable in doing complicated things when they are well supported and 20% needed more support. The participants shared their learning experiences, whether good or bad, they've learned something out of it.

4.6.1.3.1 Sub-category: Learning decision-making strategies

"Here you gain experience to work as independent professional somebody" (561-631).

*"That I saw as being quiet smart as one document, updated hourly was a clear and a true reflection of a patient's management, which allows for adjustments needed and also increase or decrease duration of treatment" (*1680-1892).

4.6.1.3.2 Sub-category: Learning to operate read and interpret data from machines

"Here in ICU I've gained a lot, most of the time I've been working in high care, for me it was the first time allocated in ICU , so the thing that was very interesting that I didn't really know it was my first time was the ventilator so seeing the ventilator was my great experience" (408-684).

"Most of the time you are allocated to the patient so you find that you work with different people, there is no specific person that is looking after the newcomers , even then it helps because you learn a lot from different people and how to do things differently" (3918-41182).

"I gained a lot of knowledge and now have a general idea and insight with cardiac patients" (1944-2037).

"It was the only time when I experienced critical care patients, so everything was new to me, ventilation, critically ill patients but it was ehh interesting, I gained a lot" (508-703).

4.6.1.3.3 Sub-category: Learning more about conditions

"I felt inferior to her because I was learning for the first time how to manage a critical patient, but did not stop me from performing the best of my ability" (2736-2896).

"As the days went by I was getting more efficient and was learning a lot which was beneficial to the patient and for my own knowledge. Each day there were different experiences with treatment plans and different patients and allowed me to learn that an exploratory approach can sometimes benefit patients" (1894-2191).

"You also learn the importance of pressure care as if the patient is under your care and gets a pressure sore you are responsible; since pressure sores decrease progress rate and allows for complications" (3916-4120).

4.6.1.3.4 Sub-category: Learning about treatments that are used in critical care

"As the days went by I was getting more efficient and was learning a lot which was beneficial to the patient and for my own knowledge. Each day there were different experiences with treatment plans and different patients and allowed me to learn that an exploratory approach can sometimes benefit patients" (1894-2191).

Critical care unit is a learning area as participants learned different experiences whilst in the unit. The professional nurse matures early into the profession as learning to work independently is inculcated. Exposure to different documentation on which a professional nurse develops skills to quickly identify the patient's problem at a glance and be able to take action quicker. Patient population in Critical care units have more critical conditions that need use of ventilators, cardiac monitors, fluid administration pumps that nurses are mostly afraid to operate them. With the exposure to these units nurses learn about all technology used in the unit for patient management.

Nurses learn to appreciate a closer to exposure and more understanding to certain patient conditions that are found in general wards where there has been superficial clinical knowledge about condition e.g. cardiac conditions. Though nursing care skills are the same as the ones implemented in the ward but in critical care units because of one to one patient care therefore nurses tend to appreciate the skill more as the understanding of rationale behind the skill becomes clearer as the results are closely observed and attained.

4.6.1.4 Category: Challenge to learn about the unit within a short period of time

It is a demanding or difficult task that needs to be fulfilled in order to justify something. The nurses had to cope with demanding tasks that needed them to rise above them in critical care unit. This category links to the category of learning experience because the

nurses were facing challenges that encouraged them to learn and gain more information in order to overcome such challenge.

Table 4.5   Category: Challenge to learn about the unit within a short period of time

Category	Sub-category	Meaning units
1 Challenge to learn about the unit within a short period of time	1.1 Shortage of staff lead to short orientation period	*"They take you as workforce because there is shortage of nurses in ICU, as soon as you come into the unit they expect you to start working, you must know, learn, learn because tomorrow you must know this and start working"* (1757-1906).
	1.2 Nurses had to utilise strategies to cope in the unit and manage patients	*"I was surprised that I was given the most unstable patient but was told that I would be supervised"* (2572-2671).
		"At first I was introduced to staff who seemed very confident, but I generally have a confident attitude so I was able adapt to them" (909-1042) (2572-2671).
		"Because I was learning for the first time how to manage a critical patient, but did not stop me from performing the best of my ability" (2760-2896).
		"Although it was my first experience but I was able to use my general nursing care and notice changes that needed to be made to benefit the patient" (3407-3556).
		"I had to perform 3 hourly pressure care on my own but since it benefited patient it had to be done" (3817-3914).
		"I had to go back to my hospital after the course to open an ICU so I made sure that I grab and gain a lot of experience" (710-831).
		"It is very challenging because they are very ill and they depend on you for everything" (1314-1401).
		"it was challenging some other things you don't know how they are being done and you get more experience" (2413-2517).

4.6.1.4.1 Sub-category: Challenge to learn about the unit within a short period of time

Badger (2008:184) realised that recent graduates might have clinical challenges in critical care settings therefore they recommended including a lecture to the curriculum as their study was based on critical care nurse intern program. Participants expressed their feelings as:

> *They take you as workforce because there is shortage of nurses in ICU, as soon as you come into the unit they expect you to start working, you must know, learn, learn because tomorrow you must know this and start working".*

4.6.1.4.2 Sub-category: Nurses had to utilise strategies to cope in the unit and manage patients

> *''I was surprised that I was given the most unstable patient but was told that I would be supervised"* (2572-2671).

> *"At first I was introduced to staff who seemed very confident, but I generally have a confident attitude so I was able adapt to them"* (909-1042) (2572-2671).

> *"Because I was learning for the first time how to manage a critical patient, but did not stop me from performing the best of my ability"* (2760-2896).

> *"Although it was my first experience but I was able to use my general nursing care and notice changes that needed to be made to benefit the patient"* (3407-3556).

> *"I had to perform 3 hourly pressure care on my own but since it benefited patient it had to be done"* (3817-3914).

> *"I had to go back to my hospital after the course to open an ICU so I made sure that I grab and gain a lot of experience"* (710-831).

> *"It is very challenging because they are very ill and they depend on you for everything"* (1314-1401).

"it was challenging some other things you don't know how they are being done and you get more experience" (2413-2517).

The critical care units kept nurses on their toes where they had to develop skills to cope with the critical care unit environment. The confident attitude displayed by the experienced nurses encouraged the newly qualified nurse to be immersed into the environment through learning; application of basic general knowledge and skills possessed to another level, with that, confidence was gained. Nurses were exposed to things that they do not know from their basic training but gained knowledge and experience as they work in critical care units.

4.6.1.5   Category: Nurses felt they have accomplished rendering of nursing care to their satisfaction

It is the fulfillment or completion of the task whereby an individual acquires a skill once the task is completed. Being the first exposure to ICU, the nurses acquired skills on how to complete tasks in ICU such nursing care rendered to their satisfaction. Accomplishment in any ward is based on orientation, support by experienced staff. Snow (2006:80) identified the following aspects of accomplishment:

- Is a proud moment
- Aspects in the past that helped nurses to succeed as ICU nurses
- How being a nurse benefits daily lives

It is not only the newly qualified nurse who benefits but the unit as well.

Benefits of keeping the newly qualified nurse in the unit:

- Keeps the unit fresh
- Policies and procedures are continually reviewed
- Cohesion and team work provide experienced staff teaching opportunities
- Strengthens the unit practice

Table 4.6   Category: Nurses felt they have accomplished rendering of nursing care to their satisfaction

Category	Sub-category	Meaning units
1 Nurses felt they have accomplished rendering of nursing care to their satisfaction	1.1 Nurses felt they are now more efficient with learning that has taken place whilst working in the unit	*"Patient came back as dull as he was but we nursed the patient for two months till the patient survived discharged to the surgical ward after some three months patient came back walking to confess is very much healthy"* (5205-5423).

