

***UTILIZATION OF PROFESSIONAL NURSES
WITH A CLINICAL MASTER'S DEGREE
IN THE CLINICAL AREAS AND
EDUCATIONAL INSTITUTIONS OF
KWAZULU-NATAL REGION "F"***

BY

PERM NTOMBIFIKILE ZUNGU

Submitted in fulfilment of the requirements for the
degree of M.Cur, Nursing Science Department
University of Zululand
(Durban-Umlazi Campus)

Supervisor : Dr B.A. Kubheka

Date of submission : January 2002

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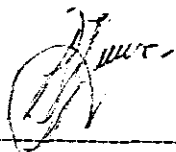
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DECLARATION

I, PERM NTOMBIFIKILE ZUNGU, declare that

Utilization of professional nurses with a clinical master's degree in the clinical area and educational institutions of KwaZulu-Natal Region "F"

is my own work. All sources used or quoted have been indicated or acknowledged by means of complete reference.



P.N. ZUNGU

DEDICATION

This work is dedicated to:

- My beloved late mother **CHRISTINE NOKUNTULA** who nurtured in me the will and enthusiasm to learn. Her spirit continues to guide me.
- My family for their unfailing support and encouragement to pursue my studies.
- All my friends, and those who stood by me when things were difficult.

ACKNOWLEDGEMENTS

I wish to express my sincere gratitude to all the people who directly and indirectly made the completion of this study possible.

I am indebted to the following:

- My supervisor, Dr B.A. Kubheka for her guidance, support and academic help they gave me during this study.
- The graduates and their supervisors with clinical master's degrees who cooperated and assisted me in the completion of the study.
- Mrs Val van Rooyen for typing my document.
- My dear friends and colleagues for their unfailing support and encouragement.
- The authors whose work I consulted.

ABSTRACT

The aim of the study was to investigate the utilization of professional nurses with clinical master's degree in the clinical areas and educational institutions in KwaZulu-Natal region "F". This was done in order to improve the utilization of nurse graduates by their supervisors for productivity.

A descriptive study was undertaken using two types of questionnaires, one for professional nurses with master's degrees and another one for the supervisors. The total number of sample was 16 graduates and 7 supervisors who were selected purposively and conveniently

The study revealed that professional nurses with clinical master's degrees were not always properly utilized by their supervisors in the clinical areas and educational institutions. They were not placed correctly according to their specialization, knowledge and experiences and academic achievements.

Recommendations were made that these graduates should be placed properly according to their specialization.

OPSOMMING

Die doelwit van hierdie studie was om die aanwending van professionele verpleegsters met 'n kliniese meestersgraad in kliniese areas en opvoedkundige inrigtings in streek "F" van KwaZulu-Natal, te ondersoek. Die ondersoek is gedoen ten einde die aanwending van hierdie gegradueerdes deur hulle toesighouers te verbeter in die belang van groter produktiwiteit.

'n Deskriptiewe studie is gedoen deur gebruik te maak van twee vraelyste, een vir die professionele verpleegsters met 'n meestersgraad en die ander een vir die toesighouers. Die totale proefbevolking het bestaan uit 16 gegradueerdes en 7 toesighouers wat as 'n doelbewuste en gerieflikheidsproefgroep geselekteer is.

Die studie het aan die lig gebring dat professionele verpleegsters met kliniese meestersgraad nie altyd produktief deur hulle toesighouers in die kliniese areas en in opvoedkundige inrigtings aangewend word nie. Hulle is nie geplaas na gelang van hulle spesialiteite, kennis, ondervinding en akademiese agtergrond nie.

Aanbevelings is gemaak dat hierdie gegradueerdes na gelang van hulle vlakke van vaardigheid en kennis aangewend behoort te word.

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CHAPTER 1

1.1 INTRODUCTION

The rapid changes in nursing due to growth in medical knowledge, technological advancement and political changes necessitated further development of professional nurses. Many professional nurses undertook specialization in different levels of nursing, like certificates and diplomas, honours, masters and doctoral degrees in order to cater for these changes.

Specialization means a narrowed focus on a part of the whole field of nursing. Specialization in any field increases the effectiveness of a profession, provides career options and promotes production of new knowledge and its application to practice. Specialization also prepares professional nurses for teaching and research, and promotes cost effective patient care (Poggenpoel, 1991:10).

Those professional nurses that have specialised in certain fields, especially at master's level, need to be utilized properly for effectiveness of the profession. If they are not properly utilized, it will lead to frustration and problems which will have a negative effect on the profession as such.

1.2 BACKGROUND OF THE STUDY

It is evident that at one level a clinical nurse specialist is anybody who ceases to be a generalist and devotes him/herself to a particular branch of study.

In the United States of America, the clinical nurse specialist is a professional nurse who is specialising in a certain field of study at master's and doctoral levels. The post of a clinical nurse specialist was not created specifically for her. This generally occurred about ten years ago when the post had to be accompanied by

a full motivation with details of the position, summary and workload attached to it (Kubheka, 2000:116).

In South Africa a professional nurse can undertake an advanced diploma in a particular field, or an honours, master's or doctoral degree. Before claiming specialist status, these qualifications must be registered as additional qualifications by a nurse registering authority, which is the South African Nursing Council (SANC). Such diplomas are intensive care nursing, paediatric nursing, psychiatric, orthopaedic, community health, primary health care nursing and many other specializations. Not much recognition is given to those with clinical specialization at degree levels (Searle, 1987:241).

There is still doubt about the value of nursing specialization at a degree level for the nursing profession. This doubt has caused a lot of dissatisfaction and confusion in the utilization of the clinical nurse specialists at master's level as compared to the clinical nurse specialists at a diploma level, which is more widely recognised in South Africa.

1.2.1 Utilization of the clinical nurse specialist in South Africa

The professional nurse who is a clinical nurse specialist at master's level works in the wards like any ordinary professional nurse. Some of them are placed in charge of the wards or as chief professional nurses, and others are working just as ordinary professional nurses. There is no special recognition for their advanced knowledge and expertise. Conditions of service remain the same with no financial recognition, that is earning the same salary as other professional nurses with diplomas in a certain specialised area, or those who do not have a field of specialization. There is also no career hierarchy for these professional nurses.

The contribution that these professional nurses with master's degrees are making in their clinical areas or in nursing, goes unrecognised by their colleagues and

those in authority. The clinical nurse specialists sometimes are not even allocated to work in the clinical areas according to their specialization. They end up leaving their specialized clinical areas for other jobs like lecturing at the universities and colleges of nursing, in order to seek recognition. Their aim is not to leave their specialized clinical areas, but to remain and work there, and to receive all the privileges of those areas of specialization (Kubheka, 2000:117).

1.3 PROBLEM STATEMENT

Professional nurses with a clinical master's degree lack recognition and proper utilization by their colleagues and those in authority. Their experiences and expertise in their field of knowledge are not used effectively by health authorities. This has created many problems and frustration, with the result that nurses leave their areas of specialities. These problems have also resulted in health authorities losing expertise where it is needed in the clinical areas of the profession.

1.4 ASSUMPTIONS

- It is assumed that proper utilization of professional nurses with a clinical master's degree in the clinical areas of KwaZulu-Natal Health Services can help in improving the standards of practice, education and research, thus improving the quality of patient care and quality of student learning.
- It is also assumed that professional nurses with a clinical master's degree in the clinical areas of KwaZulu-Natal Services were prepared professionally to meet the ever-changing world of medicine and technology.
- It is assumed that recognition of professional nurses with a clinical master's degree in the clinical areas of KwaZulu-Natal Health Services can be promoted by proper allocation of the personnel according to their

knowledge, skills, academic achievements and capabilities, and by provision of incentives.

1.5 RESEARCH QUESTION

How are professional nurses with a clinical master's degree utilized by Health Services in kwaZulu-Natal?

1.6 OBJECTIVES OF THE STUDY

- (1) To determine how the professional nurses with a clinical master's degree are utilized in the health services of KwaZulu-Natal.
- (2) to identify the contributions made by the professional nurses with a clinical master's degree in the clinical areas.
- (3) To identify problems encountered by the professional nurses with a clinical master's degree in the clinical areas.
- (4) To make recommendations on the proper utilization of professional nurses with a clinical master's degree in the clinical areas.

1.7 DEFINITION OF TERMS

1.7.1 Clinical

The word "clinical" is derived from the Greek word *klinikos* meaning bed, originating from bedside, that is a patient receiving clinical care while being in bed (Mellish & Brink, 1993:217).

1.7.2 Clinical area

It is any place in the health service where the students, clients and families interact for the purpose of acquiring cognitive skills such as problem-solving, clinical decision-making and psychomotor as well as affective skills. In addition to skills acquisition, students learn to apply theory to practice and also learn how to develop skills in handling ambiguity and become socialized into the profession (Billing & Halstead, 1998:281).

1.7.3 Clinical nurse specialist

The American Nurses' Association (ANA) (1980:23) cited in Searle (1987:241) defines a clinical nurse specialist as a specialist in nursing practice who through study and supervised practice as a graduate (master's or doctoral level) has become an expert in a defined area of knowledge and practice in a selected clinical area of nursing (Poggenpoel, 1991:10).

1.7.4 Professional nurse

A professional nurse is a nurse who is prepared for a long period by a specialized form of education at a recognised educational institution and her licensure to practice follows on examination before being registered with the approved registering body. In South Africa this body is the South African Nursing Council (SANC) (Mellish & Brink, 1993:6).

2 CONCLUSION

There is controversy in the correct and proper utilization of clinical nurse specialists nationally and globally. Some take them as people who want to increase their knowledge and reach self-actualization, while others see an extra

fortune of knowledgeable, fruitful hands that promote professional or institutional image with no recognition.

If we want to retain nursing positions in health team in hospital, and receive a greater measure of quality care, we need to take a close look at the role and functions of the clinical nurse specialists. Let us break through the traditional role and attitudes that block progress in this field must be eliminated. The health authorities and colleagues must shed the obstructive ideas if they wish clinical nurse specialists to function effectively and efficiently by utilizing them correctly and introducing incentives.

There should be a correct allocation of personnel according to their specialities and experience and their length of service in those areas. The clinical nurse specialist is a generalist who also gained an advanced degree of knowledge. The line of speciality poses a problem where one would find a general nurse with no relevant expertise being promoted to a supervisor's post. These problems have resulted in losing expertise being lost where it is needed in the clinical areas of the profession.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The clinical nurse specialist can be placed anywhere in the health services. A clinical nurse specialist could choose a career in any clinical field in education or in research. A clinical nurse specialist therefore has a right to choose freely the speciality to work at, for better utilization (Kubheka, 2000:116).

2.2 CLINICAL NURSE SPECIALIST

Specialization means a narrowed focus on part of the whole field of nursing. Specialization in any field increases the effectiveness of a profession, provides career options, promotes production of new knowledge and its application to practice. Specialization also prepares professional nurses for teaching and research and promotes cost effective patient care (Poggenpoel, 1991:10). The professional nurses that have specialized in a certain field, especially at master's level, need to be utilized properly for effectiveness.

According to Wiedenbach as cited in George (1995:185), nursing wisdom is acquired through meaningful experience. She further explains the features of a clinical nurse specialist as those of clarity in purpose, mastery of skills and knowledge essential for fulfilling the purpose. Another feature is that of establishing and sustaining a purposeful working relationships with both professionals and non-professionals and individuals. Lastly, the feature of having interest in advancing knowledge in the area of interest and creating new knowledge, is equally important.

Wiedenbach's theory states that a clinical nurse specialist is a nurse with advanced knowledge and skills which she must utilise properly in her particular field of specialization (George, 1995:186).

Clinical nurse specialists are guided by a common philosophy of nursing, a commitment to caring in the fullest sense and being advocates for their patients. They also help people to help themselves and do for people what they would do unaided if they had the necessary strength, will or knowledge (DENOSA update, 1999:15).

The Royal College Committee proposed that a post for a clinical nurse consultant should be created in order to work alongside medical consultants. The outcome was an expression of concern from the Royal College of Nursing Membership (The Nursing Profession) (Poggenpoel, 1991:10). Nurse administrators thought that such a position would be detrimental to the position of a ward professional nurse. Tutors on the other hand felt that such a role should be clarified in relation to a well-trained ward professional nurse and clinical teacher. Even the ward and the departmental professional nurses themselves were not satisfied. This information revealed that non-acceptance of a clinical nurse specialist is not a new phenomenon but an old negative reaction (Poggenpoel, 1991:10 cited in Kubheka 2000:118).

2.3 VALUES OF A CLINICAL NURSE SPECIALIST

The clinical nurse specialist has the value of being an internal consultant operating on a number of planes or roles. She can be a care-giver, coordinator of a multi-disciplinary team, policy maker, patient teacher, staff educator, research project leader, product evaluator and a community resource person (Humphries, 1994:20).

The clinical nurse specialist can be of value when she acts as a consultant to the nursing managers in the evaluation of patient care and staff problems. Patients

who are moved from the highly specialised intensive care units to general wards when they are better, need someone to continue with care to prevent regression. The specialized nursing personnel are of value in these areas (Searle, 1985:54).

2.4 CONTRIBUTIONS OF A CLINICAL NURSE SPECIALIST

According to Roebichad (1989:36) as cited in Poggenpoel (1999:10), the clinical nurse specialist contributed in four areas which are patient care, consultation, education, administration and research.

2.4.1 Contribution in patient care

- Identification of population or community at risk, implementing and evaluating their health programmes.
- Direct care of selected patients or clients in any setting.
- Use of a comprehensive approach to the promotion of health prevention, cure and rehabilitation of ill-health in patients.
- Intraprofessional consultation with nurse specialists in general practice.
- Interprofessional consultation and collaboration in planning total patient care for individual and groups of patients.

2.4.2 Research

A member of the team operating in a unique and advanced field as a researcher, collating patient material and data for clinical trials, making recommendations for solutions of identified problems and publication of the results.

2.4.3 Education

- Health education contributes to improvement of health education of patients and the public about any health information concerning her speciality, as well as information about keeping themselves healthy.
- Educating colleagues and student nurses about matters concerning his or her speciality.
- Contribution to the advancement of the nursing profession as a whole and to the field of speciality.

2.4.4 Administration

- If the clinical nurse specialist is put in charge of the health service, she can use her leadership skills effectively and contribute to the improvement of the health service.
- She can contribute to the development of policies help improve policy-making, procedures and organization of the nursing profession as a whole.
- The clinical nurse specialist can help in maintaining effective communication in health services.
- She can help in planning scientific nursing by applying her in-depth background of theoretical models, thus increasing the effectiveness of the nursing profession (Poggenpoel, 1991:12).

