

A conceptual framework to guide the development of a transition support programme to facilitate the competencies of newly qualified registered nurses at public hospitals in Namibia

Olivia Emvula^{1*}, Louise Pretorius¹, Taimi Amakali- Nauseb¹

¹ Lecturer, School of Nursing and Public Health, Faculty of Health Sciences and Veterinary Medicine, University of Namibia. University of Namibia Private Bag 13301 340 Mandume Ndemufayo Ave, Pionierspark Windhoek

*Corresponding author E-mail: oemvula@rocketmail.com

Abstract

Purpose: Newly qualified registered nurses often lack the competence to efficiently execute their professional roles and responsibilities. They might fail to execute their nursing functions and make clinical judgement because of lack of confidence. The aim of the study is to develop a conceptual framework as basis for the development of a transition support programme to facilitate the competencies of newly qualified registered nurses (NQRNs) at public hospitals in Namibia.

Methods: The Programme Logic Model (Knowlton & Phillips, 2013) was adapted as it allowed the researcher to present the conceptual framework in a systematic and visual way, while presenting and sharing the ideas and understanding of the relationships among the resources needed to develop the transition support programme, the planning of programme activities, and the changes or results you hope to achieve.

Results: The results of the development of the conceptual framework served as basis for the transition support programme to facilitate the competencies of newly qualified registered nurses.

Conclusion: The conceptual framework could serve an effective tool in guiding the development of the transition support programme to facilitate the competencies of newly qualified registered nurses.

Keywords: Competence; Competencies; Conceptual Framework; Programme; Transition.

1. Introduction

Competence refers to the ability to perform as effectively and satisfactorily as expected within the new role (Medical Dictionary, 2018). It is further described as the knowledge, skills and abilities that enable a person to act effectively in a job or situation (International Council of Nurses (ICN), 2009). This definition perfectly applies to the newly qualified nurse as they are expected to, within their new role, take up new tasks and competently perform them.

Competence among newly qualified registered nurses (NQRNs) during transition have been described as a worldwide concern. Health care systems are becoming more demanding with patients and communities becoming more aware of their rights to health care. Therefore, NQRNs are expected to be competent to deliver quality and safe care. It is, therefore, important that transition support programmes be put in place to provide a baseline for the guidance and support of newly graduated nurses. The study was aimed at determining the competence of NQRNs and to develop a transition support programme to facilitate their competencies at public hospitals in Namibia.

The education and training of a student nurse to become a registered nurse and midwife in Namibia takes three-and-a-half years for a Diploma in General nursing and Midwifery and a minimum of four years for a Bachelor's Degree in Nursing Science. Three universities in Namibia offer the Bachelor's Degree in Nursing, while MoHSS, through its training centres, offered a registered nurses diploma course, which have phased out in 2019.

A student nurse usually performs clinical duties under the supervision of lecturers, clinical instructors and/or qualified registered nurses in a clinical environment. However, after completing studies, the NQRN is expected to fulfil the roles of a registered nurse within the professional, ethical and legal frameworks of the profession as outlined in the Nursing Act, No.8 of 2004 and as well in the scope of practice of a registered nurse (Republic of Namibia, 2004).

The cardinal roles of a registered nurse in Namibia include administrative, clinical, professional and educational duties. The scope of practice of a registered nurse includes the scientific application of the principles of nursing, the prevention of illness and the care of patients during illness, which include the scientifically based physical, psychological, social, educational, chemical and technological means applicable to health care practice (Nursing Act No. 8 of 2004, Government Notice, No. 206).

After completing the studies, any newly qualified graduate assumes the role of a newly registered nurse, facing the expectations connected to that role and which form part of the transition to a professional role. Transition is defined as the period during which an individual move

and adjusts to a new role to become confident and competent with various aspects of the role such as knowledge, skills and attitudes (Henderson, Cooke & Creedy, 2012).