"I am quiet the `sharp knife in the kitchen' so by the end of the week I was feeling really confident and began to enjoy my days at the ICU. The machines became my guidelines, the patient became my priority and the day at work was my human satisfaction" (2191-2445).

"By the end of my allocation with my patient I felt very fulfilled and happy with the undivided care I rendered" (4119-4230).

"The greatest feeling was when the patient said to me `thank you nurse I know you took good care of me, may god bless you" (4417-4537).

"The best feeling after that was seeing the patient on the corridor, happily walking with his family "as a nurse that feeling is `Priceless'" (4539-4681). |

4.6.1.5.1   Sub-category: Nurses felt they are now more efficient with learning that has taken place whilst working in the unit

Participants expressed their satisfaction of what made them feel they have done well in rendering nursing care in the following statements:

> *"Patient came back as dull as he was but we nursed the patient for two months till the patient survived discharged to the surgical ward after some three months patient came back walking to confess is very much healthy"* (5205-5423).

"I am quiet the `sharp knife in the kitchen' so by the end of the week I was feeling really confident and began to enjoy my days at the ICU. The machines became my guidelines, the patient became my priority and the day at work was my human satisfaction" (2191-2445).

"By the end of my allocation with my patient I felt very fulfilled and happy with the undivided care I rendered" (4119-4230).

"The greatest feeling was when the patient said to me `thank you nurse I know you took good care of me, may god bless you" (4417-4537).

"The best feeling after that was seeing the patient on the corridor, happily walking with his family "as a nurse that feeling is `Priceless'" (4539-4681).

Orientation, supervision and mentoring plays a major role in this category. The nurses verbalised that allocation to ICU was for better as they gained new information and experience, able to nurse critically ill patient back to health. One of the participant was able to develop coping skills on how make use of machines to her advantage to fulfill nursing goals.

4.6.2 Theme 2: Experiences related to emotional feelings

Emotions are strong instinctive feelings such as love or fear. Nurses were firstly scared, shocked, overwhelmed by ICU environment, machines and patients.

4.6.2.1 Category: Emotional feelings associated with fear of the environment

Nervousness during the first day to first few weeks is everyone's feeling post qualification. Nurses allocated into critical care unit during their first year post qualification feel the same. Feelings of wonder whether you know enough as expected, feelings of what if you look stupid, what if you do something wrong. The main aim at this point is to fit into the unit like everyone else but forgetting that you are new to the profession as well as in the unit. As a nurse you don't work alone but there are colleagues that you work with. The staff will be expecting a nurse to be nervous as this is a normal feeling, therefore it is up to the newly qualified nurse to take an advantage of the situation by making use of support structures available. Hole (2009:20) in newly

qualified nurses survival guide confirms that the staff will support you and a mentor will be assigned to you, if not forthcoming then ask for support. Orientation and mentoring will ease these feelings.

Table 4.7   Category: Emotional feelings associated with fear of the environment

Category	Sub-category	Meaning units
1 Emotional feelings associated with fear of the environment	1.1 Shock and scared of the environment	*"It was a matter of shock, ehh at the same I was scared ehh shock of environment, scared of the care of patients"* (407-518). *"I was still afraid because it was the only time when I experienced critical care patients"* (481-572). *"As I was orientated I felt like I had entered a whole new level of nursing, which was very interesting but also overpowering because of the detailed and specific nursing that was required"* (720-908). *"It was a threatening environment but because we have got people, mentors in the unit that work with us so we get use to the equipment in the unit and work, so when you are used to it"* (670-854). *"Firstly when you come to ICU you find that first time you scared because you just look to those machines you are scared even to touch those patients because you do not whether may be if you touch those machines you will disconnect the patient"* (2973-3218). *"You become scared, some time when afraid even to turn the patient sometime you do not know may be tube may be disconnected"* (3248-3372).
	1.2. Scared of machines	*"I was overwhelmed by the sounds of the machines and equipment that was used to manage patients. I experienced feelings of fear"* (236-364). *"The machines at first looked like "monsters" as in "what is it" and "how does*

Category	Sub-category	Meaning units
		it work" (1043-1129). *"I think it was going to be better in the first place because I was afraid of it when I was allocated to ICU of patients who are always in ventilators"* (6234-6386).

Nurses experienced emotional feelings of fear where they were mostly scared by ICU environment with its machines. This feeling was brought by the fact that they knew nothing about these ICU machines. This was an obstacle in delivery of nursing care as the nurses verbalised that as ventilators were connected to patients they were afraid to touch or turn patients because they might be disconnected. The nurses were also scared of nursing critical care patients for the first time as well as patient's conditions. Participants indicated this feeling through these statements:

4.6.2.1.1 Sub-category: Shock and scared of the environment

"It was a matter of shock, ehh at the same I was scared ehh shock of environment, scared of the care of patients" (407-518).

"I was still afraid because it was the only time when I experienced critical care patients" (481-572).

"As I was orientated I felt like I had entered a whole new level of nursing, which was very interesting but also overpowering because of the detailed and specific nursing that was required" (720-908).

"It was a threatening environment but because we have got people, mentors in the unit that work with us so we get use to the equipment in the unit and work, so when you are used to it" (670-854).

"Firstly when you come to ICU you find that first time you scared because you just look to those machines you are scared even to touch those patients because you do not whether may be if you touch those machines you will disconnect the patient" (2973-3218).

"You become scared, some time when afraid even to turn the patient sometime you do not know may be tube may be disconnected" (3248-3372).

4.6.2.1.2 Sub-category: Scared of machines

"I was overwhelmed by the sounds of the machines and equipment that was used to manage patients. I experienced feelings of fear" (236-364).

"The machines at first looked like "monsters" as in "what is it" and "how does it work" (1043-1129).

"I think it was going to be better in the first place because I was afraid of it when I was allocated to ICU of patients who are always in ventilators" (6234-6386).

A related study was conducted in Ireland aiming at exploring the lived experience of newly qualified nurse on clinical placement during first six months. The results were: respondents experienced anxieties, stress just to be in clinical placement for the first time. Due to shortage of nurses in South Africa (Bhangwanjee & Scribante 2007:1323-1324) this has led to unavailability of mentors, with mentors available total for new nurses these feelings will be of the past.

4.6.2.2 Category: Emotional feeling of inferiority and incompetency

Sometimes known as inferiority complex which means unrealistic feeling of general inadequacy, powerlessness, inequality. Huston (2012:122-125) writes in her book about inferiority in the nursing profession. Negative socialisation has led to nursing classified as oppressed group, hoping that positive socialisation strategies implemented by nurses will eliminate oppression. Unsupportive, disempowering and controlling behaviour within the hierarchal nursing structure is still identified. The junior nurses must be able to see nurses treating each other in a professional, supportive and positive ways.

Table 4.8   Category: Emotional feeling of inferiority and incompetency

Category	Sub-category	Meaning units
1 Emotional feeling of inferiority and incompeten cy	1.1 Doubting existing nursing experience	*"Doubt and little inferiority as this was my first day and nursing individual patients with such conditions was very different to the usual ward based nursing care"* (364-528). *"Scared of the care of patients, not sure of the experience you already have in taking care of those patients"* (407-596).
1	1.2 Reminded to be a junior RN	*"Even though I was a registered nurse in CCU (Coronary Care Unit), I was regarded as 'very junior'"* (541-636). *"Above made me feel very incompetent as it was always mentioned that if you not specialty trained then you do not know how to manage cardiac patients"* (830-978).
	1.3 Allocated basic nursing care duties	*"Being a junior PN in CCU meant that I was not allowed to give patients medication, ivs etc. The only thing that I was allowed to do is bath, clean, change patient, vital signs and ECGs"* (639-824).