2.5 EFFECTS OF IMPROPER UTILIZATION OF GRADUATES WITH MASTER'S DEGREES IN THE INSTITUTIONS

- There is a large number of clinical nurse specialists who leave the country for greener pastures abroad, for better utilization and recognition.
- Low standards of patient care occur due to lack of sufficient expertise in the clinical areas.
- The government spends a lot of money in the development of personnel who end up leaving the country, thus dragging down the economy of the country.
- Clinical nurse specialists abandon clinical areas because of frustration, to work as lecturers in the universities (Kubheka, 2000:118).

2.6 SOLUTIONS TO THE PROBLEMS CAUSED BY IMPROPER UTILIZATION OF GRADUATES WITH MASTER'S DEGREES

- Involvement of clinical nurse specialists when senior nurse leaders and health authorities discuss their future in the nursing field.
- The clinical nurse specialists should be utilized properly in order to improve quality patient care.
- The placement of the clinical nurse specialists is anywhere in the health services. They should be accepted fully by their services in the nursing profession, especially in the clinical areas.
- Incentives and better wages/salaries need to be considered for greater productivity of the clinical nurse specialist (Kubheka, 2000:118).

- Promotion should be along the line of their specialities and should be done as it is done with nurse educators, matrons and medical specialists.

2.7 UTILIZATION OF THE CLINICAL NURSE SPECIALIST IN THE CLINICAL AREAS

According to Humphries (1994:20) a clinical nurse specialist has the value of being an internal consultant operating on a number of planes or roles. She can be placed anywhere in the clinical field where she can be productive.

Newbold (1996:45) cited in Kubheka and Nzimande (2001:12) states that in the United Kingdom it was discovered that nurse practitioners with master's degrees could provide care equivalent in quality to those of the physicians. This saves cost if utilized properly. They further stated that these clinical nurse specialists run patient clinics independently of medical staff.

Manor (1996:13) cited in Kubheka and Nzimande (2001:13) discovered that black nurses in leadership positions are highly qualified with qualifications ranging from teaching degrees to master's and doctoral degrees. These professional nurses were found to be very competent in their work performance and were utilized in different specialities in nursing fields. Worldwide there have been comments about the lack of recognition of clinical nurse specialists by their managers. Kratz (1985:47) points out that the clinical nurse specialist differs from the ordinary ward sister in that she grows in knowledge so as to be able to improve patient care (Harrel & McCulloch, 1986:46 cited in Poggenpoel, 1991:11).

In South Africa Thorburn (1987:200) cited in Kubheka and Nzimande (2000:12) found that clinical nurse specialists at senior levels, with post-basic courses or master's degrees in community health nursing science and who work in clinics where there are no doctors, were knowledgeable and competent. A clinical nurse

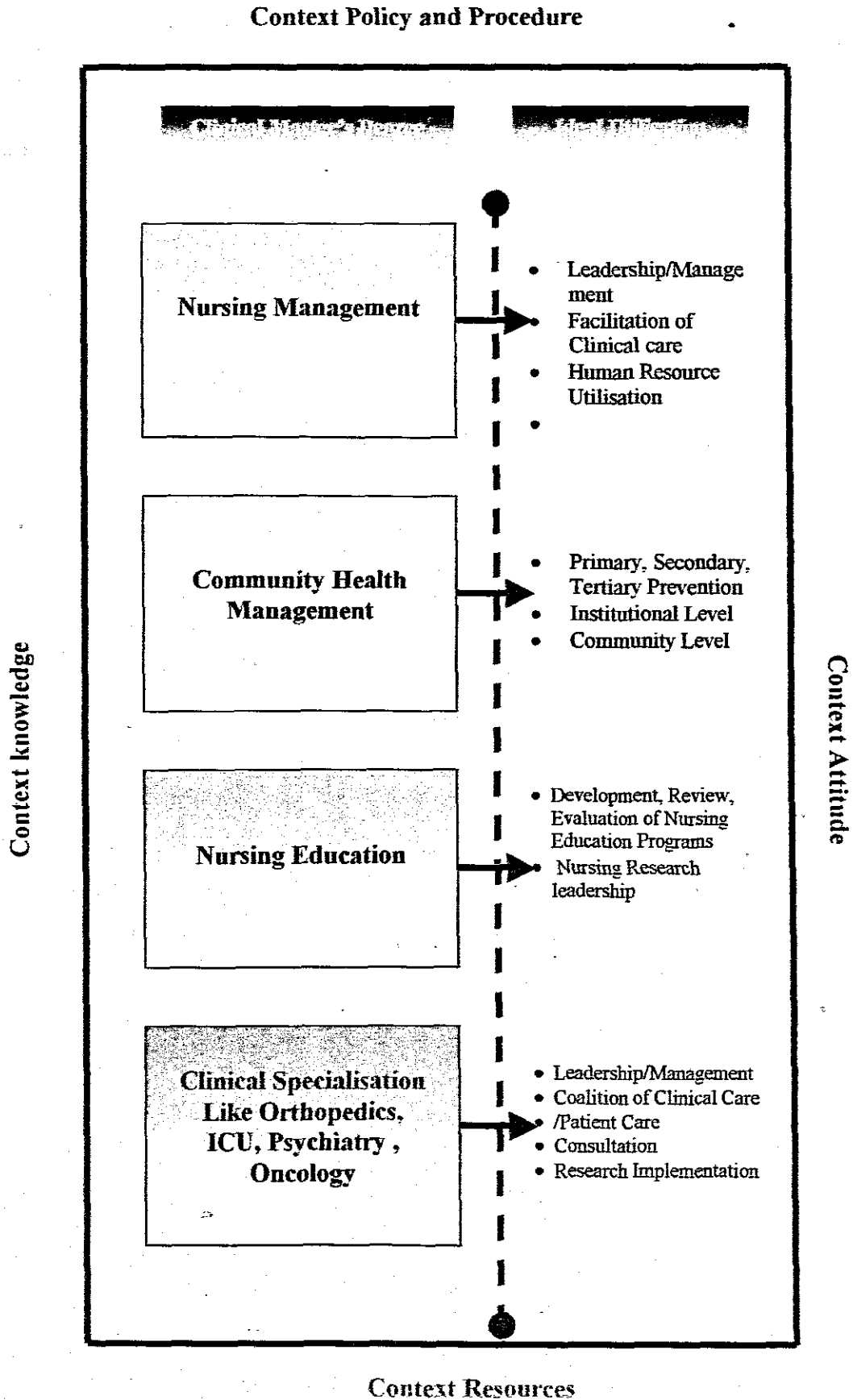
specialist should be properly utilized in all the areas where they are working, for productivity and effectiveness.

2.8 KUBHEKA'S CONCEPTUAL FRAMEWORK OF UTILIZATION OF PROFESSIONAL NURSES WITH POST-BASIC QUALIFICATIONS

Kubheka's conceptual framework of utilization of professional nurses with post-basic qualifications will be used in this study. This conceptual framework was formulated in order to help chief professional nurses, assistant directors and deputy directors to utilize professional nurses with post-basic qualifications for effectiveness. In this study it will be used to help health personnel in senior positions in different institutions to give guidelines as to how they could utilize graduates with master's degrees.

The conceptual framework is based on four contexts namely knowledge, attitude, policy and procedures, and resources. It will deal with proper utilization of professional nurses with master's degrees in nursing management, community health nursing, nursing education and other clinical specializations like orthopaedic nursing, psychiatric nursing, paediatric nursing and midwifery.

Figure 2.1 A Modified Conceptual Framework adapted from Kubheka's Model of Utilization of Professional Nurses with Master's Degree Qualifications¹



2.8.1 Context knowledge

According to Zerwekh and Elaborn (1997:78) the clinical nurse specialist is an expert in a specialized field of clinical practice. She can work in hospitals, clinics, nursing homes, her own office or other community-based settings such as industry or home care. She conducts health assessments, make diagnoses, delivers treatment and develops quality control methods. Besides delivering direct care she also works in consultation, research, education and administration. Some work independently in private practice.

Professional nurses with a master's degree qualification contribute to the improvement of health, education or patients and public about health, information concerning her specialities and about keeping themselves healthy. They also educate their colleagues and student nurses, and involve themselves in counselling patients and nursing personnel, thus improving the nursing profession. However, they lack recognition and reward from the employer.

2.8.2 Negative context attitude of position holder

The problem encountered by clinical nurse specialists is that of a negative attitude displayed by senior nursing management who do not possess the diplomas and degrees and thus feel threatened by the graduates who do hold degrees. General managers with no relevant qualifications or specialities resent ideas from the clinical nurse specialists. On utilizing these personnel they tend to look for experience or long service rather than education. Senior managers should act as role models to these clinical nurse specialists.

Clinical nurse specialists are at times allocated where their expertise is not necessary, thus increasing ineffective utilization of these personnel. This practice is questioned. They are not placed correctly in the clinical areas of their choice

or promoted to high positions as it is done in medicine, where a medical specialist is rewarded for distinguished service in a speciality (Searle, 1985:53). For proper utilization these graduates need to be supported, encouraged and allocated according to their knowledge, experience, interests and abilities.

2.8.3 Context policy and procedure

The policies for promotion in the former health care system were based on seniority. There was a lack of upward mobility of professional nurses with post-basic qualifications like clinical master's degrees. The level they were utilized at was influenced by existing policies and procedures. Dienamann (1990:117) cited in Kubheka and Nzimande (2000:52) states that historically, nurses have been promoted to management on the basis of their clinical competence and seniority with little attention given to their problem-solving skills, creativity and interpersonal abilities.

In the transformed health systems personnel who have the necessary qualifications, experience and expertise are encouraged to apply for senior posts regardless of the rank they occupy. It is emphasized in the selection interviews that there must be criteria must be used to identify potential in determining promotions.

All the abovementioned facts will ensure proper utilization of graduates with clinical master's in different specialities.

2.8.4 Context resources

Material and human resources are inadequate in all health services. Lack of financial resources, especially to support human resources, result in freezing of posts. This freezing of posts limit chances for the clinical nurse specialist with a clinical master's degree to apply for senior posts. Inadequate material resources,

for example, equipment, supply and physical facilities, make it difficult for these clinical nurse specialists to practice what they learned. This is an indication of the improper utilization of these graduates.

2.8.5 Ideal model for utilization of professional nurses with clinical master's degree in the four specialities of nursing management/administration, nursing education, community health nursing and other clinical specializations

According to Kubheka and Nzimande (2000:53) a clinical master's degree provides the four most important specialities, which are nursing management, nursing education, community health nursing science and other specific specialities.

2.8.5.1 Nursing Administration

Leadership and management

A Master's degree in nursing management provides knowledge and skills in different management functions including **leadership and management**. These graduates have sufficient leadership and management skills for utilization in diverse management settings. Those in nursing education settings can administer the nursing college and community health settings and can also work as administrators in the community health services, including clinics. They are able to apply and implement the processes of administration, for example policy formulation which requires in-depth consultation with the stakeholders.

They can be utilized in the following ways:

- Financial management and budgeting skills which are essential for effective management of limited resources.

- Formulation and implementation, monitoring evaluation and control of processes in health care systems.
- They utilize knowledge of the principles of management which form the foundations for all administrative and management functions.

Facilitation of clinical care

Professional nurses with a master's degree in nursing management are challenged to provide and improve the quality of patient care in the health services. This is possible because they possess vast skills, experience and knowledge in the provision of quality patient care. The skills will contribute to effective organization, supervision and delegation of personnel in different clinical areas according to their specialities and capabilities. They can act as role models for their colleagues, display self-confidence, clinical competence, problem-solving and decision-making skills. They also use their creativity in their dealings with patients in order to facilitate quality nursing care.

They can use comprehensive approaches to the promotion of the health of individuals, groups, families and the community at large. They can provide intraprofessional and also professional consultation in assessment, planning, implementation and evaluation of total patient care.

They can be utilized as researchers in the clinical areas, they identify problems, collate patient data for clinical trials, make recommendations for solution of those problems and take responsibility for publication and implementation of findings.

Human resources utilization

Professional nurses that possess a master's degree in nursing management completed a comprehensive component of human resource management. If utilized properly it can be an asset in managing human resources. These human resources are characterised by unpredictability, instability, advanced knowledge, decreasing levels of commitment, high self-interest, and are more demanding and not easily satisfied, so they require a well informed leader.

Unionism places more challenges on today's assistant and deputy directors who should be knowledgeable on labour relations issues and relevant acts, for example the Labour Relations Act, Act 66 of 1995 (as amended), the Basic Conditions of Employment Act, Act 75 of 1997 and the Employment Equity Act, Act 55 of 1998.

Professional nurses with a master's degree in nursing management have updated their knowledge and skills to fit the changing scenarios of the transformed health care systems. They should be given an opportunity to utilize their skills to initiate, implement and evaluate various human resources development programmes. They should be placed properly according to these academic achievements, experience and interest. If not utilized properly they will become frustrated and leave the country for greener pastures.

2.8.5.2 Community health nursing

In the contemporary health care systems in South Africa, the emphasis is on primary, health care based on practical, scientifically sound, socially acceptable methods and technology made accessible to individuals and families in the community. Professional nurses with a master's degree in community health nursing science provide a comprehensive approach to health care at primary,

secondary and tertiary prevention levels. The health care they provide is a continuum from institutional to the community level. They possess communication skills that enable them to function effectively, as coordinators of various activities and programmes in the health care system. They work within multidisciplinary health care team and intersectoral collaboration which is one of the components of primary health care. These professional nurses with master's degrees should be utilized properly at leadership positions of health care services using the skills as mentioned above. They sometimes work in the hospital setting but not in the areas relative to their vast preparation.

2.8.5.3 Nursing education

Professional nurses with master's in nursing education have a vast knowledge of the principles of education which facilitates their effectiveness in the development, review and evaluation of nursing education programmes. They are faced with challenges of implementing problem-based and community-based education principles which they use to cater for community needs and student needs. These professional nurses should be utilized properly because they are well prepared for the abovementioned practices. They only need continuous updates through in-service training and continuing education programmes which will have to be provided in all the educational institutions.

Nurse educators with a master's degree in nursing education are challenged by adopting new educational approaches which evolve around the concepts of transformational outcomes-based education (OBE), the product of which will be recognised and certified according to the New Qualifications Framework (NQF). They should encourage active participation of students in their learning. They will have to change their strategies or methods of teaching to those that encourage critical thinking, creativity, reflective learning, decision-making, nurse clinical judgement and problem-solving.

These nurse educators with master's degrees can be utilized in the South African Qualifications Authority (SAQA) to oversee the development of the National Qualifications Framework. They are to formulate policies and criteria for registration of bodies responsible for the establishment of standards, and serve in the accreditation bodies.