Globally, competencies of NQRNs during transition have been described as a worldwide concern. NQRNs often lack the competence to efficiently execute their professional roles and responsibilities (Jonsen, Melender, & Hilli, 2012), and several reasons were given as evidence. For example, Whitehead and Holmes (2011) reported that NQRNs might fail to execute their nursing functions and make clinical judgement because of lack of confidence.

They further pointed out that the transition from a student to a newly qualified nurse comes with additional pressures (Whitehead & Holmes, 2011). For example, newly graduated nurses may experience an extensive range of emotions, such as anxiety, fear, depression, emotional exhaustion, helplessness, feeling of immense time pressures, and despair (Ebrahimi, Hassankhani, Negarandeh, Gillespie & Azizi, 2016). Obviously, these pressures will have an impact on the NQRNs' abilities to render quality nursing care, as they are still trying to integrate the theory into practice. In addition, NQRNs may possess theoretical knowledge, but often lack the organisational and clinical skills necessary/needed to function independently as registered nurses. Therefore, NQRNs often face challenges in effectively applying knowledge, skills and judgement in their daily practice as registered nurses.

Furthermore, it is a global concern that after completing training, NQRNs do not have the experience they are supposed/required to have as registered nurses, yet are expected to cope within very challenging situations, where they are required to fulfil clinical roles expected of experienced nurses. They also often face challenges in effectively applying knowledge, skills and judgement in their daily practice as registered nurses and often lack competencies to efficiently execute their professional roles and responsibilities.

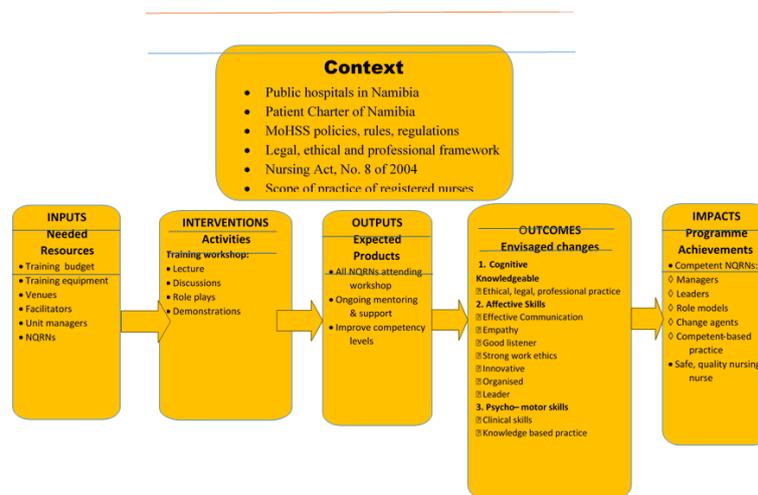
The researchers are of the opinion that the competency gap can be addressed through a transition programme for NQRNs. The development of the conceptual framework was aimed at guiding the development of a transition support programme to facilitate the competencies of NQRNs.

2. Methodology

To develop the conceptual framework, the components of the Programme Logic Model (Knowlton & Phillips, 2013) were adapted to realize the goals of the study. This Model is a graphical representation of the researchers reasoning for development of the transition support programme (Si, Kong & Lee, 2019). The components of the Programme Logic Model were adopted as it allowed the researchers to present the framework as a systematic and in a visual way, while presenting and sharing the ideas and understanding of the relationships among the resources needed to development the transition support programme, the activities you plan, and the changes or results you hope to achieve (Knowlton & Phillips, 2013). The researchers then linked these components to the Generic Competency Framework for Registered Nurses and Midwives/Accoucheurs in Namibia (HPCNA, 2018) to guide the content of the transition support programme to facilitate the competencies of NQRNs. The components of the Programme Logic Model were applied as follows:

- Context: This relates to the programme's contextual factors such as policies, institutional, cultural and socio-economic factors, legal frameworks guiding the delivery of the programme.
- Inputs: What are the resources needed to execute the transition support programme?
- Interventions: What are the interventions required to facilitate the competencies of NQRNs?
- Outputs: What are the products expected from the transition support programme?
- Outcomes: What are the desired or intended results of the transition support programme?
- Impacts: What changes in NQRNs' competencies are expected?