The participants are qualified registered nurses who needed to be orientated, mentored and supported all the way. Adequate orientation and mentoring nurtures the incumbent into the unit and re-enforce confidence.

4.6.2.2.1 Sub-category: Doubting existing nursing experience

Participants expressed their feelings in this manner:

> *"Doubt and little inferiority as this was my first day and nursing individual patients with such conditions was very different to the usual ward based nursing care"* (364-528).

> *"Scared of the care of patients, not sure of the experience you already have in taking care of those patients"* (407-596).

4.6.2.2.2 Sub-category: Reminded to be a junior RN

"Even though I was a registered nurse in CCU (Coronary Care Unit), I was regarded as 'very junior'" (541-636).

"Above made me feel very incompetent as it was always mentioned that if you not specialty trained then you do not know how to manage cardiac patients" (830-978).

4.6.2.2.3 Sub-category: Allocated basic nursing care duties

"Being a junior PN in CCU meant that I was not allowed to give patients medication, ivs etc. The only thing that I was allowed to do is bath, clean, change patient, vital signs and ECGs" (639-824).

Carlson et al (2005:65-72) conducted a study regarding experience of a final year nursing students on preparedness to become a registered nurse where one of the themes revealed lack of confidence. The researcher's recommendations were (1) to hold workshops on awareness on self confidence and professional maturity towards nursing practice, and (2) quality improvement programmes in clinical learning environment towards development of self confidence after completion of programme. Nurses will be more confident when they have undergone such workshops as part of their orientation programme.

Lack of confidence which usually emanates by feeling inferior. In the current study the participants were made to feel inferior by ICU trained and experienced staff but they managed to keep their heads above water by proving them otherwise by adapting to the environment.

4.6.3 Theme 3: Experiences related to work environment

It is everything that forms part of employees 'involvement with work. Apart from job description, what influences how employees feel about work is the environment. We naturally seek support from our peers and want to belong to a group. In this study nurses want to belong to a group of ICU nurses. In agreement with Huston (2012:122-

125) re-positive strategies, employees need to feel good about coming to work and be motivated throughout the day by applying positive environment. Three categories emerged from work environment: orientation and supervision, mentoring, support from co-workers.

4.6.3.1 Category: Orientation and supervision into the unit

The supervisor directs the newly qualified nurses to the philosophy, structure, purpose and values of the department by means of orientation. The supervisor needs to draw up an orientation programme that will guide the new employee and supervisor on aspects to orientate oneself. Holloway (1995:7) states that supervision provides the supervisee an opportunity to learn professional attitudes, skills, and knowledge. During the process of orientation and supervision, the supervisee need to identify owns resources, information and skills available. Therefore supervision must not create dependency but must develop independence to the supervisee.

Lawson (2006:3) sees the orientation process being able:

- To provide smooth and quick integration into the unit/department
- To highlight the importance of the orient tee's role in the unit
- To make an employee feel welcomed and assurance of good decision on choosing the unit

Table 4.9   Category: Orientation and supervision into the unit

Category	Sub-category	Meaning units
1 Orientation and supervision into the unit	1.1 Hasty orientation because of staff shortage	*"I was surprised that I was given the most unstable patient but was told that I would be supervised"* (2573-2671). *"As soon as you come into the unit they expect you to start working, you must know, learn, learn because tomorrow you must know this and start working, and they (people who are orientating you) become stressed and you could feel their stress and take it out on of which it makes it worst to adjust"* (1757-2057).

Category	Sub-category	Meaning units
	1.2 Orientation and supervision done by senior professional nurses	*"On my first day I wasn't alone I was with the trained critical care nurse we managed to nurse the patient in a good way"* (4667-4786). *"But what I've enjoyed here most of the time when you are allocate, you are allocated with somebody who has more experience or with an ICU course so you find that most of the time they teach you, you don't just work alone"* (3373-3593). *"The RN that orientated me was very helpful. She assisted me with how to connect a patient to the cardiac monitor and she also gave me basic knowledge about ECGs"* (1322-1484). *"Yes it was a good orientation because I explained to the sisters in the ward that it is my first time getting into an ICU situation"* (1001-1133). *"Also the team leaders and the senior people in the unit they help people who has just been allocated in ICU"* (2346-2454). *"So I had to work with experienced nurses around all I had to report to the team leader before making decision"* (5062-5171).

4.6.3.1.1 Sub-category: Hasty orientation because of staff shortage

Some of the participants received support from senior professional nurses and that made them to enjoy their first experience. Some participants were not satisfied with orientation they received. Participants indicated their feelings in this manner:

"I was surprised that I was given the most unstable patient but was told that I would be supervised" (2573-2671).

"As soon as you come into the unit they expect you to start working, you must know, learn, learn because tomorrow you must know this and start working, and they (people who are orientating you) become stressed and you could feel their stress and take it out on of which it makes it worst to adjust" (1757-2057).

4.6.3.1.2 Sub-category: Orientation and supervision done by senior professional nurses

"On my first day I wasn't alone I was with the trained critical care nurse we managed to nurse the patient in a good way" (4667-4786).

"But what I've enjoyed here most of the time when you are allocate, you are allocated with somebody who has more experience or with an ICU course so you find that most of the time they teach you, you don't just work alone" (3373-3593).

"The RN that orientated me was very helpful. She assisted me with how to connect a patient to the cardiac monitor and she also gave me basic knowledge about ECGs" (1322-1484).

"Yes it was a good orientation because I explained to the sisters in the ward that it is my first time getting into an ICU situation" (1001-1133).

"Also the team leaders and the senior people in the unit they help people who has just been allocated in ICU" (2346-2454).

"So I had to work with experienced nurses around all I had to report to the team leader before making decision" (5062-5171).

The results of what Huston was hoping for (the use of positive strategies), eradication of inferiority is being slowly absorbed in by nursing staff. Shortage of nurses is problematic in South Africa therefore proper orientation and supervision is needed and same shortage of nurses lead to improper orientation as there are mentors. Proper orientation and supervision ensures the new employee is welcomed into the unit therefore retention of staff can be ensured (Lawson 2006:6). Respondent 1 did not receive proper orientation and supervision and therefore became stressed. Improper orientation leads to confusion and stress, therefore critical care units need unit based mentors.

4.6.3.2 Category: Mentoring from co-workers

Mentoring is an intense, positive, discreet, exclusive, one to one relationship between experienced professional and a less experienced novice. An experienced professional

in this case is known as a mentor. A mentor is a role model and career advisor characterised by being an expert in an area of practice, accessible and interested into mentee's needs and interests. Kanaskie (2006:248) states that mentoring relationships in critical care provide the ongoing interactions, coaching, teaching, and role modeling to facilitate nurse's progression. Mentoring is the best way to create a supportive environment for socialisation into the profession. It protects the mentee from workplace danger as it is conducted by an experienced professional in the field (Huston 2012:122).

Table 4.10   Category: Mentoring from co-workers

Category	Sub- category	Meaning units
1 Mentoring	1.1 Unavailability of mentors due to shortage	*"So I wouldn't say I was happy with mentoring"* (2541-2585). *"It was a threatening environment but because we have got people, mentors in the unit that work with us so we get use to the equipment in the unit and work, so when you are used to it"* (670-853).