Theoretical and clinical instructions

Nurse educators with master's degrees should be utilized properly by nursing educational institutions and in clinical teaching. In these areas professional nurses will be utilized to teach students how to use theoretical frameworks in the provision of clinical care and can act as effective preceptors in the clinical areas by providing student accompaniment. In this way they will be able to provide growth and development of the student nurses who will then end up as competent, compassionate practitioners who are independent, creative and critical thinkers. They should not be found all over the hospitals doing duties that do not challenge their knowledge and skills acquired.

Nursing research leadership

Professional nurses with master's degrees in nursing education can also be utilized as leaders in nursing research. They will conduct research by collecting data, the analysis and interpretation of findings, making recommendations for solution of problems and publication of results. They used to identify all the problems facing the nursing profession as a whole in order to change the image of the profession. They would be utilized in teaching students research methods on different topics affecting nursing directly and indirectly.

2.8.5.4 **Clinical nurse specialists with specific clinical specialization**

Clinical nurse specialists at master's level are professional nurses possessing different specialities ranging from orthopaedic nursing, psychiatric nursing, paediatric nursing, oncology nursing to mention a few. The professional nurses should be utilized specifically for those areas if they wish, and not to be forced into management positions. They should be allocated to leadership position in their clinical areas. These nurses with a master's degree can also be utilized in different settings.

Leadership and management

Clinical nurse specialists with clinical master's degrees in specific specialities are great assets, and can be allocated to manage their specialists in certain departments, and coordinate and collaborate with all the multidisciplinary team members involved in policy-making and procedures, financial management and budgeting in their departments. They can thus display their leadership skills in order to improve the health services.

Facilitation of clinical care or patient care

Professional nurses with specific specialities can be utilized in improving patient care, provision and utilization of material and human resources. They can be utilized properly in planning scientific nursing by applying their in-depth knowledge of theoretical models to patient care and can be involved in assessment, planning, implementation and evaluation of nursing care plans, and provision of direct and indirect patient care. They can be utilized in the promotion of health, prevention, cure and rehabilitation of ill-health.

Consultation

Professional nurses with clinical specialization can do intraprofessional consultation with nurse specialists in general practice to discuss improvements in the nursing profession can be consulted by other nursing personnel to solve nursing problems they faced about their patients and plan total patient care. They can be consulted to plan and provide health education for patients and the public at large on any health problem within their field of speciality with the aim of probing health problems and prevention of diseases. They can also be consulted by students and colleagues about matters concerning specialization.

Research implementation

Clinical nurse specialists can be utilized in research. They can teach research methods to students, identify problems, conduct by research collecting data for clinical trials, interpret data, make recommendations for solution of identified problems and publication of results.

Professional nurses with specific specializations should be kept in their specialities where they can receive recognition through promotion, better salaries and merit awards.

2.9 CONCLUSION

Clinical nurse specialists have knowledge, skills and expertise which need to be utilized properly for effective nursing care. Since clinical nurse specialists have wisdom that they acquired through meaningful experiences and education, they need to be allocated in their specialized areas and be promoted where they are. The conceptual framework used in this study serves to guide employers on how to utilize personnel with a clinical master's degree and other specialities in their

institution, in order to improve patient quality care and ensure their proper and effective utilization.

In the following chapter research the methodology used in this study will be discussed.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This study was done in King Edward VIII Hospital, Clairwood Hospital, Prince Mshiyeni Memorial Hospital, clinics, colleges of nursing and universities in KwaZulu-Natal Region "F". The focus of data was the proper utilization of professional nurses with clinical master's degrees in the clinical areas and educational institutions. This was done according to the availability of the graduates in the above institutions.

3.2 RESEARCH DESIGN

The research design chosen was a descriptive survey. This method aimed at discovering the proper utilization of professional nurses with clinical master's degrees in the clinical areas and educational institutions, and also to identify problems they encountered when they were applying their knowledge and skills to nursing practice.

The descriptive survey was chosen for this study for the following advantages:

- It ensured that research took place in a natural clinical and educational setting/environment. Graduates were given questionnaires to fill during their spare time.
- It ensured a high degree of representativeness in the sample as probability sampling was used, thus every individual holding a degree was afforded a chance of being chosen.

3.3 TARGET POPULATION

The professional nurses with a clinical master's degree in the clinical areas and educational institutions with nursing administration, nursing education, community health nursing science and many other specialities were included in the research study. The immediate supervisors of these professional nurses with master's degrees were also included in the study.

3.4 SAMPLE AND SAMPLING TECHNIQUE

3.4.1 Selection of graduates

Professional nurses with master's degrees in the clinical areas were very few. Because of the limited number of graduates under study, a purposive selection sampling technique was used. Every graduate that had a master's degree was selected for the study until a total number of 16 graduates was reached. Some of the nurses had gone overseas and others had moved to work in the educational institutions and clinics, so that follow-up needed to be done in order to increase the sample.

3.4.2 Selection of hospitals

The institutions were selected purposely, and conveniently according to the availability of graduates in these institutions. Every institution that had a graduate with a master's degree was selected for the study until 3 hospitals, 1 clinic, 1 university and 1 college of nursing were selected

3.4.3 Selection of supervisors

Selection of supervisors was done according to the availability of the graduates in each institution. Every supervisor who was supervising a graduate was selected

until a total number of 7 supervisors was reached. Problems were experienced in obtaining supervisors from the universities and the clinics.

3.5 RESEARCH INSTRUMENTS

Two (2) types of questions were used, one for professional nurses with master's degrees and one for their supervisors. It consisted of structured and unstructured questions, and open-ended and closed-ended questions were included. Respondents were interviewed personally by a researcher. It took 30-45 minutes to interview one respondent. All the respondents that were interviewed were included in the study.

3.5.1 Questions for professional nurses with master's degrees

3.5.1.1 There were 37 questions which were divided into 7 sections:

Section 1 consisted of demographic data.

Section 2 consisted educational information.

Section 3 consisted of employment history.

Section 4 consisted of utilization of the graduates with master's degrees.

Section 5 consisted of future preparation.

Section 6 consisted of problems experienced.

Section 7 consisted of solution to the problem.

3.5.2 Questions for the supervisors of the graduates

3.5.2.1 There were 31 questions divided into 7 sections:

Section 1 consisted of demographic data.

Section 2 consisted of educational information.

Section 3 consisted of employment history.

Section 4 consisted of utilization of graduates.

Section 5 consisted of future preparation.

Section 6 consisted of problem experienced by the supervisors.

Section 7 consisted of solution of the problem.

3.6 VALIDITY AND RELIABILITY

- The reliability and validity of the instrument was ensured because an extensive literature review was done on the topic.
- The questionnaires were sent to different nurse leaders like Deputy Directors of Nursing Services, Assistant Deputy Directors and other nurse managers to confirm relevance and the reliability of the instrument to collect data.
- The questionnaires were based on the objectives of the study.

3.7 PILOT STUDY

The pilot study was carried out to pre-test the instrument on 5 professional nurses without master's degrees and 4 supervisors of professional nurses without master's degrees.

The pilot study assisted the researcher to correct errors of wording where questions seemed ambiguous judging by the response given by the subjects. The researcher took 30-45 minutes to interview one respondent.

3.8 ETHICAL CONSIDERATION

Permission to conduct the study was sought and obtained from the KwaZulu-Natal Health Department as Secretary for Health, the medical superintendent, the deputy of Nursing Services, the assistant director of Nursing Services and from the academic institution. The permission was in the form of letters (Annexure A). Informed consent was obtained from the professional nurses and supervisors, and they were assured of anonymity, voluntary participation and confidentiality regarding information.

3.8 CONCLUSION

This chapter served as a compass indicating how the whole research process was to be carried out. In the following chapter data will be presented and analyzed in tables, pie-graphs and histograms.

CHAPTER 4

ANALYSIS AND INTERPRETATION OF DATA FOR PROFESSIONAL NURSES WITH CLINICAL MASTER'S DEGREES

4.1 INTRODUCTION

In this chapter analysis and interpretation of data will be done.

4.2 SECTION 1: DEMOGRAPHIC DATA

This section seeks to ascertain the gender of professional nurses with clinical master's degrees, their marital status, areas of residence and the age distribution of the respondents involved. Demographic data was included because it is thought that it might influence utilization level of graduates.

4.2.1 Item 1: Gender

Table 4.1: Sex distribution

Sex distribution	Number	Percentage (%)
Male	-	0
Female	16	100
Total	16	100

Table 4.1 indicates that 100% (16) of respondents were females. This implies that the nursing profession is still dominated by females. Males in the profession are small in number. More efforts should be made to attract males to the profession in specific specialities like orthopaedic nursing, psychiatric nursing, etc. The same picture was obtained from data analysis from supervisors, who were all females.

4.2.2 Item 2: Age group

Table 4.2: Age distribution

Age in years	Number	Percentage (%)
21-30	0	0
31-40	7	43,75
41-50	4	25
51-60	3	18,75
61-70	2	12,50
Total	16	100

Table 4.2 shows that 43,75% (7) respondents were mostly between the age of 31-40, 15% (4) respondents were between the age of 41-50, 18,75% (3) between the age of 51-60 and 12,50% (2) were between the age of 61-70. This implies that a large number of professional nurses with clinical master's degrees were mature enough to be properly utilized in different clinical areas. Most of the supervisors were between the age group 41-50 years which meant that they were mature enough to utilize the master's graduates who were younger than them.

4.2.3 Item 3: Marital status

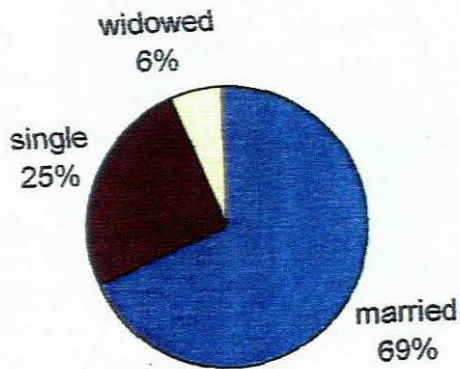


Figure 4.1 Marital Status

Figure 4.1 indicates that 69% (11) graduates were married, 25% (4) single and 6%(1) was a widow. This implies that a large number of professional nurses with clinical master's degrees had many commitments. They fulfilled roles as housewives and mothers, while managing their employment and at the same time being able to further their studies.

4.2.4 Item 4: Area of residence

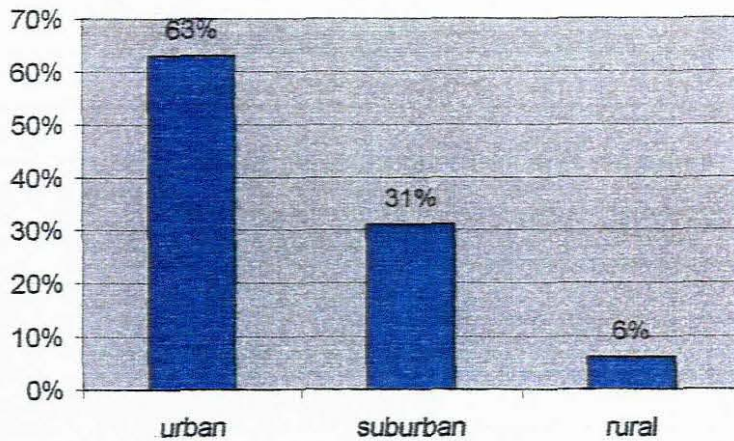


Figure 4.2 Area of Residence

Figure 4.2 indicates that 63% (6) respondents were staying in urban areas, 31% were in the suburbs and 6% (1) was in the rural area. This shows that many professional nurses in the urban and those in suburban areas are dedicated to the advancement of their knowledge, which is at times made possible by the nearness of the educational institutions.

4.3 SECTION 2: EDUCATIONAL INFORMATION

The study aimed at identifying professional qualifications of the professional nurses with clinical master's degrees. The study will help the researcher to ascertain their level of training and education. Educational qualifications might to affect proper utilization of the graduates because she/he would have accumulated enough knowledge and skill to help in performing her duties at a high level of the profession.

4.3.1 **Item 5: Courses completed at the University/Technikon**

Table 4.3: Courses completed at the University/Technikon

Degree/course completed	Number	Percentage (%)
BCur	-	-
BCur E et A	-	-
BCur Honours Nursing Education	-	-
BCur Honours Nursing Management	-	-
BCur Honours Community Health Nursing	-	-
Master's degree in Nursing Education	3	18,75
Master's degree in Nursing Management	2	12,50
Master's degree in Community Health Nursing and PHC	8	50
Master's degree in Psychiatry and Mental Illness	2	12,50
Master's degree in Paediatrics	1	6,25
Total	16	100

Table 4.3 indicates that 50% (8) respondents were professional nurses with clinical master's degrees in community health nursing, 18,75% (3) in nursing education, 12,50% (2) in nursing administration and 12,50% (1) other specialities like psychiatry and mental illness, and 6,25% (1) in paediatric nursing. This implies that many professional nurses were prepared to face challenges in the hospitals and those of the community, while at the same time ready to teach. Mayor (1996:13) discovered that black nurses in leadership positions were highly qualified with qualifications ranging from teaching degrees to master's degrees.

4.3.2 Item 6: Professional qualifications

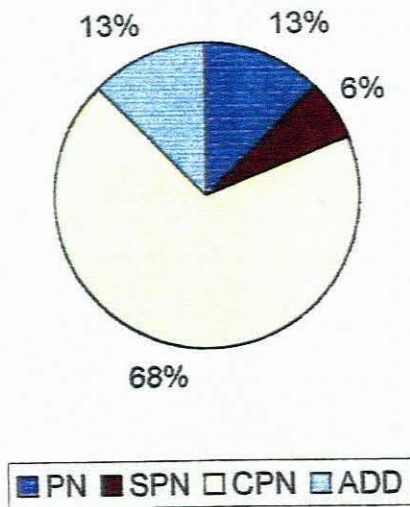


Figure 4.3 Professional Qualifications

Figure 4.3 reveals that 68% (11) most of the graduates were rank promoted chief professional nurses, 13% (2) were assistant directors, another 13%(2) were professional nurses and 6% (1) was a senior professional nurse. This means that the majority of graduates with master's degrees were rank promoted chief professional nurses. It can be concluded that the professional nurses with master's degrees were well utilized at the higher positions in administration and nursing education.

4.3.3 Item 7: Year of completing higher degree

Table 4.4: Year of completing the highest degree

Years of completion	Number	Percentage (%)
1988	1	6,25
93	1	6,25
94	2	12,50
96	3	18,75
97	2	12,50
99	1	6,25
00	3	18,75
01	4	25
Total	16	100

Table 4.4 indicates that 25% (4) of graduates completed their highest degrees in year 2001, 18,75% (3) in 2000, 18,75% (1) in year 1996, 12,50% (2) achieved their highest education in 1997 and 12,50% (2) graduates completed their highest education in 1994. 6,25% (1) graduate completed their highest degree in 1999, 6,25% (1) completed the highest degree in 1997, and 6,25% (1) in 1993, 6,25% (1) completed highest degrees in 1988. This means that professional nurses were actively involved in continuing education in order to keep their knowledge and skills up-to-date.