Following is an illustration of the reasoning map (Figure 1.1).



2.1. Ethical aspects

Permission was obtained from the Post-Graduate Research Committee at UNAM (SON/460/2019), the Executive Director of the Ministry of Health and Social Services Research Committee, Medical superintendents at the public hospitals, unit managers, as well as individual participants.

3. Results and discussions

The conceptual framework was based on the Programme Logic Model (Knowlton & Phillips, 2013) which enabled the researchers to apply these components to the development of the conceptual framework. The components were adapted as follows:

3.1. The context

The context refers to the environment or setting in which the transition support programme will be implemented. First, the transition support programme could be implemented at the public hospitals in Namibia within the MoHSS quality management systems (MoHSS, 2014). MoHSS is committed to ensuring the provision of quality health care, which is one of the most important goals of the Ministry (MoHSS, 2014). Therefore, the development of the transition support programme could contribute to the efforts of MoHSS in tackling quality health care issues, such as the competencies of NQRNs. Therefore, the transition support programme will facilitate the competencies of NQRNs at public hospitals in Namibia, which are the public hospitals in Namibia where NQRNs are practising.

The transition support programme was further developed within the ethical, legal and professional framework for registered nurses and midwives/accoucheurs in Namibia (HPCNA, 2018). Hence, the content of the transition support programme, and the research instruments were based on this framework, which incorporates the different competency domains required of registered nurses and midwives/accoucheurs in Namibia.

The framework represents the link between the registered nurse's educational preparation, self-regulation, patient safety and competencies required for practice. Furthermore, the development of the transition support programme is guided by the applicable laws and policies of Namibia and the Nursing Council of Namibia to ensure quality of care and safe health care, as the cornerstone or centrepiece of the framework. Thus, safe, competent, compassionate and ethical registered nursing practice requires the integration and performance of many competencies at the same time.

Professional responsibility and accountability demonstrate professional conduct of registered nurses of which the primary duty is to ensure safe, competent, compassionate and ethical care to the patient/client. Ethical practice establishes competence in professional judgement and practice decisions guided by the values and ethical responsibilities in the scope of practice for registered nurses.

Registered nurses and midwives/accoucheurs in Namibia practice according to Act, 2004 (no. 8 of 2004), Regulations no. 143, 13, 178 and 206, the Namibian Constitution and the Patient Charter of Namibia. They are accountable for their scope of practice, as outlined in the scope of practice of a registered nurse (Government Notice, no. 206, 2014) and may practice in a variety of clinical contexts (Government Gazette of the Republic of Namibia, 2014).

Supplementary to the above standards of practice, core competencies are required of a registered nurse and midwife/accoucheur and it is set at the entry to practice level. These competencies also describe the required qualities, attributes, and skills for registered nurses and midwives/accoucheurs to practice in Namibia.

By establishing and applying core competencies in the profession, the Nursing Council of Namibia sets the foundation for registered nurses and midwives/accoucheurs to maintain their competence levels and to acquire additional competencies or advanced clinical skills to enable them to deliver safe patient/client care in response to changing healthcare needs.

Registered nurses and midwives/accoucheurs in Namibia also practice in a manner consistent with Namibia's laws and regulations, as required by HPCNA and outlined in the Generic Competency Framework for Registered Nurses and Midwives/Accoucheurs in Namibia (HPCNA, 2018) as illustrated in Figure 1.2.