4.6.3.2.1 Sub-category: Unavailability of mentors due to shortage

Only one participant (participant 3) had to say something about mentoring whereas the rest of participants stated that there were no mentors as the participant says "we use to have clinical instructor and a team leader who doesn't have a patient so those people both of them use to work with us".

The other participants did not have mentor but they are referring to team leaders who also had their own patients to attend.

Reddish and Kaplan (2007:199) believes that new graduate nurse does need the traditional prerequisite period of general ward service if she/he undergoes a critical care nursing development programme. The researchers explain the critical care nursing development programme as a model is characterised by distinct stages starting from graduate nurse level to that of competent practitioner. Messmer, Jones and Taylor (2004:131-136) in United States have evaluated the effectiveness of a program called "the shadow nurse" in ICU that assist a nurse to transit into the role of an ICU nurse.

The program was beneficial in building self-confidence and self-esteem. When nurses have gained confidence and self esteem, they will adjust easily to the critical care unit. Where there was mentoring available, they commented in this manner:

"So I wouldn't say I was happy with mentoring" (2541-2585).

"It was a threatening environment but because we have got people, mentors in the unit that work with us so we get use to the equipment in the unit and work, so when you are used to it" (670-853).

In the hospitals where the study was conducted they have no Mentors but they use experienced nurses to mentor the less experienced nurses. Experienced nurses are allocated patients like all other nurses and additional allocated responsibility is to mentor the less experienced nurses. However with prevailing shortage of nurses in South Africa leads to unavailability of mentors and thereby substituted by functional experienced staff. A study on shortage of nurses in South Africa conducted by Bhagwanjee and Scribante (2007:1323-1324) revealed 42.8% constitute 0-5 year experience nurses in ICU and 5.7% constitute 20 year experienced nurses in ICU. Lack of mentors exposes nurses to hazards in the workplace.

4.6.3.3   Category: Support from co-workers

Orientation is usually done to the nurse when allocated to the unit whether it's the first time or was allocated before as there would changes that have occurred. In some units it becomes the responsibility of the professional nurse in charge to orientate the new comer and it depends on how this responsibility is filtered through co-workers to address provision of support. Support is rendered on personal issues, work related issues, emotional issues, dealing with relatives and families of the patient, decision making skills. The ward hierarchal structure plays a huge role in the provision of support.

- **Ward manager (operational unit manager)**

Ward manager need to know as soon as possible if a nurse encounters problems or difficulties work related or not as she/he is responsible for support, guidance of newly

qualified nurse's development. Time is dedicated to discuss progress and training needs of newly qualified nurse through a process of employee performance management and development system (EPMDS) in KwaZulu-Natal Department of Health.

- **Senior professional nurse**

Senior professional nurse who is available at all time, either working with in the same unit, senior nurse on call is available after hours to cover the hospital. Advice and support of this person is invaluable.

Table 4.11   Category: Support from co-workers

Category	Sub-category	Meaning units
1 Support from co-workers	1.1 Nurses were fully supported whereas others had no support	*"I've got the colleagues but due to shortage they sometimes might not be available"* (4220-4301). *"You work with everybody because most of the time you are allocated to the patient so you find that you work with different people, there is no specific person that is looking after the newcomers, even then it helps because you learn a lot from different people and how to do things differently"* (3885-4183). *"Also the doctors are very helpful, when you are new they teach you a lot even if you ask about anything about the patient they are willing to teach you"* (4392-4544). *"The support helps you because really at the first time you are scared but as the time goes on because somebody with you all the time with you, you find that you are not scared and you are able to nurse the patient, do the patient, bath the patient, suction the patient"* (5138-5406).

Category	Sub-category	Meaning units
		"I felt that the registered nurse was very unhelpful RE: patient care" (978-1049).
		"Most of the time the senior RN would be allocated with a junior RN, she would complain to the RN in charge because she does not want to teach a junior RN" (1715-1869).
		"Some experienced nurses did have patience to guide them or engage me at that way impatient" (1142-1234).
		"But not always because in ICU you do the patient all alone and you find difficulty there is someone you can contact" (2939-3056).

4.6.3.3.1 Sub-category: Nurses were fully supported whereas others had no support

Nurses experienced support in various ways from different people. Some nurses received a positive response from colleagues others received a negative response. Participants expressed their feelings in different manner as:

"I've got the colleagues but due to shortage they sometimes might not be available" (4220-4301).

"You work with everybody because most of the time you are allocated to the patient so you find that you work with different people, there is no specific person that is looking after the newcomers, even then it helps because you learn a lot from different people and how to do things differently" (3885-4183).

"Also the doctors are very helpful, when you are new they teach you a lot even if you ask about anything about the patient they are willing to teach you" (4392-4544).

"The support helps you because really at the first time you are scared but as the time goes on because somebody with you all the time with you, you find that you are not scared and you are able to nurse the patient, do the patient, bath the patient, suction the patient" (5138-5406).

"I felt that the registered nurse was very unhelpful RE: patient care" (978-1049).

"Most of the time the senior RN would be allocated with a junior RN, she would complain to the RN in charge because she does not want to teach a junior RN" (1715-1869).

"Some experienced nurses did have patience to guide them or engage me at that way impatient" (1142-1234).

"But not always because in ICU you do the patient all alone and you find difficulty there is someone you can contact" (2939-3056).

Although senior nurses are not elected mentors but they become very supportive to newly qualified nurse. Shortage of nurses has a great impact because it interferes with continuity of support provided by an individual. The workload and patient population contributes to quality of support rendered by co-workers. Participants verbalised that not only nurses were supporting them but the doctors as well were supportive, more patient with them.

4.7   CONCLUSION

In chapter, the procedures for data management were discussed. The procedure on the use of the computer programme (WeftQDA) and how data was entered into the computer programme was explained. On analysis of data, the four themes emerged: experiencing difficulties, acquiring knowledge/skills, emotional feeling/s, supportive work environment. Data was displayed in a Table forms, categorised based on the discovered themes. Alongside categories are meaning units for each category which were automatically coded by the computer programme. Themes, categories and meaning units are related to each other. Findings were compared and argued with literature from literature review.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1   INTRODUCTION

This chapter is the summary of research findings. It reports on the conclusions of research, outlines recommendations and contributions to the study. Answers to research question will be outlined:

- Is the newly qualified professional nurse prepared for transition from college to critical care setting?
- What are the experiences of these professional nurses allocated in ICU within the first year of registration as professional nurses?

The study aimed to explore and describe the lived experiences of newly qualified Professional nurses working in ICU during the first year of graduation. The objectives of the study was to

- identify challenges faced by the professional nurse during transition phase
- explore strategies to overcome challenges identified by the professional nurse
- make recommendations on how to ease support the neophyte professional nurse to adjust to their role expectation in the critical care units

5.2   RESEARCH DESIGN AND METHOD

The qualitative design was used to answer questions of the study. An explorative, descriptive, interpretative qualitative design was used in the study in applying a phenomenological tradition. Qualitative research is used to answer questions about the complex nature of phenomena, with the purpose of describing and understanding the phenomena from the participant's point of view.

A purposive sampling was conducted as professional nurses who are allocated in ICU during first year were selected from population of nurses in KwaZulu-Natal ICUs. The accessible population was professional nurses in ICU in hospitals in EThekwini District.