4.3.4 Item 8: Number of years spent for the completion of the degree/course

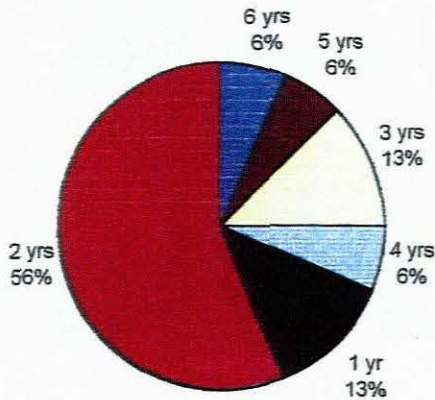


Figure 4.4 Years spent doing Master's degree

Figure 4.4 reveals that 56% (9) graduates spent 2 years doing their master's degrees, 13% (2) spent 3 years and 13% (2) spent 1 year doing a master's degree. 6% (1) graduate spent 4 years to complete her master's degree, 6% (1) spent 5 years, 6% (1) spent 5 years and 6% (1) spent 6 years. It is clear from the above results that 56% (9) completed their master's degree within the specified two years, which is excellent. Those who spent one year were full-time students, and those who took three years were part-time students who were steady with their education and training. The length of time might be due to lack of funds or time since many of the graduates were married. They were paying funds for their own as well as for their children's education.

4.3.5 Item 9: Full-time or part-time education

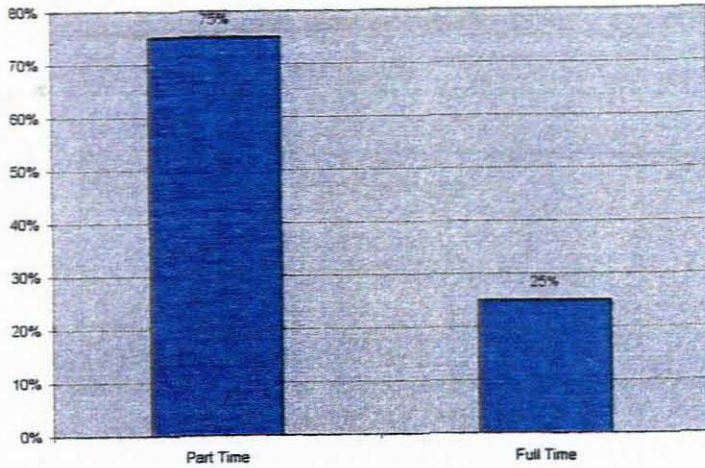


Figure 4.5 Mode of study

Figure 4.5 indicates that 75% of graduates did their master's degrees as part-time students, and 25% (4) were behind the desk as full-time students. This is an indication that those professional nurses who were part-time students worked harder to obtain their qualifications as they were mothers, housewives and workers as well as students, which might have hindered their progress.

4.3.6 Item 10: Major courses and specialization done

Table 4.5: Major courses and specialization

Major courses done	Number	Percentage (%)
Nursing Administration	3	18,75
Nursing Education	4	25,00
Health Service Management	1	6,25
Community Health Nursing	2	12,50
Community Genetics	1	6,25
Primary Health Care	1	6,25
Advanced Psychiatry - Masters	2	12,50
General Nursing Science	1	6,25
Paediatric Nursing	1	6,25
Total	16	100

Table 4.5 indicates that 25% (4) graduates specialized in nursing education, 18,75% (3) in nursing administration, 12,50% (2) in community health nursing, 6,25% (1) in primary health care, 12,50% (2) in advanced psychiatry and mental illness, 6,25% in general nursing science and 6,25% (1) in paediatric nursing. This implies that the majority of graduates specialized in nursing education. Most of these graduates were not placed according to these specialities.

4.4 SECTION 3: EMPLOYMENT HISTORY

In this section the researcher aimed at identifying the employment background of the professional nurses with clinical master's degrees and the problems they encountered in their placement and utilization.

4.4.1 Item 11: Placement of employment

Table 4.6: Place of employment at present

Place of employment	Number	Percentage (%)
Hospital	6	37,50
Clinic	2	12,50
Clinical area	2	12,50
College of Nursing	4	25
Nursing School	-	0
University	2	12,50
Unemployment	-	0
Other	-	0
Total	16	100

Table 4.6 indicates that 37,50 (6) graduates were employed in the hospital setting, 25% (4) were placed in the college of nursing, 12,50% (2) graduates were working in the clinical areas, 12,50% (2) were placed in the university and 12,50% (2) were placed in the clinics. This shows that a big percentage of professional nurses with master's degrees are still working in the hospitals where they display their knowledge and skills. They could be utilized in the administration departments for human resources development, in financial management and in the coordination of patient care. Those in the universities and colleges of nursing involved in education and training of student nurses, and seemed to be well utilized, but they could rather be utilized according to their specialities, not in other areas.

4.4.2 **Item 12: Period holding the post**Table 4.7: Period holding the post

Period of holding post	Number	Percentage (%)
1 year	2	12,50
2 years	5	31,25
3 years	1	6,25
4 years	1	6,25
5 years	1	6,25
9 years	1	6,25
10 years	1	6,25
11 years	1	6,25
12 years	1	6,25
15 years	1	6,25
16 years	1	6,25
Total	16	100

Table 4.7 indicates that 31,25% (5) graduates were holding their posts for 2 year, 12,5% (2) were holding their posts for a period of 1 year. The rest of graduates held their posts from 3 years up to 16 years. These results reveal that most of professional nurses with clinical master's degree were still new in their present posts. This might affect their proper utilization, because experience is required for promotion.

4.4.3 **Item 13: Department of work**Table 4.8: Department where graduates work

Responses	Number	Percentage (%)
Nursing Administration	3	18,75
Primary Health Care	2	12,50
Nursing College	4	25
Medical Ward	1	6,25
Obstetric Ward	1	6,25
Casualty/Trauma	2	12,50
Infection Control	1	6,25
University	2	12,50
Total	16	100

Table 4.8 shows that 25% (4) graduates were working at the college of nursing, 12,50% (2) at the university, 18,75% (3) at the nursing administration offices, 12,50% (2) in primary health care, 12,50% (2) in trauma unit/casualty, 6,25% (1) in infection control, 6,25% (1) in the medical ward and 6,25% (1) in the obstetric ward. This implies that many professional nurses with master's degrees are at the nursing colleges. Many of the graduates worked in the same wards and departments as ordinary professional nurses. Some of these professional nurses with master's degrees were utilized in higher positions but others were not. One of the graduates with paediatrics was made to work in the obstetrical unit instead of her speciality.. This is a sign of improper utilization,

4.4.4 Item 14: Correct placement of graduates

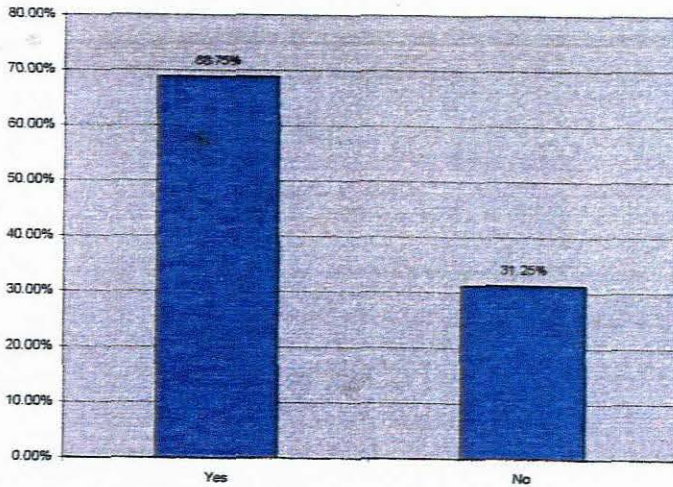


Figure 4.6: Placement of Graduates

Figure 4.6 indicates that 68,75% (11) graduates were well placed, and 31,25% (5) were not well placed. These results reveal that 68,75% (11) professional nurses with master's degrees were placed in departments they were interested in. It is important that all professional nurses are always placed correctly for productivity. Most of the graduates were placed in the wards where they were not in leadership positions and which were not even their specialities. The supervisors got the same results, that 57,20% graduates were not well placed.

4.4.5 Item 15: Department of Interest

Table 4.9: Department where they wish to be placed

Choice of placement	Number	Percentage (%)
Nursing Administration Section	3	18,75
In-service education	1	6,25
Nursing College	1	6,25
Minor Ailment Clinic	1	6,25
Not applicable	10	62,50
Table	16	100

Table 4.9 shows that 62,50% (10) professional nurses with master's degrees were not having problems where they were allocated. 18,75% (3) graduates were interested in working in the nursing administration section, 6,25% (1) graduates were interested in working in nursing college, 6,25% (1) said they would like to be placed in the In-service education department and 6,25% (1) wanted to be placed in the minor ailment clinic. This implies that even if the majority of professional nurses with clinical master's degrees were placed correctly, the few that indicated to be not well placed should have been allocated according to interest. A small percentage showed an interest in other areas than their area of specialization. According to George (1995:185) professional nurses with master's degrees should be placed in the area of interest where they will create new knowledge. Supervisors also identified certain wards where the graduates were supposed to work.

4.4.6 Item 16: Reasons for their choices of placement

Professional nurses with master's degrees gave different reasons for choosing certain departments to work at.

- to specialise in critical care nursing at a master's degree level - 6,25% (1),
- to be allocated to nursing education department, because she wants to use her qualifications in teaching student nurses - 6,25% (1),
- to render services that were free from infections - 6,25% (1),
- to be involved in administrative duties at a higher level, because they had a course in nursing administration - 18,75% (3).

The supervisors identified almost the same reasons for choice of placement as those identified by the graduates above. It will be interesting to find out why the supervisors do not then recommend new placements for the graduates.

4.4.7 Item 17: Ability to practice

Table 4.10: Ability to practice what was taught at the University

Response	Number	Percentage (%)
Yes	13	81,25
No	3	18,75
Total	16	100

Table 4.10 shows that 81,25% (13) graduates were able to practice what was taught in the university and 18,75% (3) respondents felt that they were failing to practice what they learnt. This is an indication that many professional nurses with master's degrees displayed their knowledge and skills of what they were taught. Wiedenbach claims that wisdom is acquired through experience (George, 1995:186). These findings tally with those of supervisors who said that

professional nurses with master's degrees were given a chance to practice what they learned in the universities and the post-basic programmes catered for their work needs.

4.4.8 Item 18: Feeling of competence

Table 4.11: Feeling of competence

Response	Number	Percentage (%)
Yes	13	81,25
No	3	18,75
Total	16	100

Table 4.11 indicates that 81,25% (13) graduates felt competent in their work performance, and 18,75% (3) graduates indicated that they did not feel competent in their work. This implies that the majority of professional nurses with clinical master's degrees were well prepared to meet the work challenges in their institutions. It also meant that the programmes they undertook were good. The supervisors 71,50% (5) confirmed the findings because they also found the graduates to be competent in their working areas.

4.4.9 Item 19: Catering of post-basic programme for work needs

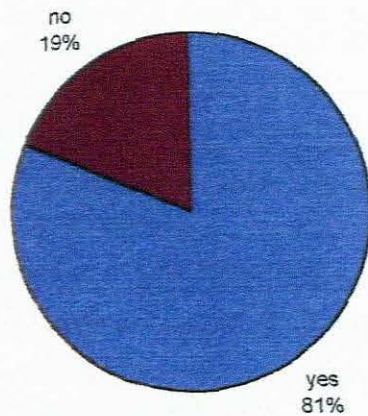


Figure 4.7 Catering of post basic programme for work needs of Graduates

Figure 4.7 reveals that 81,25% (13) graduates mentioned that post-basic programmes catered for their work needs and 18,75% (3) felt that the programmes failed to cater for their work needs. This can mean that the graduates felt competent and that the programme improved their knowledge and skills in their working areas. Supervisors 85,70% (6) also felt that post-basic programmes for professional nurses with master's degrees catered for work needs of the graduates.

4.4.10 **Item 20: Significant contributions made by professional nurses****Table 4.12: Significant contributions made by the graduates**

Contributions made by graduates	Number	Percentage (%)
* Teaching practicals in midwifery	1	6,25
* Coordinating activities of Council for hospital services accreditation of Southern Africa (COHSASA) for improved quality of patient care	1	6,25
* Introduced in-service educational programme	3	18,75
* Involved in the teaching of student nurses nursing management for subordinates	1	6,25
* Improved selection of students for training	1	6,25
* Preparation of examination and conducting practical examination	1	6,25
* Preparation of clinical laboratory room	1	6,25
* None	4	25,00
* Improved HIV/AIDS counselling of students for subordinates	1	6,25
* Disseminated information about institution	1	6,25
* Coordinated clinical practica	1	6,25
Total	16	100

Table 4.12 shows that 25% (4) graduates said they did not make any contribution in their institutions, 18,75% (3) graduates introduced in-service education programmes for students and nursing personnel, 6,25% (1) contributed in teaching practicals in midwifery, and one coordinated activities of COHSASA for improved quality of patient care, 6,25% (1) was involved in the teaching of student nurses the nursing management, 6,25% (1) graduate's contribution on selection of student nurses for their training, 6,25% (1) contributed in the preparation of examinations and in conducting practical examination of student nurses, 6,25% (1) was involved in the preparation of clinical laboratory, 6,25% (1) improved HIV/AIDS

counselling skills for personnel, and 6,25% (1) contributed in dissemination of information about the institution. According to the results above it is encouraging to see the contribution that professional nurses with master's degrees have made in their areas of work. Each professional nurse is expected to contribute something after doing an advanced course. It is encouraging to find that the supervisors also identified some contributions made by the graduate (See Table 5.13).

4.4.11 **Item 21: Implementation of change**

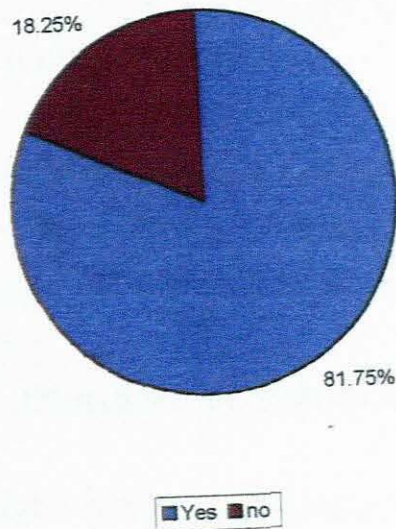


Figure 4.8: Implementation of change at work

Figure 4.8 reveals that 81,75% (13) of graduates were able to implement changes at work, and 18,25% (3) were unable to implement changes at work according to the knowledge and skills gained in the university or technikon. This implies that

the majority of professional nurses with clinical master's degrees had expertise displayed as they wished. This may be due to high positions they held at work. 18,25% (3) was the smallest percentage, which may be due to the fact that they lacked recognition, and attitudes from their seniors were a contributing factor.