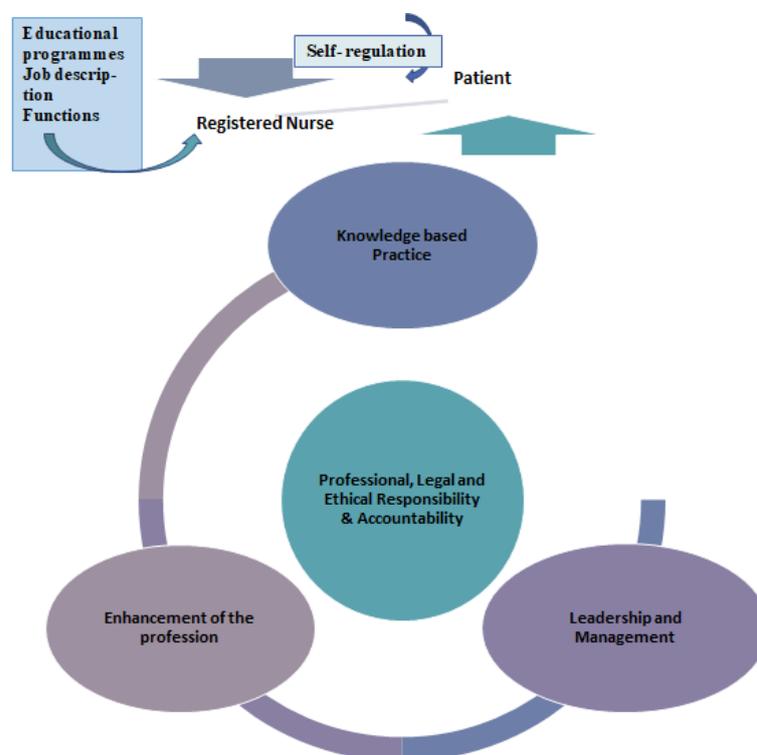


Fig. 1.1: Conceptual Framework for Organising Competencies of the Namibian Registered Nurse and Midwife/Accoucheur Source: HPCNA (2018).

This framework as indicated in Figure 1. 2, illustrates the balances to be maintained by the registered nurse during their nursing care, namely a balance between professional regulations on one side and the client/patient on the other side. This means the registered nurses require specific training from an authorised educational institution to register as a health professional and then enter the work environment with a specific job description and functions. However, it is the registered nurse's responsibility to understand the requirements of self-regulation in the interest of public protection.

Knowledge-based practice refers to the competent application of knowledge in the provision of nursing care. Critical thinking and analysis are one of the subdomains of knowledge-based practice and they relate to self-appraisal, professional development and the value of evidence and research for practice. Leadership and management determine an understanding of the concept of public protection and the duty

to provide nursing care in the best interest of the public. Figure 6.2 illustrates the Generic Competency Framework for Registered Nurses and Midwives/Accoucheurs in Namibia (HPCNA, 2018).

Next is a discussion of the elements of the reasoning map. This map guided the researcher on how to approach the development of the transition support programme.

3.2. Inputs

According to Knowlton and Phillips (2013), inputs are the resources required to implement the transition support programme. In this study context, inputs (as shown in Figure 1.3) include the time allocated to designing the transition support programme. The transition support programme further expects the trainers at the public hospitals to train the NQRNs as part of in-service training. Inputs further refer to the time required for the training of NQRNs, namely six months after employment as a NQRNs. Materials and equipment required for the training needs, and the training venues need to be identified and planned prior to the training to ensure efficacy.

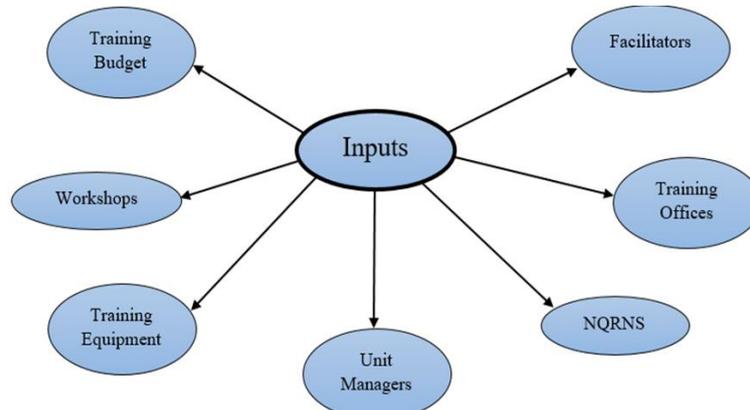


Fig. 1.2: Transition Support Programme Inputs (Adapted from Knowlton and Phillips (2013: 4).