Unstructured interview was conducted following the interview guide (Annexure G) that directed the interviewer although direction and control by interviewer is minimal. This type of interviewing allowed flexibility and made it possible for researcher to follow the interests and thoughts of informants rather than follow own assumptions.

5.3   CONCLUSIONS AND INTERPRETATION OF RESEARCH FINDINGS

During analysis, presentation, description of the research findings the four themes emerged. The summary and interpretation of research findings were drawn from these four themes. The researcher arrived at the following conclusions:

5.3.1   Experiences of neophyte registered nurses related to the critical care unit

This theme encompasses every aspect about the critical care unit. Critical care unit comprises of health professionals, equipment, patients, activities, unit culture (routines and policies). This theme reveals experiences of the qualified nurse allocated in critical care. 98% of participants verbalised positive experience. This theme was categorised into difficulty and differences experienced by participants. Phases found under difficulty are interrelated to orientation, mentoring and support. From the 2% of the participants one verbalised that: *"It was very difficult I don't want to lie and say it was easy and I coped, it was very difficult it took me about +/- 6 months to adjust"* (1103-1140). An employee who is well orientated, mentored and supported will cope easily and adjust early into the unit.

Difference is further sub-categorised into problem solving, treatments, patients, environment, nursing care. The curriculum of the basic training encompasses these sub-categories at the general level. Participants noticed the difference because they are now applicable at the different level of nursing. The relationship of these categories with orientation and mentoring is still identified.

Conclusion

Very few (2%) of participants experienced difficulty in critical care unit in terms of orientation, mentoring and support. Orientation facilitates smooth and quick into the unit, makes an individual feel welcomed. Integration into the unit is prolonged because of lack of orientation *"It was very difficult I don't want to lie and say it was easy and I coped, it was very difficult it took me about +/- 6 months to adjust"* (1103-1140) and feeling of being unwelcomed was verbalised.

"Even though I was a registered nurse in coronary care unit (CCU), I was regarded as very junior" (541-636).

"Above made me feel very incompetent as it was always mentioned that if you not specialty trained then you do not know how to manage cardiac patients" (830-978).

Because of different aspects found in ICU in relation to the wards, and no constant mentoring, the participants had to teach themselves regarding these differences.

"I have gain information about the treatments that are given to the patients unlike when I was a general nurse I had some doubts in treating the patient, but now I'm so confident" (2008-2186).

"Each day there were different experiences with treatment plans and different patients and allowed me to learn that an exploratory approach can sometimes benefit patients" (1894-2191).

5.3.1.1 Acquiring knowledge/skills

The theme emerged from learning experiences, challenge, and accomplishment. Note that the participants learned a lot of skills that relate to critical care which are different from general wards, because of differences identified in the previous theme that challenged the participants to learn more. Participants did not shy away from differences they came across in the unit. They experienced challenges and they learned from them. They mention accomplishment related to improved patient's conditions.

Participants needed mentoring to adjust to the unit because they have acquired general nursing skill as a registered nurse.

Conclusion

Participants gained a lot of information through learning new skills found in ICU. They developed coping skills to overcome challenges they came across with the support from colleagues. Participants verbalised their own accomplishment in aspects of benefiting the patients and developing coping skills to be nurses working in critical care. Participants did not specify whether the unit accomplished any aspects regarding their entrance to critical care unit.

5.3.2 Experiences related to emotional feelings

Emotions are categorised as feeling scared and feeling inferior. Participants verbalised that they were scared of the environment, machines, level of nursing which is complicated than their level, scared of patients. Fear of the unknown is a normal feeling and it usually brings up lack of confidence. In nursing this feeling is eradicated by proper orientation and mentoring. Participants verbalised that with support from colleagues they managed to learn about the environment and machines.

"It was a threatening environment but because we have got people, mentors in the unit that work with us so we get use to the equipment in the unit and work, so when you are used to it" (670-854).

Two participants expressed feelings of inferiority and one was reminded that she is junior.

"Even though I was a registered nurse in CCU (Coronary Care Unit), I was regarded as very junior" (541-636).

She felt incompetent though she was a registered nurse.

"Doubt and little inferiority as this was my first day and nursing individual patients with such conditions was very different to the usual ward based nursing care" (364-528).

Participants felt inadequate, powerless and inequality. 98% was able to overcome these feelings because of support from colleagues.

Conclusion

These emotional feelings impacts on the service delivery in the work place as participants were scared, less confident to touch patients connected to machines. Participants had a challenge to prove themselves to nurses in a critical care unit that they are competent registered nurses. At this stage newly qualified nurses are not well prepared to work independently as registered nurses in critical care unit.

5.3.3 Experiences related to work environment

Work environment forms part of the unit. Activities in the working environment involve orientation and supervision, mentoring, support from co-workers. Orientation to the unit and supervision was conducted by senior colleagues though 2% feel that the orientation was inadequate and too fast to catch up with.

"As soon as you come into the unit they expect you to start working, you must know, learn, learn because tomorrow you must know this and start working".

Mentoring protects the mentee from workplace danger as it is conducted by an experienced nurse in the field. Mentors are no longer available in critical care units because of shortage of nurses in these units. Participants were not mentored but supported by colleagues. Support structures such as Ward Managers, Senior Professional Nurses are being used and they had a positive and negative response to participants accordingly that is they have their own duties in the work environment.

Conclusion

Orientation, supervision, support was done by colleagues senior to the unit. Lack of mentoring can be hazardous in the workplace. All these aspects work together to prepare a newly qualified nurse into the unit, most importantly mentoring as the mentor is always with the new employee.

Conclusion on the objective of the study

In concluding this study the researcher is of the opinion that the objectives of the study were actualised. The first objective was addressed when the researcher explored and described the experiences of neophyte nurses on their allocation in ICU post registration. This was derived through data collection using in-depth interviews (see findings in chapter 4). As envisaged in the second objective, the meaning of the experiences was analysed and interpreted using Colaizzi's (see chapter 4). The emergent meaning units and their interpretation supported the development of the recommended strategies which addressed the last objective of the study.

5.4 CONTRIBUTIONS TO THE STUDY

5.4.1 Challenges faced by the professional nurse within their first year in critical care unit

- Unavailability of mentors in the unit.
- Lack of proper induction programme and newcomers are not evaluated before allocated a patient.
- Lack of equipment in the units hindering efficient patient care.
- Shortage of staff leading to shorter orientation programme, unavailability of mentors, nurse to grasp as fast information within a day because on the following she will be allocated a patient.
- Unsupportive, disempowering hierarchal structure in the unit.

5.4.2 Strategies explored to overcome challenges

- Newly qualified nurse to work with the professional nurse and not to be allocated a patient for at least one week before being evaluated for readiness.
- Allocation of student nurses in critical care unit as an exposure to critical care unit during their basic training years.

5.4.3 Recommendations on how to ease support the newly qualified professional nurse to adjust to their role expectation in the critical care units

- Employ more staff in order to have well identified mentors.
- Strengthen in- service education for all staff members.
- Implement proper induction programme.
- Motivate senior nurses in the units to support newly qualified nurses.

5.5 RECOMMENDATIONS OF THE STUDY

The researcher considers the study to have brought out information that was previously not known to outsiders to the phenomenon. The study aimed at identifying challenges experienced during first year of allocation to critical care unit, explore strategies and recommend means to overcome challenges. The following are recommendations to hospital management and recommendations for further research.