Another point in not making changes in their institutions may be due to the fact that they were not included in decision-making. All professional nurses should implement changes after undergoing a certain programme. Supervisors stated that they allowed the graduates to make changes 57,10% (4) and 28,60% (3) were not allowed to make changes.

4.5 SECTION 4: PLACES WHERE THE PROFESSIONAL NURSES ARE UTILIZED

The researcher aimed at identifying areas of utilization of professional nurses with clinical master's degrees. These questions intended to help the researcher ascertain the proper utilization of the professional nurses.

4.5.1 Item 22: Places where professional nurses are utilized

Table 4.13: Places where professional nurses are utilized

Response	Number	Percentage (%)
Nursing Education	6	37,50
Nursing Administration	4	25
Community Health Nursing (Clinics)	2	12,50
Clinical Practice	3	18,75
Other In-service Education	1	6,25
Total	16	100

Table 4.13 shows that 37,50 (6) graduates were utilized as nurse educators in the nursing college section, 25% (4) were utilized in the nursing administration areas, 12,50% (2) were utilized in the community health setting and 18,75% (3) were utilized in the clinical practice. 6,25% (1) was placed in the in-service education department. This depicts that the majority of professional nurses were utilized in nursing administration, nursing education and in the clinical areas.

4.5.2 Item 23: Support and encouragement

Table 4.14: Support and encouragement from deputy/assistant directors

Response	Number	Percentage (%)
Yes	8	50
No	8	50
Total	16	100

Table 4.14 indicates that 50% (8) graduates were receiving support and encouragement from deputy directors or assistant directors of nursing services. Another 50% (8) said that there was no support and encouragement from their deputy/assistant directors. This implies that there is a large number of clinical nurse specialists who have had support and encouragement from their superiors. There is still a large number that did not get support and encouragement from their superiors, which means that there was improper utilization of these graduates.

4.5.3 Item 24: Type of support and encouragement

Table 4.15: Type of support and encouragement received

Response	Number	Percentage (%)
Recognition	1	6,25
Praise	3	18,75
Job description	-	-
Further study	3	18,75
Other: air tickets	1	6,25
None	8	50
Total	16	100

According to table 4.15, 18,75% (3) graduates received praise for their support and recognition, another 18,75% (3) were given the opportunity to further their studies, 6,25% (1) was shown recognition by the seniors and 6,25% was regarded as exceptional tickets were given to attend seminars, etc. Only 50% (8) graduates were given any support and encouragement from their supervisors. This can result in lack of motivation and frustration from the graduates. This is also an indication of improper utilization of these graduates. The above findings were in agreement with those of the supervisors who mentioned that they provided support and encouragement in many ways (See Table 5.16).

4.5.4 Item 25: Promotion opportunity

Table 4.16: Promotion opportunity

Response	Number	Percentage (%)
Yes	4	25,00
No	10	62,50
Not applicable	2	12,50
Total	16	100

The Table shows that 62,50% (10) professional nurses with clinical master's degrees have not been promoted. Only 25% (4) of the graduates that were promoted were chief professional nurses and assistant directors. 12,50% (2) graduates felt that promotion was not applicable to their positions. It is clear that the majority of professional nurses with clinical master's degrees remained in the wards, and were not promoted but were rank promoted with a change in the uniform. The graduates that were working in the college and the universities were also not promoted. Those professional nurses who were not promoted were discovered to be between the ages of 31-40 years, which implies that experience was still a criterion in selection interview. Muller (1996:291) identified personnel promotion as a motivating factor which leads to proper utilization.

4.5.5 Item 26: Reasons for not being promoted

Table 4.17: Reasons why they are not promoted

Response	Number	Percentage (%)
Post goes with money	1	6,25
Slim chances	2	12,50
No posts available	2	12,50
Not practised in the institution	1	6,25
Have to wait a certain period for next promotion	1	6,25
Need experience	2	12,50
Issue not discussed	1	6,25
Not applicable	2	12,50
Total	12	75%

Table 4.17 indicates that 12,50% (2) graduates were not promoted because there were slim chances of getting promotion. 12,50% (2) graduates felt that promotion was not given to them because there were no posts available. 6,25% (1) said she had to wait for a certain period from a previous promotion to step into the next promotion. 12,50% (2) felt that for promotion one needed to first gain experience.

According to 6,25% (1) graduate, promotion was an issue that was never discussed in the institution. 12,50% (2) of graduates said it was not applicable to their institutions. 6,25% felt that posts for promotion go with money, and that the company is not prepared to give away money. Another 6,25% (1) graduate said it was not practised in the institution. This means that freezing of posts and people leaving the job or country cause promotion to become impossible. Therefore incentives, especially in the form of money, could help in the motivation of these personnel.

4.5.6 Item 27: Writing of confidential reports

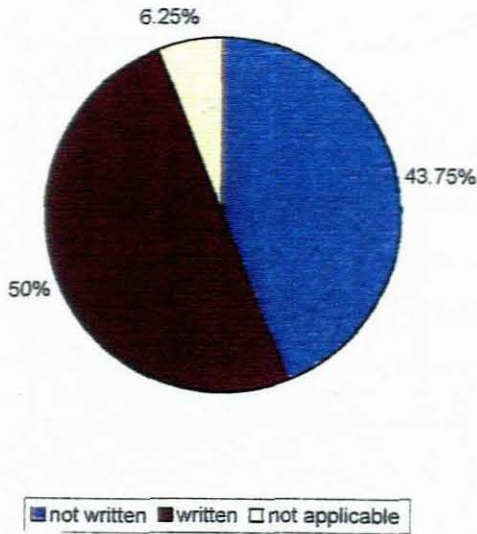


Figure 4.9 Writing of Confidential Reports

Figure 4.9 indicates that only 50% (8) graduates had their confidential reports written for them, 43,75% (7) did not have their confidential reports written for them and 6,25% (1) said it was not applicable to them. This implies that the majority of professional nurses are still well utilized because the supervisors were writing their confidential reports. A large number 43,75% (7) did not receive any confidential reports written by their supervisors. This is an indication of improper utilization. This might be the reason why the graduates were not promoted to higher positions, because before any promotion the staff member should have been continuously evaluated.

4.5.7 Item 28: How often are the confidential reports written?

Table 4.18: How often are the confidential reports written?

Response	Number	Percentage (%)
Quarterly	1	6,25
Twice a year	2	12,50
Annually	3	18,75
When necessary	1	6,25
Not applicable or practised	8	50,00
On demand	1	6,25
Total	16	100%

Table 4.18 shows that 18,75% (3) graduates had their confidential reports written annually, 12,50% (2) twice a year, 6,25% (1) had confidential reports written quarterly, 6,25% (1) when necessary or not at all and 6,25% (1) had reports written on demand by the head office. The rest of the graduates 50% (8) had their confidential reports written at specified times according to the policy of the institution concerned. This implies that there was still lack of motivation from the supervisors of graduates. Report writing is an instrument of measuring their performances.

4.5.8 **Item 29: The reasons for not writing confidential reports**Table 4.19: Reasons for not writing confidential reports

Response	Number	Percentage (%)
Not practised	4	25
Not known	1	6,25
For staff on probation only	1	6,25
Employer not interested	1	6,25
For salary increase	1	6,25
Written when needed for promotion	1	6,25
TOTAL	9	56,25

According to table 4.19 above, 25% (4) graduates mentioned different reasons for failure of their supervisors to write their confidential reports. 25% (4) stated that writing of confidential reports was not practised in their institution. 6.25% (1) said it was not known why the reports were not written. 6,25% said the reports were only written for staff on probation, 6,25% stated that the supervisor was not interested in writing confidential reports. 6,25% (1) mentioned that reports were written only for salary increase, and 6,25% (1) that reports were written on promotion. This is an indication that quite a large number of professional nurses were working in places where a system of report writing was not practised.

4.5.9 Item 30: Staff development programmes to improve competence

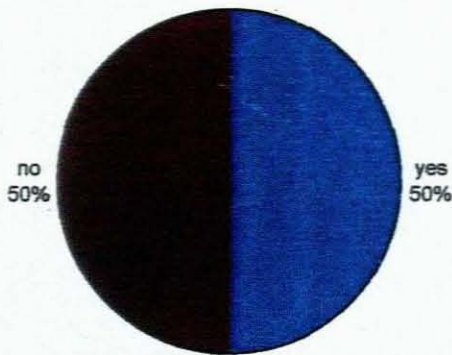


Figure 4.10: Provision of Staff Development Programme to improve competence of graduates

Figure 4.10 reveals that 50% (8) graduates were not provided with staff development programmes to improve their competence. 50% (8) graduates claim that they were provided with staff development programmes to improve their knowledge and skills. Every supervisor should provide staff development programmes for nursing personnel to improve competency and productivity. Gibbs (1991:33) stated that staff development in both theoretical knowledge and psychomotor skills in order to produce productive members of the health team, is needed for proper utilization.

4.5.10: Item 31: Right person in the right place for productivity

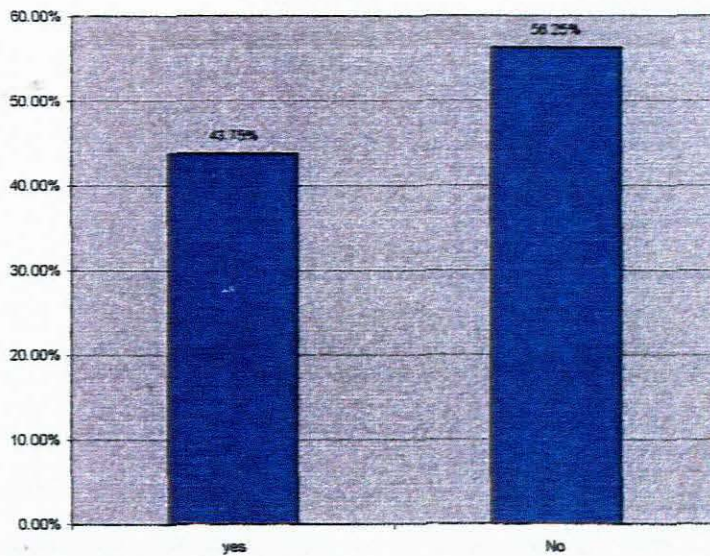


Figure 4.11: Right person placed in the right place for productivity

Figure 4.11 indicates that 56,25% (9) graduates felt that the right person is not placed in the right place for productivity, and 43,75% (7) felt that the right person is always placed in the right place for productivity. This means that most of nursing personnel working in different areas were not placed properly, which is an indication of improper utilization.

4.5.11 Item 32: Made to feel a sense of belonging and recognition

Table 4.20: Made to feel a sense of belonging and recognition

Response	Number	Percentage (%)
Merit awards/letters	3	18,75
Newsletters	4	25,00
Incentives	1	6,25
None	8	50,00
Another	-	-
Total	16	100

Table 4.20 indicates that 50% (8) graduates were not made to feel a sense of belonging and recognition in their institutions, 25% (4) graduates were made to feel a sense of belonging and recognition by newsletters, 18,75% (3) were made to feel they belonged by getting merit awards or letters and 6,25% (1) was given incentives. It is clear that some institutions were utilizing their graduates properly by recognising them by different means. This can improve their skills in providing quality patient care.

4.6 SECTION 6: FUTURE PREPARATION

In this section the research aimed at determining the future preparation of the graduates. This will help to improve their knowledge and skills at the same time make suggestions for curriculum improvement.

4.6.1 Item 33: Ability to cope with recent advances

Table 4.21: Ability to cope with recent advances

Response	Number	Percentage (%)
Yes	12	75
No	4	25
Total	16	100

Table 21 reveals that 75% (12) graduates felt that they were able to cope with recent advances. 25% (4) graduates felt that they were not able to cope with recent advances in the nursing profession. This means that the majority of professional nurses with master's degrees were able to apply their knowledge to practice because they were able to cope with recent advances. Wiedenbach claims that wisdom is acquired through experience (George, 1995.186).

4.6.2 Item 34: Relevance of education and training to outcomes-based education and primary health care

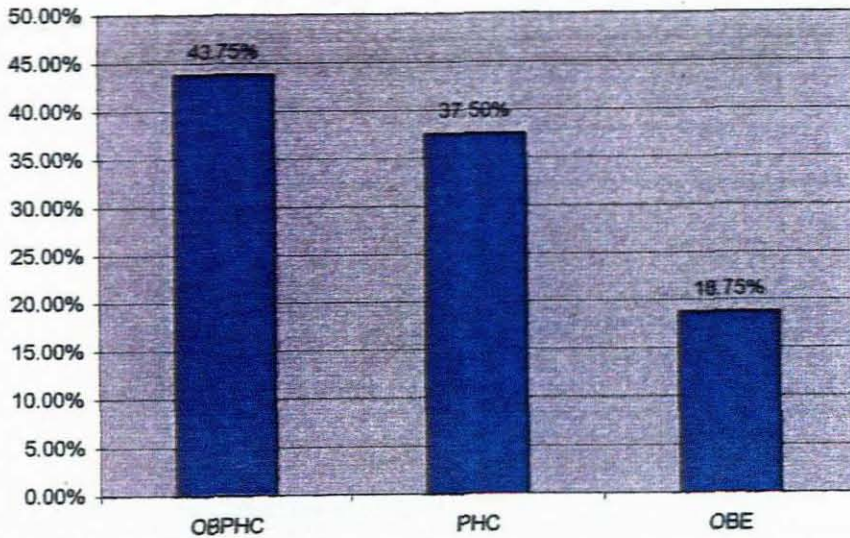


Figure 4.12: Relevance of Education and Training to Outcomes-based Education and Primary Health Care

Figure 4.12 indicates that 43,75% (7) graduates mentioned that their education and training was relevant to both primary health care and outcomes-based education, 37,50% (6) graduates felt their education and training was relevant to primary health care only. 18,75% (3) felt that it was relevant to outcomes-based only. These results revealed that graduates were exposed to primary health care and outcomes-based education; therefore they can work anywhere in their areas of expertise. Kubheka (2000:116) claims that the place of a clinical nurse specialist is anywhere in health services. They could choose a career in any clinical field,

education and research. A clinical nurse specialist therefore has the right to choose freely the speciality to work at for better utilization.