3.3. Interventions

These are the actions the facilitators should take to implement the transition support programme, as shown in Figure 1.4. They are the teaching strategies the facilitator will use to transfer knowledge and skills to NQRNs during the training workshop.

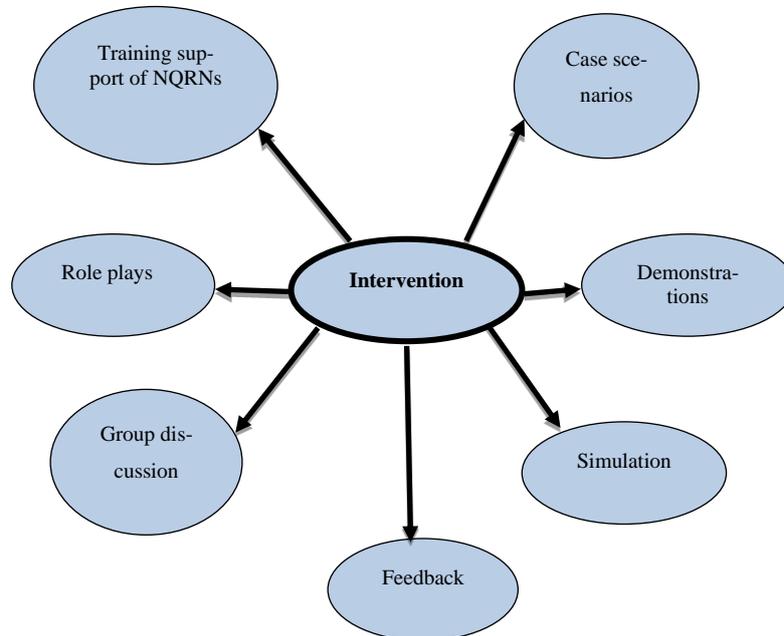


Fig. 1.3: Interventions for the Transition Support Programme (Adapted from Knowlton and Phillips (2013: 4).

3.4. Outputs

According to the Programme Logic Model, outputs refer to what is produced from the programme interventions or activities, which are the knowledge and skills enhanced by NQRNs (Knowlton & Phillips, 2013). NQRNs will complete a course evaluation questionnaire in which they will assess the outputs of each unit, as shown in Figure 1.5.

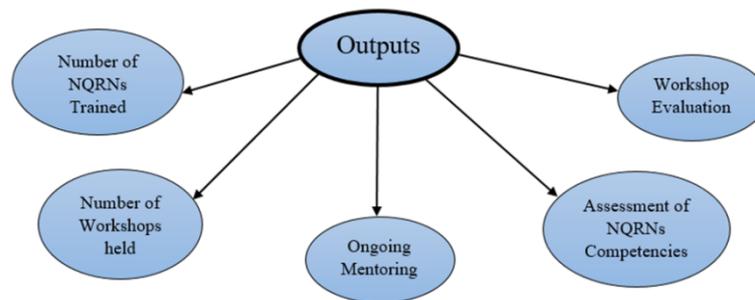


Fig. 1.4: Transition Support Programme Outputs (Adapted from Knowlton and Phillips (2013: 4).

3.5. Outcomes

According to the Programme Logic Model, outcomes are the results of the programme (Knowlton & Phillips, 2013). Outcomes in this transition support programme represent the knowledge, skills and attitudes NQRNs have at the end of the implementation of the programme (see Figure 1.6). In other words, the intended competencies NQRNs acquire at the end of the training. In this study, outcomes are the changes in the level of competence brought about by the programme, such as cognitive, affective and psychomotor skills.