5.5.1 Recommendations to hospital management

- To motivate for more staff in order to have a feasible structure of mentors.
- To carefully plan human resource development programmes including induction programmes especially for newcomers to critical care unit.
- To evaluate the newcomer weekly on aspects learned in case senior professional nurses are used to work with newcomers.
- To frequently in-service the staff on motivation aspects to maintain high powered team work that will motivate staff on reception of newcomers.
- To collaborate with nursing education on allocation of senior student nurses during their basic training in critical care unit.

5.5.2 Recommendations for further research

- To conduct a study in other provinces in South Africa and in private sector in order to apply results nationally and recommendations applicable at the national level.

- To conduct a large study that will incorporate the experience of senior nurses in critical care units in dealing with newly qualified professional nurse in critical care unit.
- To conduct study on benefits to critical care units on allocation of the neophyte professional nurse in critical care unit.
- To conduct a study to corroborate the themes from the current study through quantitative study.

5.6   LIMITATIONS OF THE STUDY

5.6.1 Sample limitations

The sample was newly qualified professional nurses allocated to critical care units within their first year post graduation which did not include the views of senior professional nurses in critical care towards neophyte professional nurses in critical care unit. Inclusion of senior professional nurses' views in the study was going to provide substantial information on the experience of the newly qualified nurse.

The majority of critical care units are consolidated in one of the central hospitals in KwaZulu-Natal, this hospital is the popular institution for newly qualified nurses. The researcher was denied consent to conduct the study in this institution. Therefore limited the size, characteristics of the sample in need hence three (3) of sample members are not in their first year in critical care unit but they were allocated to critical care unit within their first year post graduation.

The study was qualitative in nature making use of phenomenological approach. Qualitative study makes use of small sample therefore findings cannot be generalised as it was conducted in one province in one district therefore findings cannot be applicable to the entire country, i.e. National Health Department. The sample is from hospitals in the public sector and findings might not be applicable to the private sector.

5.6.2 Personal limitations

Some hours of work of some sample members, policies in their work place made impossible to access the members whilst on duty. Two participants were on night duty therefore the researcher could not conduct on the field interview therefore written narratives were used, with members given guidelines on the phenomenon under study.

5.7   CONCLUDING REMARKS

The study was conducted using a qualitative design of a phenomenological approach. Phenomenology is an approach to learning about what life experiences of people are like and what they mean. The researcher has learned about the experiences of a neophyte professional nurse in critical care unit and what these experiences mean to them.

The study was a learning experience for both the researcher and professional nurses. The newly qualified nurses communicated how they benefited from the study as they were able to communicate their opinions for future applications. They were able to identify weaknesses in the system, learned from them for better practice in future. The researcher also gained from the study as the objectives of the study were attained, furthermore learned new information either positive or negative to critical care.

In summary the research design and method used enabled to collect data for analysis. The conclusion on summary and interpretation of research findings using themes identified during data analysis was done. Contributions to the study where challenges, strategies and recommendations were identified. Although there were limitations but the findings have shared light to critical care nursing practice.

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Annexure A: Clearance certificate

UNISA | university of south africa

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
(HSHDC)
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

Date of meeting: 26 May 2011   Project No: 4630-096-1

Project Title: The experience of newly qualified Professional Nurses allocated in Critical Care Units.

Researcher: Marilyn Thabisile Chiliza

Degree: MA Cur (Health Studies)   Code: DIS702M

Supervisor: Dr MM Moleki
Qualification: DLITT et Phil
Joint Supervisor: –

DECISION OF COMMITTEE

Approved   [√]   Conditionally Approved   [ ]

E Potgieter
Prof E Potgieter
RESEARCH COORDINATOR

M Bezuidenhout
Prof MC Bezuidenhout
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

Annexure B: Letters to conduct the study

<div align="right">
73 Chandler Crescent
Montclair
Durban
4001
13 June 2012
</div>

The Medical Manager
Mangosuthu Highway
Durban

Dear Madam

<u>**PERMISSION TO CONDUCT THE STUDY**</u>

I hereby request to conduct the research study among Professional nurses placed in Critical Care Units. The research project is a requirement for a Master's Degree in Health Sciences at the University of South Africa under supervision of Dr M. Moleki as supervisor.

The purpose of the study is to discover strategies to support the Professional nurse during her/his first year allocated in Critical care unit. The study findings will benefit the Professional nurses during their practice as well successive newly qualified Professional nurses. The institution will operationalise the findings to their benefit for staff recruitment and retention.

Your permission is sought to have access to the Critical Care unit in order to identify Professional nurses that will fit the criteria for inclusion to the study. Professional Nurses will be approached individually to obtain their voluntary informed consent.

Confidentiality and anonymity will be maintained as respondents name and the name of the institution will not be published. Interviews will be conducted with respondents using an audiotape. The relationship between management and Professional nurses will not be jeopardized.

If you wish to speak to someone nor directly involved you may contact :
The Chairperson
Ethics Subcommittee of the College of Human Sciences at Unisa
Tel : 012 – 4294067

Thank you in advance

Yours Faithfully
Miss Marilyn Thabisile Chiliza (Cell :083 6612086   Work : 031 – 3272076)
Master's Degree Student

73 Chandler Crescent
Montclair
Durban
4001
12 June 2012

The Senior Medical Manager
King Edward VII Regional Hospital
Durban

Dear Madam

PERMISSION TO CONDUCT THE STUDY

I hereby request to conduct the research study among Professional nurses placed in Critical Care Units. The research project is a requirement for a Master's Degree in Health Sciences at the University of South Africa under supervision of Dr M. Moleki as supervisor.

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If you wish to speak to someone nor directly involved you may contact :
The Chairperson
Ethics Subcommittee of the College of Human Sciences at Unisa
Tel : 012 – 4294067

Thank you in advance

Yours Faithfully
Miss Marilyn Thabisile Chiliza (Cell :083 6612086   Work : 031 – 3272076)
Master's Degree Student

73 Chandler Crescent
Montclair
Durban
4001
31 October 2012

The Senior Medical Manager
Addington Hospital
Durban

Dear Madam

PERMISSION TO CONDUCT THE STUDY

I hereby request to conduct the research study among Professional nurses placed in Critical Care Units. The research project is a requirement for a Master's Degree in Health Sciences at the University of South Africa under supervision of Dr M. Moleki as supervisor.

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If you wish to speak to someone nor directly involved you may contact :
The Chairperson
Ethics Subcommittee of the College of Human Sciences at Unisa
Tel : 012 – 4294067

Thank you in advance

Yours Faithfully
Miss Marilyn Thabisile Chiliza (Cell :083 6612086   Work : 031 – 3272076)
Master's Degree Student

Annexure C: Letters of support from institutions

HEALTH
KwaZulu-Natal

Prince Mshiyeni Memorial Hospital
Private bag X 07, MOBENI 4060
Mangosuthu Highway
Dr. M Aung: Senior Manager: Medical
Tel: 031-907 8304/8317, Fax: 031-9061044
Email: myint.aung@kznhealth.gov.za

Enquires	: Dr. M Aung
Ref No.	: 22/RECSH/12
	Date: 31.07.2012

TO: **Ms Marilyn thabisile Chiliza**

RE: LETTER OF SUPPORT TO CONDUCT RESEARCH AT PMMH

Dear Madam;

I have pleasure to inform you that PMMH has considered your application to conduct research on "**Experience of a professional nurse allocated in critical care unit in the first year post graduation in Kwa-Zulu Natal**" in our institution.
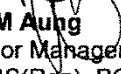
Please note the following:
1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The institution will not provide any resources for this research.
5. You will be expected to provide feedback on you finding to the institution.

Should the following requirements be fulfilled, a Permission/ Approval letter will follow.