4.6.3 Item 35: Developmental needs

Table 22: Developmental needs

Developmental needs	Number	Percentage (%)
* Computer skills	4	25,00
* Financial management	1	6,25
*Short courses	1	6,25
* Research as a course	1	6,25
* Nursing education	3	18,75
* Exposure to culture	1	6,25
* Business management	1	6,25
* Attend workshops	1	6,25
* Managerial skills	1	6,25
* None	2	12,50
Total	16	100

Table 4.22 indicates that 25% (4) graduates needed computer skills as part of their developmental needs, 18,75% (3) mentioned to be interested in nursing education, 12,50% (2) did not need any developmental needs, 6,25% (1) wanted financial management, 6,25% (1) wanted short courses like trauma nursing, 6,25% (1) required research methodology as a course, 6,25% (1) wanted exposure to culture, 6,25% (1) in business management, 6,25% (1) was interested in workshops and seminars and 6,25% (1) mentioned managerial skills like a supervisor's course. This means that the professional nurses with master's degrees had different developmental needs which will need to be fulfilled in future.

4.7 SECTION 6: PROBLEMS EXPERIENCED

In this section the researcher aimed at detecting problems encountered by the professional nurses with master's degrees about utilization by the supervisors.

4.7.1 Item 36: Problems experienced by graduates on utilization

Table 4.23: Problems encountered by graduates about utilization by supervisors

Problems encountered	Number	Percentage (%)
* No time set aside for home visits	1	6,25
* Problem of staff rotation	1	6,25
* Allocate subject without being consulted	1	6,25
* No recognition of achievement	3	18,75
* Negative attitude of supervisors when suggesting	1	6,25
* Inferiority complex of seniors without master's degree on higher education	1	6,25
* Not placed in the department of interest	1	-
* No promotion since no posts	1	6,25
* No incentives	1	6,25
* Allocated on night duty anytime	1	6,25
* Resistance to change	-	6,25
* None	3	18,75
Total	16	100

According to Table 4.23, 18,75 % (3) graduates mentioned that their achievements were not recognised by their employers. 18,75 % (3) felt that they did not experience any problem. Different problems were mentioned by different graduates: 6,25 % (1) had no time allocated for home visits, 6,25 % (1) stated a problem of staff rotation of newly employed staff which increased the workload of teaching these personnel, 6,25 % (1) mentioned allocation of personnel without being consulted, 6,25 % (1) mentioned negative attitudes of the supervisors when one makes suggestions, 6,25 % (1) said the senior had an inferiority complex since she did not have high qualifications, 6,25 % (1) felt that she was not placed in the department of her interest like in nursing education (college). 6,25 % (1) mentioned lack of ladder promotion as a problem since more posts were frozen, 6,25 % (1) mentioned the problem of incentives that were not considered. One 6,25 % (1) graduate felt that she was allocated to night duty every now and then, each time without consultation. 6,25 % (1) mentioned a problem of resistance to change by colleagues. According to the results mentioned the knowledge and skills of these graduates are not utilized properly. This finding agrees with Kubheka and Nzimande (2000:257) who discovered that nursing personnel experienced many problems like lack of promotion, resistance to change by supervisors, incorrect placement and under-utilization, failure of supervisors to recognise and give praise for their knowledge, they are overworked and there is a lack of incentives.

4.8 SOLUTION TO THE PROBLEMS

The study in this section is based on finding the solution that might help the researcher to make recommendations on how to solve problems.

4.8.1 Item 37: Solution that can help in the promotion of recognition and proper utilization of professional nurses with master's degrees

Table 4.24: Solution that can help in the promotion of recognition and proper utilization of professional nurses with master's degrees

Promotion of recognition and proper utilization	Number	Percentage (%)
* Personnel to be allocated according to their specialization	4	25,00
* Recognition of speciality	1	6,25
* Place right person in a right place like colleges for nursing education	1	6,25
* Use clinical nurse specialists as consultants	1	6,25
* Promotion	2	12,50
* Incentives	2	12,50
* In-service education of employers on proper utilization of graduates	1	6,25
* Involvement of these personnel when discussing matters that involve them	1	6,25
* Utilize personnel in managerial tasks	1	6,25
Total	16	100

Table 4.24 indicates that 25,00% (4) graduates felt that personnel should be allocated according to their specialization, 12,50% (2) graduates mentioned that the right person should be placed in the right place, 12,50% (2) felt that they should be promoted in their specialised areas to senior position, 12,50% (2) mentioned the giving of incentives as a way of recognising their contributions. The different solutions mentioned by different graduates are as follows: 25% (1) felt that recognition of speciality was a solution, 6,25% (1) felt that clinical nurse specialists could be used as consultants, 6,25% (1) mentioned that the employer needed in-service education on proper utilization of professional nurses with

clinical master's degrees, 6,25% (1) felt that graduates should be involved when discussing matters that involve them in decision-making, 6,25% (1) graduate felt that it would be of benefit if the professional nurses with a master's degree could be placed in management tasks.

4.9 CONCLUSION

Data was analyzed and presented in table, pie graphs and histograms. In the next chapter a summary, conclusions, limitations and recommendations will be presented.

CHAPTER 5

ANALYSIS AND INTERPRETATION OF DATA FOR THE SUPERVISORS OF THE PROFESSIONAL NURSES WITH CLINICAL MASTER'S DEGREES

5.1 INTRODUCTION

In this chapter data analysis and interpretation of data for supervisors of the professional nurses with master's degrees will be discussed.

5.2 SECTION 1: DEMOGRAPHIC DATA

In this section the researcher aimed at discussing personal particulars of the supervisors; that is their age distribution, sex distribution, marital status and areas of residence.

5.2.1 Item 1: Sex distribution

Table 5.1: Sex distribution

Sex distribution	Number	Percentage (%)
Male	-	0
Female	7	100
Total	7	100

Table 5.1 reveals that 100% (7) supervisors were females who were in charge of the units, departments and institutions. There were no males in charge of any department or institution. This means that nursing is still dominated by females.

The males are small in number or not there at all. More males need to be recruited for the profession. It was discovered that with the graduates too, there were only females who furthered their studies.

5.2.2 Item 2: Age group

Table 5.2: Age distribution

Age in years	Number	Percentage (%)
21-30 years	-	0
21-40 years	-	0
41-50 years	5	71,40
51-50 years	1	14,30
61-70 years	1	14,30
Total	7	100

According to Table 5.2, 71,40% (5) supervisors were between the ages of 41-50 years. 14.30% (1) was between the age of 51-60 years and 14.30% (1) was between the age of 61-70 years. This means that supervisors were mostly between the ages of 41-50 years, 71,40% (5), as compared to the graduates where most of them were between the ages of 31-40 years, 43,75% (7). This indicates that the supervisors were mature adults with a lot of experience. This could be an advantage for the professional nurses who were supervised by these supervisors.

5.2.3 **Marital status**

Table 5.3: Marital status

Response	Number	Percentage (%)
Married	5	71,40
Divorced	1	14,30
Single	-	-
Widowed	1	14,30
Total	7	100

Table 5.3 reveals that 71,40% (5) supervisors were married, 14,30% (1) was divorced and 14,30% (1) was widowed. This indicates that the majority of supervisors of the professional nurses with master's degrees were married. This implies that they know how to handle commitments at home, at work and at school.

5.2.4 **Item 4: Area of residence**

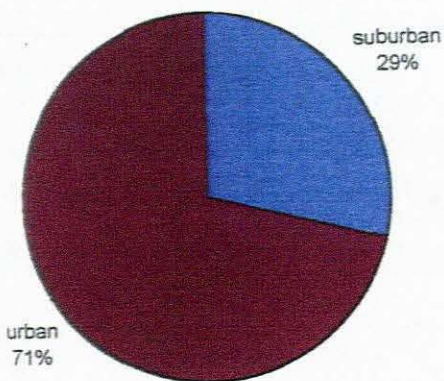


Figure 5.1: Area of Residence

Figure 5.1 indicates that 71,40% (5) supervisors were residents of urban areas and 28,60% (2) supervisors were residents of suburban areas. This indicates that the majority of the supervisors of the professional nurses with clinical master's were from the urban areas and 28,60% (2) from suburban areas. This could have a positive influence on the graduates because they were all from the same environment and practising the same culture.

5.3 SECTION 2: EDUCATIONAL INFORMATION

This section aimed at determining the level of education that the supervisors of the professional nurses with clinical master's degrees had.

5.3.1 Item 5: Courses completed at the University/Technikon

5.4 Courses completed by supervisors at the University/Technikon

Courses completed by supervisors		Number	Percentage (%)
B Cur		2	38,50
B Cur E et A		-	-
B Cur Honours in Nursing	Education	1	14,30
	Management	-	
	Community Health Nursing	1	
Master's degree in Nursing	Education	-	
	Management	-	
	Community Health Nursing	-	
Other:	Master's degree in Psychiatry	1	14,30
	General Nursing Science	1	14,30
Diploma in	Nursing Administration	1	14,30
Total		7	100

Table 5.4 reveals that 28,50 (2) supervisors completed B Cur degrees as their highest education. Other supervisors completed courses/degrees as follows:

- 14,30% B Cur Honours in Nursing Education
- 14,30% B Cur Honours in Community Health nursing

In other courses 14,30% (1) Diploma in nursing administration. 14,30% (1) master's degree in psychiatric mental illness nursing, 14,30% (1) master's degree in general nursing. This means that the majority of the supervisors had lower educational level than the people they supervised. This could interfere with their role of supervising the professional nurses with master's degrees, and they should therefore be motivated to further their studies. It could also lead to negative attitudes which will eventually lead to improper utilization of the graduates.

5.3.2 Item 6: Years in which the highest education was done

Table 5.5: Year in which the highest education was done

Response	Number	Percentage (%)
1980	1	14,30
1993	1	14,30
1994	2	28,60
1997	3	42,80
1999	-	0
Total	7	100

Table 5.5 reveals that 42,80% (3) supervisors did their highest education diploma/degree in 1997, 28,60% (2) in 1994, and 14,30% (1) in 1993. Another 14,30% (1) supervisor did the highest education in 1980. This implies that the majority of supervisors of the professional nurses with clinical master's degrees were busy developing themselves to reach the standard of the graduates. Flexibility should be encouraged. Professional nurses with high degrees should

not be supervised by those with diplomas only or those without any post-basic qualification. This may lead to conflict and it is an indication of improper utilization of the graduates.

5.4 SECTION 3: EMPLOYMENT HISTORY

Inclusion of this section was necessary in order to discuss the employment history of the supervisors which will help in comparing it with that of the graduates. It is intended to see how the professional nurses with clinical master's degrees are utilized.

5.4.1 Item 7: Place of employment at present

Table 5.6: Place of employment at present

Place of employment	Number	Percentage (%)
Hospital	4	57,10
Clinic	1	14,30
Clinical area	1	14,30
College of Nursing	1	14,30
Nursing school	-	0
University	-	0
Other	-	0
Total	7	100

Table 5.6 indicates that 57,10% (4) supervisors were placed in the hospitals, 14,30% (1) supervisor was placed in the clinic, 14,30% (1) supervisor was placed at the college, 14,30% (1) was placed in the clinical area. This implies that most of the supervisors are placed in the hospital, 57,10% and 14,30% (1) was placed

at the college of nursing. It was difficult to obtain questionnaires for supervisors working in the university and clinics.

5.4.2 Item 8: Professional qualifications

Table 5.7: Professional qualification

Professional qualifications	Number	Percentage (%)
Professional nurse	-	0
Senior professional nurse	1	14,30
Chief professional nurse	4	57,10
Assistant director	1	14,30
Deputy director	1	14,30
Any other	-	0
Total	7	100

Table 5.7 shows that 57,10% (4) supervisors were chief professional nurses, 14,30% (1) was a senior professional nurse, 14,30% (1) was an assistant director of nursing services, and 14,30% (1) was a deputy director of nursing services. The results show that most of the supervisors were chief professional nurses, which indicate that they were senior enough to supervise the graduates. The supervisors that were assistant directors and deputy directors were senior and experienced enough to supervise the graduates who were also senior.

5.4.3 Item 9: The period held by the supervisor in the post

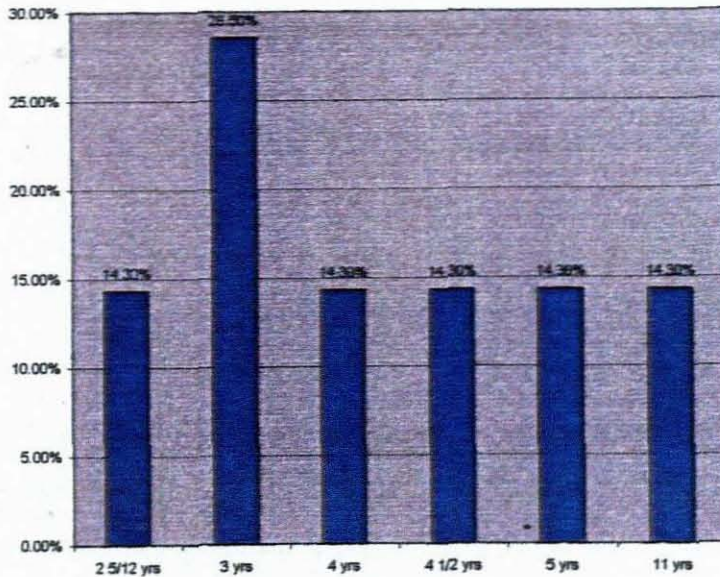


Figure 5.2: The period held by supervisors in the post

According to figure 5.2 28,50% (2) supervisors held their posts for 3 years, 14,30% (1) for $2\frac{5}{12}$ years, 14,30% (1) for 4 years, and 14,30% (1) for $4\frac{1}{2}$ years, 14,30% for 5 years and 14,30% (1) for 11 years. This implies that supervisors had different years in holding their positions, which can be an advantage in guiding and supporting the graduates.

5.4.4 Item 10: Department where working

Table 5.8: Department where working

Response	Number	Percentage (%)
Hospital Management and College of Nursing	3	42,86
Medical Ward	1	14,28
Orthopaedic Department	1	14,28
Obstetrics Department	1	14,28
Casualty	1	14,28
Total	7	100

Table 5.8 indicates that 42,86% (3) graduates were in hospital or nursing management, 14,28% (1) was in the medical department, 14,28% (1) in the orthopaedic department, 14,28% (1) in the obstetrics department and 14,28% (1) in the casualty department. This implies that most of the supervisors were working as managers in the hospitals and one in the college of nursing.

5.4.5 Item 11: Working with the graduates in their departments

Table 5.9: Working with the graduates in their departments

Response	Number	Percentage (%)
Yes	7	100
No	-	-
Total	7	100

Table 5.9 indicates that 100% (4) supervisors were working with the graduates who have clinical master's degrees. This shows that all supervisors in the study are supervising professional nurses with clinical masters. This should be a motivating instrument for the supervisors with lower level of education to further their studies so as to be at the same level with their subordinates.