Fig. 1.5: Transition Support Programme Outcomes (Adapted from Knowlton and Phillips (2013: 4).

3.6. Impacts

Impact evaluations will be done to provide information about the effects of the transition support programme (see Figure 1.7). The public hospitals can conduct impact assessment of the transition support programme to reorient their support for NQRNs and to decide on whether to continue, discontinue, replicate, or scale up the transition support programme (Rogers, 2014). Evaluation of the impact of the transition support programme on the NQRNs competencies at public hospitals can be conducted in Namibia through a quasi-experimental research project.

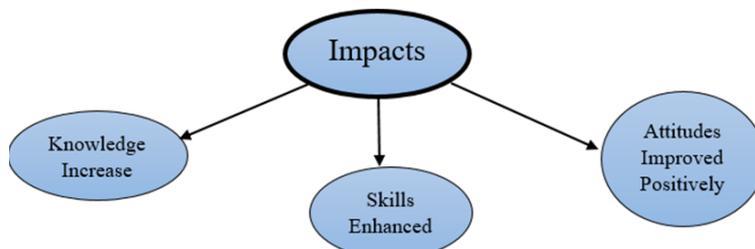


Fig. 1.6: Transition Support Programme Impacts (Adapted from Knowlton and Phillips (2013: 4).

4. Conclusion

The conceptual framework was based on the Programme Logic Model (Knowlton & Phillips, 2013). Components from this model were adapted to develop a thinking map which guided the development of the transition support programme. These components discussed the context which refers to the environment or setting in which the transition support programme will be implemented, inputs are the resources required to implement the transition support programme, interventions which are the actions the facilitators should take to implement the transition support programme, outputs refer to what is produced from the programme interventions or activities, outcomes or the results of the programme, as well as impact which are evaluations to be done to provide information about the effects of the transition support programme.

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Conflict of interest disclosure

None

References

- [1] Ebrahimi, H., Hassankhani, H., Negarandeh, R., Gillespie, M., & Azizi, A. (2016). Emotional Support for New Graduated Nurses in Clinical setting: a Qualitative Study. *Journal of Caring Sciences*, 5(1), 11–21. <https://doi.org/10.15171/jcs.2016.002>.
- [2] HPCNA. (2018). Generic Competency Framework for Registered Nurses and Midwives/Accoucheurs in Namibia. HPCNA. Unpublished Document.
- [3] Henderson, A., Cooke, M., & Creedy, D. (2012) Nursing Students' Perceptions of Learning in Practice Environments: an Review. *Nurse Education Today*. 32, 299-302. <https://doi.org/10.1016/j.nedt.2011.03.010>.
- [4] International Council of Nursing (ICN). (2009). Framework of Competencies for the Nurse Specialist. Geneva: ICN.
- [5] Jonsén, E., Melender, H. L., & Hilli, Y. (2013). Finnish and Swedish Nursing Students' Experiences of their First Clinical Practice Placement--a Qualitative Study. *Nurse Education Today*, 33(3), 297–302. <https://doi.org/10.1016/j.nedt.2012.06.012>.
- [6] Knowlton, L.W. & Phillips, C.C. (2013). *The Logic Model Guidebook: Better Strategies for Great Results*. (2nd Ed.). Thousand Oaks, CA: Sage.
- [7] MoHSS. (2011). *20 Years of Progress. 1990-2010*. Windhoek: Government Printers.
- [8] MoHSS. (2014). *Assessment of the National Quality Management Systems - March 2014*. Windhoek: Government Printers.
- [9] Republic of Namibia. (2004). Nursing Act No. 8 of 2004. Government Gazette, No. 206, 28 July 2004.
- [10] Republic of Namibia. (2014). Regulations Relating to the Scope of Practice of Persons Registered or Enrolled und the Nursing Act, 2004. Government Gazette, 5591, 17 October 2014.
- [11] Whitehead, B., & Holmes, D. (2011). Are Newly Qualified Nurses prepared for Practice? *Nursing Times*, 107(19-20), 20-23.