- Full research protocol, including questionnaires and consent forms if applicable.
- Ethical approval from a recognized Ethic committee in South Africa

Thank you.

Regards

Dr. M Aung
Senior Manager: Medical & Specialist in Family Medicine
MBBS(Rgn), PGDip in HIV (Natal), DO(SA)
M.Med.Fam.Med (Natal)

---

uMnyago Wezempilo. Department of Health
Fighting Disease, Fighting Poverty, Giving Hope

OFFICE OF THE HOSPITAL CEO
KING EDWARD VIII REGIONAL HOSPITAL
Private Bag X02, CONGELLA, 4013
Corner of Rick Turner & Sydney Road
Tel.031-3603853/3015; Fax.031-2061457:
Email.rejoice.khuzwayo@kznhealth.gov.za:
www.kznhealth.gov.za

Ref.: KE 2/7/1/ (16/2012)
Enq.: **Mrs. R. Sibiya**
Research Programming

12 June 2012

Miss. MT Chiliza
73 Chandler Crescent
Montclair
DURBAN
4004

Dear Ms. Chiliza

Protocol : "Experience of a Professional Nurse allocated in critical care unit in the first year post graduation in Kwa-Zulu natal"

Permission to conduct research at King Edward VIII Hospital is _provisionally granted_,
pending approval by the Provincial Health Research Committee, KZN Department of Health.

Kindly note the following:-

• The research will only commence once confirmation from the Provincial Health
  Research Committee in the KZN Department of Health has been received.

• Signing of an indemnity form at Room 8, CEO Complex before commencement
  with your study.

• King Edward VIII Hospital received full acknowledgment in the study on all
  Publications and reports and also kindly present a copy of the publication or
  report on completion.

_The Management of King Edward VIII Hospital reserves the right to terminate the permission
for the study should circumstances so dictate._

Yours faithfully

| SUPPORTED/~~NOT SUPPORTED~~ |

_____
DR. O.S.B. BALOYI
ACTING CEO & SENIOR MEDICAL MANAGER

_____
DATE

---

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

HEALTH
KwaZulu-Natal

AD/9/2/3/R

Enquiries: Dr E.R Masilela
Extension: 2970/2568

7th November 2012

Principal Investigator:
➢ **Ms T.M Chiliza**

PERMISSION TO CONDUCT RESEARCH AT ADDINGTON HOSPITAL: "THE
EXPERIENCE OF NEWLY QUALIFIED PROFESSIONAL NURSES ALLOCATED IN
CRITICAL CARE UNITS"

I have pleasure in informing you that permission has been granted to you by Addington
Management to conduct research on "The Experience of Newly Qualified Professional
Nurses Allocated in Critical Care Units"

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines
    of the Department of Health with regards to this research.

2. This research will only commence once this office has received confirmation from the
    Provincial Health Research Committee in the KZN Department of Health.

3. Please ensure this office is informed before you commence your research.

4. Addington Hospital will not provide any resources for this research.

5. You will be expected to provide feedback on your findings to Addington Hospital.

MEDICAL MANAGER / ACTING CEO
DR E.R. MASILELA
ADDINGTON HOSPITAL

Annexure D: Letter from EThekwini District

Enquiries: Ms Jabu Hlazo
Tel: 031 240 5303
Date: 7 September 2012

Ms Thabisile Chiliza: email- thabisile.chiliza@kznhealth.gov.za
Thabisile.chiliza@gmail.com

REQUEST TO CONDUCT RESEARCH:

Support is hereby granted to conduct research on the above topic:

Experience of a professional nurse allocated in Critical Care Unit in the first year post
graduation in KwaZuluNatal

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regard to this research.

2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.

3. Please ensure that this office is informed before you commence your research.

4. The District Office will not provide any resources for this research.

5. You will be expected to provide feedback on your findings to the District Office.

pp*

District Manager
eThekwini
Telephone: 031 2405303
Fax . 031 2405500
Email: jabulis we.hlazo@kznhealth.gov.za

Annexure E: Letter of approval: Department of Health, KwaZulu-Natal Province

health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference   : HRKM138 /12
Enquiries: Mrs G Khumalo
Telephone : 033 - 395 2805

01 October 2012

Dear Ms T Chiliza

Subject: Approval of a Research Proposal

1. The research proposal titled **Experience of a professional nurse allocated in critical care unit in the first year post graduation in KwaZulu-Natal'** was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Prince Mshiyeni Memorial and King Edward VIII Hospitals.

2. You are requested to take note of the following:
    a. Make the necessary arrangement with the identified facility before commencing with your research project.
    b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mrs G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
KwaZulu-Natal Department of Health
Date: _04/10/2012 ._

uMnyango Wezempilo. Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

Reference   : HRKM138 /12
Enquiries : Mrs G Khumalo
Telephone : 033 – 395 2805

16 November 2012

Dear Ms T Chiliza
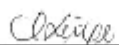
Subject: Approval of a Research Proposal

1. The research proposal titled **Experience of a professional nurse allocated in critical care unit in the first year post graduation in KwaZulu-Natal'** was reviewed by the KwaZulu Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Addington Hospital.

2. You are requested to take note of the following:
   a. Make the necessary arrangement with the identified facility before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mrs G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
KwaZulu-Natal Department of Health
Date: 21/11/2012

uMnyango Wezempilo. Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

Annexure F: Consent form information sheet

PARTICIPANT INFORMATION AND INFORMED CONSENT FORM

TITLE OF RESEARCH PROJECT :
The experience of a Professional nurse allocated in a Critical care unit during the first year post graduation.

INVESTIGATOR :
Miss Marilyn Thabisile Chiliza.
CONTACT NUMBER :
Cell no:0836612086
 Work no: 031-3272076

I would like to invite you to participate in a research study that involves exploration of experience of a newly qualified Professional nurse during her /his first year post graduation in a Critical Care unit. You have been invited because you lived the experience of working in Critical Care setting during your first year post graduation.

The purpose of the study:
It is to explore and describe lived experience of a newly qualified Professional nurse in Critical Care unit. The study aims at discovering strategies to support the nurse during the first year allocated in the critical care unit.

Benefit :
This study will benefit you directly as a Professional nurse you will able to contribute in the development of means to support the newly qualified nurses in Critical Care. The results for the study will be made known to you and therefore you will be able to utilize the results of the study to successive newly qualified nurses allocated in Critical Care unit.

Risks :
There are no risks involved in sharing your own experience but if unpleasant deep personal feelings are evoked therefore referral for counseling will be provided.

Explanation of procedures :
 Your participation will mean that we will meet for interview sessions for 30 minutes. The number of interview sessions will be determined by saturation of data. Interview sessions will be tape recorded using a voice recorder. If you have any question about the study or about participating in the study please feel free to ask me (Thabisile-0836612086, 031-3272076)

Anonymity and confidentiality :
The data of interviews and transcription of tape recorder will kept in secure place and no one except the research team will have access to the interview data. Your name will not be on the tape or transcription of tapes so that it cannot be linked to your name. Your identity will not be revealed when study is reported.

Voluntary/option to withdraw:
You participation in this study is totally voluntary. You have a right to withdraw at any time if you care to, without repercussion or penalty, even in the middle of the interview.

Approval of the study:
The study and its procedures have been approved by the Higher Degree Committee of University of South Africa.

Declaration by participant :

I .... declare that:
I have read this information and consent form, and it written in a language which I am fleet and comfortable.
I have had a chance to ask questions and all my question were adequately answered.
I understand that taking part in this is voluntary and I was not pressurized to take part.
I have received a signed duplicate copy of this consent form for my records.