5.4.6 Item 12: Correct placement of graduates

Table 5.10: Correct placement of graduates

Placement of graduate	Number	Percentage (%)
Yes	2	28,50
No	4	57,20
Not applicable	1	14,30
Total	7	100

According to Table 5.10, 57,20% (4) supervisors indicated that graduates were not well placed, 28,50% (2) supervisors said that the graduates with master's degrees were well placed, and 14,30 (1) supervisor felt that it was not applicable to the institution. This is an indication that supervisors were aware that professional nurses with clinical master's degrees were not always well placed. Kubheka (2000:116) claims that the place of the clinical nurse specialist is anywhere in the health services. Clinical nurse specialists could choose a career in any clinical areas.

5.4.7 Item 13: Department where they could be placed

Table 5.11: Departments where they could be placed

Response	Number	Percentage (%)
In-service education	1	14,30
Nursing Education or College	1	14,30
In charge of wards	1	14,30
Nursing Administration	1	14,30
Not applicable	3	42,80
Total	7	100

Table 5.11 indicates that 42,80% (3) supervisors felt that it was not applicable to them or was not a priority to place the graduates well in their areas for proper utilization. 14,30% (1) suggested professional nurses with nursing education should be placed in places like the in-service education department, 14,30% (1) said in the college of nursing, 14,30% (1) said because the graduates had nursing administration qualifications, they could be placed in charge of the wards and 14,30% (1) supervisor felt that their nursing administration skills could be well applied in the nursing administration department for personnel administration. This is encouraging because even the supervisors could see that some of the graduates with master's degrees were not well placed by suggesting some departments for proper utilization.

Poggenpoel (1991:10) comments that professional nurses with specialised fields at master's level need to be utilized properly for effectiveness.

5.4.8 Item 14: Reason for the choiceTable 5.12: Reasons for the choice

Response	Number	Percentage (%)
Likes teaching and organizing things	2	28,50
To apply what she learnt	1	14,30
Exposure to responsibility	1	14,30
Placed according to needs of institution	1	14,30
Promoted to Assistant Director	1	14,30
Not applicable	1	14,30
Total	7	100

Table 5.12 indicates that 28,50% (2) supervisors identified reasons for the choices of placement of graduates, as that of liking to teach and organize things. This implies that the supervisors felt that the graduates were interested in teaching because they had teaching skills. 14,30% (1) felt that the graduates needed exposure to responsibilities and 14,30% (1) mentioned that the graduates should be placed according to the needs of the institutions. One 14,30% (1) indicated the promoting of the graduates to the post of assistant directors; and one 14,30% (1) felt that was not applicable in their institution.

The above choices of the supervisors confirm the fact that graduates were not properly placed.

5.4.9 Item 15: A chance to practice what was taught at the University/Technikon

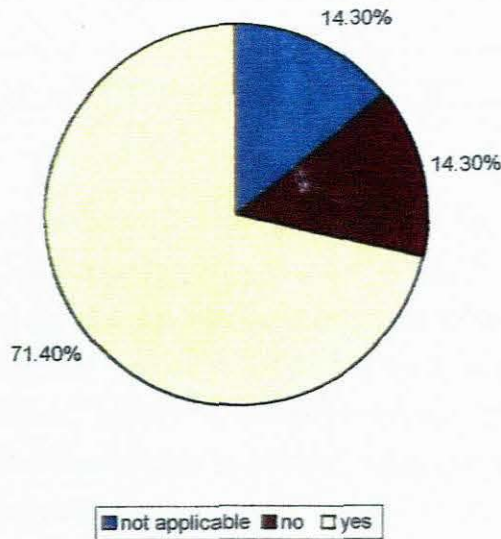


Figure 5.3: A change to practise what was taught at the University/Technikon

Figure 5.3 reveals that 71,40% (5) supervisors said they allowed the professional nurses with clinical master's degree to practice what was taught at the university or technikon, 14,30% (1) said they felt it was not applicable and 14,30% (1) felt that they were not given a chance to practice. This means that the majority of clinical nurse specialists were able to put into practice what they learnt at the university or technikon.

5.4.10 **Item 16: Competence**

Table 5.13: Competence at work

Competent	Number	Percentage (%)
Yes	5	71,5
No	0	0
Not applicable	2	28,50
Total	7	100

Table 5.13 indicates that 71,50 (5) supervisors felt that graduates were competent in their work, and none felt that graduates were not competent in their work. From this it is clear that the graduates regarded by supervisors to be competent in their work, and that the education and training helped in moulding them. Mayor (1996:13) cited in Kubheka and Nzimande (2001:13) states that professional nurses work in different specialities in nursing fields and were found to be very competent in their work performance.

5.4.11 **Item 17: Post-basic programmes catered for needs**

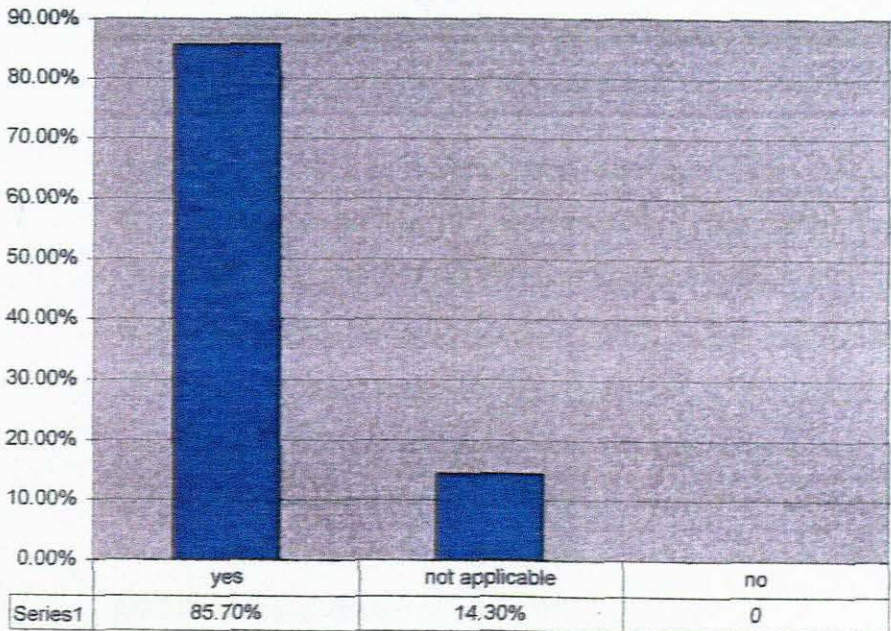


Figure 5.4: Post-basic programme catered for needs

Figure 5.4 shows that 85,70% (6) supervisors felt that post-basic programmes catered for the needs of the professional nurses with clinical master's degrees and 14,30% (1) felt that it was not applicable. This means that post-basic programmes undertaken by professional nurses with clinical master's degrees were important because they would improve graduates' knowledge and help improve their competence.

5.4.12 **Item 18: Significant contribution**

Table 5.14: Significant contributions

Response	Number	Percentage (%)
Draws teaching programmes for students	1	14,40
Taught midwives	1	14,40
Involved in COHSASA for accreditation	2	28,80
Formulated AIDS counselling programmes	1	14,40
None	2	28,80
Total	7	100

According to Table 5.14 supervisors who responded to the questionnaire, 28,80% (2), felt that the professional nurses with clinical master's degrees contributed to COHSASA, the Council for Hospital Services accreditation in the southern region, which regulates quality assurance and quality improvement of patient care. 18,80% (2) of respondents felt that they made no marked contribution, 14,40% (1) felt that they contributed in drawing teaching programmes for students, 14,40% (1) felt that they helped in teaching of midwives, and 14,40% (1) felt that they formed AIDS counselling programmes for nurses. This implies that these graduates made great contributions.

5.4.13 **Item 19: Making of change**Table 5.15: Making of change

Response	Number	Percentage (%)
Yes	4	57,10
No	2	28,60
Not applicable	1	14,30
Total	7	100

Table 5.15 shows that 57,10% (4) supervisors were allowing the graduates to make changes to their institutions, 28,50% (2) felt that professional nurses with clinical master's degrees were not allowed to make changes in their institutions and 14,30% felt it was not applicable. This implies that no matter how much they know and are willing to do, they were hindered to do so. This behaviour of supervisors demotivates the graduates.

SECTION 4: UTILIZATION OF THE GRADUATES

In this section the researchers sought to know about the way these personnel were utilized and made to belong to the profession and their institutions.

5.5.1 **Item 20: Where they are utilized**Table 5.16: Where they are utilized

Response	Number	Percentage (%)
Nursing Education	1	14,30
Nursing Management	1	14,30
Community health	-	-
Clinical Practice	4	57,10
Other (Comprehensive nurse)	1	14,30
Total	7	100

Table 5.16 indicates that 57,10% (4) of respondents supervised these graduates in the clinical practice. 14,30% (1) felt that they were used in nursing management, and 14,30% (1) saw her in the comprehensive sphere where she nursed. The implication of this is that a large number of professional nurses with clinical master's are still in the clinical practice. They are not utilized in management education, hospital management or financial management. According to the findings from the graduates, most of these professional nurses with master's degrees were doing community health nursing according to the findings from the graduates but only two were utilized in the clinics. Unfortunately this was not mentioned above because no supervisors were interviewed for them.

Item 21: Support and encouragement**5.5.2 Table 5.17: Support and encouragement**

Response	Number	Percentage (%)
Recognition	1	14,30
Praise	4	57,10
Job description	1	14,30
Further study	1	14,30
Other	-	-
Total	7	100

Table 5.17 indicates that 57,10% (4) of respondents felt that the professional nurses with clinical master's degrees were given support and encouragement by giving praise, 14,30% (1) felt that recognition was given, 14,30% (1) felt that job descriptions were provided on employment as a form of support and recognition, and 14,30% (1) felt that further study was given as a form of support and recognition. This is an indication that many professional nurses with clinical master's degrees are given support and recognition through praise. This helps in improving the performance of the graduates and makes them more productive in their institution.

5.5.3 Item 2.2: Promotion

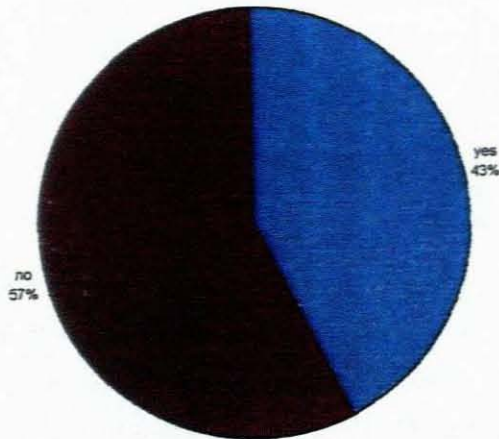


Figure 5.5: Promotion of the Clinical Nurse Specialists

Figure 5.5 indicates that 57,10% (4) respondents said there was no promotion for the professional nurses with clinical master's degrees and 42,90% (3) felt that promotion was given to the graduates. This implies that there was lack of promotion for these clinical nurse specialists which is an indication of improper utilization.

5.5.4 **Item 23: Reasons for not being promoted**

Table 5.18: Reasons for not being promoted

Response	Number	Percentage (%)
No posts	2	28,50
Graduate never applied	2	28,50
Not applicable	3	43
Total	7	100

When the supervisors were asked why graduates were not promoted, different reasons were given as indicated in Table 5.18. 43,0% (3) said that there were no reasons for not promoting the graduates, 28,50% (2) identified a problem of unavailability of posts, 28,50% (2) felt that the graduates did not apply when posts for promotion were available. This depicts that in some institutions promotion is not considered since a large number of supervisors said it was not applicable. It is encouraging to find that none of the supervisors mentioned that the graduates were not promoted because of their lack of knowledge and skills.

5.5.5 **Item 24: Staff development programme**

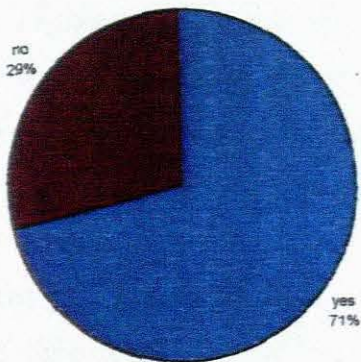


Figure 5.6: Staff Development Programme

Figure 5.6 reveals that 71,50% (5) supervisors felt that they provided staff development programmes for the graduates to improve their competence, 28,50% (2) felt that there was no staff development programmes for the graduates with clinical masters. This means that the professional nurses with clinical master's are competent because they are provided with staff development programmes to maintain the expertise they acquired through learning. However, there should be staff development programmes for each professional nurse in order to keep her up-to-date. These findings are in contrast with those of the graduates who mentioned that only 50% (8) supervisors provided them with staff development programmes.

5.5.6 Item 25: The right person in the right place for productivity

Table 5.19: The right person in the right place for productivity

Response	Number	Percentage (%)
Yes	4	57,10
No	3	42,90
Total	7	100

Table 5.19 shows that 57,10% (4) of respondents felt that professional nurses with clinical master's degrees were placed in the right place for productivity, and 42,90% (3) felt that the graduates were not placed correctly for productivity. This implies that many of these graduates with clinical master's are utilized in the right place for productivity. The question is, however, are they benefiting from their productivity. Those that were not placed in right places could be frustrated because they would be unable to utilize the skills they obtained from the universities and technikons.

5.5.7 Item 26: A sense of belonging

Table 5.20: A sense of belonging

Response	Number	Percentage (%)
Newsletters	-	-
Merit Awards	3	42,80
Any other, e.g. recognition	1	14,30
Any other, e.g. appraisal	1	14,30
Any other, e.g. if done well	1	14,30
Any other, e.g. none	1	14,30
Total	7	100

Table 5.20 shows that 42,80% (3) of respondents said the graduates were made to feel a sense of belonging by providing them with merit awards, 14,30% (1) respondents felt that recognition provided a sense of belonging for these graduates and 14,3% (1) felt that appraisals were made. 14,30% (1) said it was done when one had done well, and 14,30% (1) felt that nothing was given or done to make them feel a sense of belonging. This implies that the majority of professional nurses with clinical master's degrees were made to feel a sense of belonging by giving them merit awards.

5.6 SECTION 5: FUTURE PREPARATION

This section aimed at determining the future preparation of the professional nurses with clinical master's degrees. It was also aimed at finding out if the education and training helped them in meeting the changing world of medicine.