Signed at (place) .... **on(date) :** ....

....
Signature of participant   **Signature of witness**

Declaration by Investigator :

I .... declare that :
I explained the information in this document to ....
I encouraged him/her to ask questions and took adequate time to answer them.
I am satisfied that /she adequately understands all aspects of the research as discussed above.

Signed at (place)....................................... **on(date)**..............................

....
Signature of investigator   **Signature of witness**

2

Annexure G: Interview guide

EXPERIENCE OF A PROFESSIONAL NURSE ALLOCATED IN CRITICAL CARE UNIT IN THE FIRST YEAR POST GRADUATION

INTERVIEW GUIDE

Respondents particulars:

Age :

Gender :

Educational status:

Years of experience as a Registered Nurse:

Number of years in critical care units :

Tick(√) the appropriate critical care unit you are mostly allocated :

Intensive care unit	( )
High care unit	( )
Coronary care unit	( )

Open- ended questions to the respondent:

1. Describe your experience in Critical care unit during your first year as registered nurse whilst allocated in critical care unit.
2. Describe your experience you encountered in nursing patient population in Critical care units during the first year as registered nurse in Critical care unit.
3. Describe your clinical exposure you had during the course of training as a student nurse.

Annexure H: Interview transcripts

Verbatim Transcript :

Unstructured interview process:
Researcher: *Describe your experience in critical care during your first year as a registered nurse whilst allocated in critical care unit*

Participant : here in ICU I've gained a lot, most of the time I've been working in high care, for me it was the first time allocated in ICU , so the thing that was very interesting that I didn't really know it was my first time was the ventilator so seeing the ventilator was my great experience and now that I am working here they taught me how to operate the ventilator and nurse the patient on a ventilator, that the most experience I've had because I've seen people working in ICU operating all machines but other machines I've worked with in high care like cardiac monitors, in high care we are using cardiac monitors we are using ivacs infusion pumps, for me it was not a problem but what I also learned is that there are different drugs unlike in high care most of the drugs here like actrapid infusion, in the wards we use to use injections but here we actrapid infusion even to monitor the patient the patient and nurse the patient and be with the patient was interesting because you have to nurse the patient in totality you do everything for the patient that thing also makes you happy because at the end of the day you when the patient is better you are so relieved.

Researcher: *so what I gather is that your experience has been a happy one and a nice once*

Participant: yes a nice one

Researcher: *and you've gained a lot*

Participant: I've gained a lot

Researcher: *tell me more about the difference it made to see the ventilator*

Participant : yes i've gained a lot, and the other thing is that when i working in surgical high care, to come in ICU i thought it was an easy thing because you are just nursing one patient but when you are really in the situation is different when you are outside people say oh people in ICU just nursing one patient it means there is no, there is no lot of work but what i have experience is that even that one patient there is a lot of work because you have to nursing the patient in totality every minute you must be with the patient because the patient just changes within a second so most of the time you need to be very attentive, that is what i have experienced.

Researcher: *what I'm gathering is that you must be with the patient because every second you must be able to identify change of condition and be able to react to change of condition. Tell me about the contribution of critical care to your professional experience*

Participant: it makes me to be more efficient, but at firstly when you come to ICU you find that first time you scared because you just look to those machines you are scared even to touch those patients because you do not whether may be if you touch those machines you will disconnect the patient, the first experience is firstly you become scared, some time when afraid even to turn the patient sometime you do not know may be tube may be disconnected. But what i've enjoyed here most of the time when you are allocate, you are allocated with somebody who has more experience or with an ICU course so you find that most of the time they teach you, you don't just work alone with the patient on a ventilator there is somebody with you, so that make me more efficient because now can nurse the patient.

Researcher: *tell me about the orientation and mentoring you received*

Participant : you work with everybody because most of the time you are allocated to the patient so you find that you work with different people, there is no specific person that is looking after the newcomers , even then it helps because you learn a lot from different people and how to do things differently.

Researcher: *mmhh ok mmhh so you are not only focused to the one person, it makes you…*

Participant: ... broad minded

Researcher: *broad minded*

Participant: also the doctors are very helpful, when you are new they teach you a lot even if you ask about anything about the patient they are willing to teach you

Researcher: *what i gather is that your orientation so far is going so well*

Participant: yes is going well

Researcher: *describe to me your experience that you encountered in nursing patient population in critical care unit during your first year as a registered nurse in critical care unit for example your first patient how did you manage to nurse that particular patient?*

Participant: for the first time as i've said you become scared but as the time goes on they taught you a lot after you have learned, you are nursing the patient with no problem

Researcher: *what support did you receive from staff in ICU*

Participant : the support helps you because really at the first time you are scared but as the time goes on because somebody with you all the time with you, you find that you are not scared and you are able to nurse the patient, do the patient, bath the patient, suction the patient, because sometimes when you come you thought may be things here are done differently, whereas in high care there are patients who are being suctioned, patients also with endotracheal tubes, the only thing here is patients are connected to the machine, like sometime the machine is alarming and sometime is something else, when is your first time you sometime   become scared and you don't know what's wrong but if there is somebody with you, you are a bit relieved.

Researcher: *Tell me about your clinical exposure during your course of training as a student nurse, during your basic training, clinical exposure especially in relation to ICU?*

Participant : When i was first employed it was a neurosurgical high care most of the time, I was exposed to surgical nursing, even when i was in Wentworth sometime

because we were nursing in ICU wards we were sometimes allocated there just to help when there are patients in ICU because i was in high care. We were rotating in the surgical wards, neurology ward

Researcher: *When you were doing basic training as a student nurse before you were a professional, were you allocated in ICU?*

Participant: No no no, I was doing the four year course, when you were doing the four year course you were allocated in the medical and surgical wards, orthopaedic wards all the general wards, when we were doing midwifery were allocated in maternity, antenatal, in the clinics for community, to psychiatric institution and psychiatric wards, but in ICU we were not and we were allocated in theatre.

Researcher : *As you are a professional nurse now, how would it had made a difference to be allocated in ICU during the basic training years*

Participant: Yes, it would have made a lot of difference because i think when you are training you must be exposed in all the disciplines. Because i think if may be you have worked in ICU you gain experience and gain interest in doing the course, sometimes you do not do the course because you don't know what's happening in that discipline.

Researcher: *So you say during your training years you might gain interest to work in ICU and even to do the course*

Participant: Other thing also which we were not exposed to, like now I'm in specialty unit you'll find that for the first five years after training may you'll be in one of the specialty. Because it is a new thing really i think those ones who are new in the field it's better for them, when they pass they know which area, where to go, with us we were happy as general nurses but now…'clapping emptying her hands'.

Researcher: *Let's hope as they say new courses are going to start now may be that will help with specialty*

After all we have discussed, what is it that you think should have been done better or it should have been improved especially in the sense of what we gathered in ICU whether its good or bad

Participant: Specifically here in ICU or in General?

Researcher*: Yes here in ICU*

Participant: In general i think its better that you are doing basic nursing course to go all the areas so that you know which area you are interested in.

Researcher: *Before you are able to enter the specialty*

Participant: Yes, just to be exposed like going to theatre you'll know what is happening in theatre, orthopaedic, paeds, and also in ICU

Researcher: *Thank you very much it is not the end , i will come now and then in order just to verify whatever we talked about whatever i've jotted down because i am still going to compile notes and tape recorder so that you can check and view whether its what we talked about.*