5.6.1 **Item 22: Ability to cope with recent advances**

Table 5.21: Ability to cope with recent advances

Response	Number	Percentage (%)
Yes	7	100
No	0	0
Total	7	100

Table 5.21 indicates that 100% (7) respondents felt that the graduates with clinical master's were able to cope with the recent advances. None said they were not able to cope. This implies that the clinical nurse specialists were well trained to meet the ever changing field of medical knowledge and technology. Thorburn (1987:200) cited in Kubheka and Nzimande (2001:12) found that clinical nurse specialists at senior levels with post-basic courses in Community Health Nursing Science worked in different clinics where there were no doctors and were managing them as well as the doctors did.

5.6.2 **Item 28: Relevance of education to outcomes-based education or primary health care**

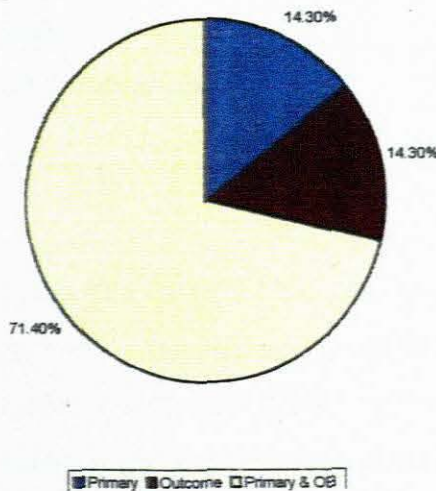


Figure 5.7: Relevance of Education to Outcome-based Education or Primary Health Care.

Figure 5.7 reveals that 71,40% (5) supervisors felt that the education and training of the graduates were relevant to both primary health care and outcomes-based education and 14,30% (1) felt that education and training was relevant to primary health care, and 14,30% (1) felt that their education and training was relevant to outcomes-based education. This is an indication that the majority of professional nurses with clinical master's degrees received training that was both primary health and outcomes-based oriented.

Seemingly the post-basic programmes these graduates undertook were relevant and were able to cater for the current needs of the students and the country.

5.6.3 Item 29: Developmental needs

Table 5.22: Developmental needs

Developmental needs	Number	Percentage (%)
Management skills	2	28,56
Financial skills	1	14,29
Labour relations	1	14,29
Computer skills	3	42,86
Total	7	100

Table 5.22 shows that 42,86% (3) supervisors felt that the development needs for the graduates were computer skills, 28,56% (2) of respondents felt that the graduates needed managerial skills, 14,29% (1) of supervisors felt that the graduates needed financial management skills and 14,20% felt that labour relations skills were a priority for these graduates. This implies that the majority of supervisors felt that computer skills were an urgent need. This is true because globally all health matters are going to be information technology related.

5.7 SECTION 6: PROBLEMS EXPERIENCED

In this section the researcher tried to find out the problems experienced by the supervisors in utilizing the graduates.

5.7.1 Item 30: Problems experienced

The following problems were experienced by the supervisors:

Table 5.23: Problems experienced with utilizing graduates

Problems experienced	Number	Percentage (%)
* No allocation according to experience or speciality	2	28,50
* Graduates not forthcoming with their needs	1	14,30
* Salary notches are according to grades, not education	1	14,30
* No incentives	1	14,30
* All graduates want to be on top	1	14,30
* None	1	14,30
Total	7	100

Table 5.23 indicates that 28,50% (2) of respondents felt that the graduates were not allocated according to their experience and specialities. 14,30% (1) felt that graduates were not forthcoming with their needs. 14,30% (1) felt that the salary for these graduates was not according to their education, but to their grades. 14,30% (1) felt that there were no incentives for these graduates. 14,30% felt that graduates wanted to be in top management but not utilizing experience in the wards. 14,30% felt there were no problems. This implies that the majority felt that the professional nurses were not utilized properly according to their speciality. This problem needs to be addressed and the supervisors to be given in-service education about proper utilization of the graduates.

5.8 SECTION 7: SOLUTIONS

This section aimed at finding the solutions that can help in promoting recognition and proper utilization of the graduates' knowledge and expertise.

5.8.1 Item 31: Solutions that can help in the promotion of proper utilization and recognition

Table 5.24: Solutions that can help in the promotion of proper utilization and recognition of the knowledge and expertise

Solutions	Number	Percentage (%)
* Allocate according to knowledge and skills	1	14,30
* Put in place posts for clinical master's graduates and consultants	3	42,80
* Universities to discuss with hospitals to what and where they should be utilized	1	14,30
* Incentives	1	14,30
* Use skills audit system - keep record of courses done	1	14,30
Total	7	100

Table 5.24 indicates that 42,80% (3) supervisors felt that there should be a consultant post for the graduate. 14,30% (1) mentioned that graduates should be allocated according to their specialities, knowledge and skills. According to Roebiehad (1989:36) as cited in Poggenpoel (1991:10), the clinical nurse specialist can be a consultant, an educator, administrator and a researcher. 14,30% (1) superior felt that the graduates should be given incentives in the form of money. 14,30% (1) thought that keeping of audit records for skills and courses done would help them to know the graduates' qualifications, and allocate them according to their specialization. 14,30% (1) superiors felt that if the universities discuss with hospitals to what one has done and where one should be allocated, may help solve the problem. This implies that many professional nurses need to be motivated for proper utilization.

5.9 CONCLUSION

This chapter reveals that graduates with clinical master's degrees are not placed according to their knowledge and expertise. It also reveals that the contributions that are made by the graduates were not recognised. The solutions to the problems were to allocate graduates according to their knowledge and skills for productivity and proper utilization.

In the next chapter, a summary, conclusion, limitations and recommendation will be presented.

CHAPTER 6

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents a brief overview of the project. Areas of emphasis will be a summary of the findings, conclusions, limitations and recommendations, which might serve as a guideline for further scientific enquiry into the subject investigated.

6.2 SUMMARY

The title of the study was *Utilization of the professional nurses with clinical master's degree in the clinical areas and the educational institutions of KwaZulu-Natal region "F"*.

The study undertook to evaluate the improper utilization of the professional nurses with clinical master's degrees in the clinical areas and educational institutions of KwaZulu-Natal region "F" in terms of:

- Proper utilization and recognition of the qualifications.
- Relevance of the training and education to outcomes-based and primary health care education.
- Problems encountered by the graduates and supervisors on the utilization of the graduates.
- The strategy to use in overcoming the problems encountered.

The research questions were as follows:

- Are the professional nurses with a clinical master's degree able to practice in their areas what they learnt at the universities and technikons?
- Are the graduates utilized appropriately for productivity in the clinical areas and educational institutions?
- Are the graduates made to feel a sense of recognition for their achievements?

6.2.1 Restatement of assumption and objectives

Emanating from the above questions, the following assumptions were made:

- Proper utilization of professional nurses with clinical master's degrees in the clinical areas and educational institutions of KwaZulu-Natal can help in improving the standards of practice, education and research, thus improving quality care of patients and quality of student learning.
- Professional nurses with master's degrees in the clinical areas and educational institutions were prepared professionally to meet the ever-changing world of medicine and technology.
- Recognition of professional nurses with master's degrees in the clinical areas and educational institutions can be promoted by proper allocation of the personnel according to their knowledge, skills, academic achievements and capabilities, and by provision of incentives.

Based on the above assumptions the following objectives were formulated.

6.2.2 Objective 1

To determine how the professional nurses with a clinical master's degree are utilized in the health services of KwaZulu-Natal.

6.2.3 Objective 2

To identify the contributions made by the professional nurses with a master's degree in the clinical areas and educational institutions.

6.2.4 Objective 3

To identify problems encountered by the professional nurses with a master's degree in the clinical areas and educational institutions.

6.2.5 Objective 4

To make recommendations on the proper utilization of the professional nurses with a master's degree in the clinical areas and educational institutions.

6.2.6 The research report consists of six chapters

In chapter one the research explained the motivation for undertaking the study, and stated the research questions, assumptions, objectives of the study as well as definition of certain concepts used in the text.

Chapter two presented an overview of the literature reviewed on programme evaluation.

Chapter three described the research methodology used for the study.

Chapter four focused on the analysis of data for professional nurses with a clinical master's degree.

Chapter five focused on analysing data for the supervisors who were supervising the graduates.

Chapter six presented a summary, conclusions, limitations and recommendations.

6.3 LIMITATIONS

The study had a limited number of 17 graduates because many graduates had left the country to work overseas or in the educational institutions. The graduates that were working in the educational institutions had to be located. The graduates were selected according to their availability.

Not all the hospitals were included because some did not have professional nurses with master's degrees. Three hospitals, 1 college of nursing and 1 university were used for the research study. For these reasons it is difficult to generalise the findings but the respondents contributed significantly to the objectives and research questions.

6.4 CONCLUSIONS

Conclusions were dealt with in accordance with the objectives and related questions of the study.

6.4.1 Objective 1

To determine how the professional nurses with a clinical master's degree are utilised in the health services of KwaZulu-Natal.

6.4.1.1 Improper utilization

- Placement as indicated in chapter 4 shows that the graduates were not placed according to their knowledge, specialization and academic achievements, for instance, a professional nurse with a clinical master's in paediatrics was found working in obstetrics or in any other department where she has not specialised.
- Supervisors were aware that the graduates were not correctly placed. They even suggested places where they should work so as to use their knowledge and skills.
- Clinical nurse specialists with community health nursing science were made to work in the hospitals instead of working in the primary health care centres or clinics.
- They were also allocated in the wards as ordinary professional nurses who have no specialities.
- The graduates were not placed according to their interest of work. They mentioned different places of interest, like one with nursing education who wanted to work at the college of nursing or in the in-service education department.
- The professional nurses with clinical master's degrees were not placed in charge of the wards/departments in leadership positions, in order to use

their knowledge and skills. Some were under supervisors who did not even possess a post-basic diploma.

6.4.1.2 Implementation of change

- The graduates felt that they were deprived of a chance of making changes in their institutions. They felt that because their supervisor had an inferiority complex they were resistant to change and could not support them on the changes they suggested.
- Supervisors agreed that the graduates were not allowed to make changes.

6.4.1.3 Promotion

The graduates mentioned lack of promotion as a problem in their utilization. They said promotion was not given because of the following reasons:

- Posts were frozen.
- They were rank promoted to chief professional nurses without change in uniform and salary. Even the supervisors themselves were promoted with changes in uniforms but no change in salaries.
- The graduates that were not promoted at all were also rank promoted. Those graduates that were young, between the ages of 31-40 years, felt that promotion was done according to experience they did not have.
- Supervisors remarked that graduates do not apply when the posts for promotion were advertised.

6.4.1.4 Support and encouragement

Half (50%) of the professional nurses with master's degrees mentioned that they did not get support and encouragement from their supervisors, and as a result they lost interest and experienced burnout. That is why many nurses left the profession or the country for greener pastures.

6.4.1.5 Confidential reports

It came to light that professional nurses with clinical maser's degrees were not subjected to written confidential reports, and said the reports were written only when they were getting promotion or when there was a salary increase. This is contrary to the policy that was provided by health authorities, namely that reports should be written quarterly. These graduates lacked motivation and also suffered from burnout since they did not know whether they had done well or not.

6.4.1.6 Proper utilization

Half (50%) graduates commented about getting support and encouragement from their supervisors through praise and further studies.

Graduates were made to feel a sense of belonging through merit awards, newsletters and praise. Most of the graduates with nursing education were utilized in the educational institutions, but some were still working in the wards.

6.4.2 Objective 2

To identify problems encountered by the professional nurses with a master's degree in the clinical areas and educational institutions.

6.4.2.1 Contributions by graduates

The graduates felt that they had made a significant contribution in their institutions as listed below:

- (1) 18,75% introduced in-service education programmes in their departments, units and hospitals.
- (2) 6,25% mentioned contribution of teaching practicals in midwifery students.
- (3) 6,25% said that the graduate coordinated activities and functions of COHSASA (Council for Hospital Accreditation of Southern Africa) which was for quality assurance and quality improvement programmes, for the purpose of hospital accreditation.
- (4) 6,25% were involved in teaching of nursing management in the university.
- (5) 6,25% contributed by improving HIV/AIDS counselling skills for personnel in the institutions.
- (6) 6,25% graduates improved the selection procedure of student nurses on training.
- (7) 6,25% was involved in the preparation of examinations and conducting practical examinations for student nurses.
- (8) 6,25% were involved in the preparation of the clinical laboratory room.
- (9) 25% graduates did not make any contribution.

6.4.2.2 Contributions of graduates as indicated by the supervisors

Supervisors agreed that the graduates had made significant contribution in their institutions:

- One of the supervisors said the graduate contributed in coordinating COHSASA activities and functions.
- Another supervisor mentioned the contribution of drawing up teaching programmes for student nurses.
- Supervisors agreed that the graduate helped in the teaching of midwives.
- Improving HIV/AIDS counselling programmes for the personnel in their institution were undertaken by graduates. These contributions tally with those of the graduates.

6.4.3 Objective 3: Problems encountered by the professional nurses with master's degrees

According to the lists of views in chapter 4, different problems were encountered by the graduates during their utilization.

6.4.3.1 Frequent rotation

- Staff rotation was one of their problems, where one was moved to other wards/departments monthly after making some improvements. This caused her to make improvements in each department/ward where she worked, but with the credits and praise falling onto another person, not her.

- The graduates complained that they were allocated to night duty without being consulted. This resulted in demotivation and wanting to leave the profession.
- Lack of promotion was one of the demotivating factors they experienced. Graduates said they were holding higher educational qualifications but were supervised by supervisors without higher qualifications or post-basic qualifications. This might result in the creation of negative attitudes.

6.4.3.2 Inferiority complex

- The inferiority complex of seniors was a hindrance in making changes since the seniors were against the graduates initiating changes. Some of the supervisors were resistant to change.
- The graduates felt that their achievements went unrecognised by the health authorities, their supervisors and colleagues.

6.4.3.3 Incentives

- There were no incentives in the form of better salaries as a sign of recognition since they had contributed a lot in making improvements in their institutions. Professional nurses said they were paid the same salaries as those who did not have even one post-basic course.
- Those graduates who were at the clinics felt that they did not have time set aside for home visits. This could also add to the prevention of smooth running of the clinics.

6.4.3.4 Problems encountered by the supervisors during utilization of graduates

- Supervisors felt that graduates were not allocated according to their experiences and specialities. They also felt that the graduates were receiving salaries which were not according to their educational achievements, but according to grades.
- The supervisors felt that the graduates were not getting incentives for the work they had done.
- The supervisors mentioned a problem of graduates demanding to be in top management irrespective of their experience, yet they were failing to apply their knowledge where they were allocated.
- Supervisors felt that those with community health nursing science master's degrees could help in the coordination of health activities and treatments for patients with diabetes melitis, mental illness cases, etc., and their rehabilitation.
- Another point raised by the supervisors was that of graduates who requested to work night shift. The supervisors felt it was difficult to evaluate a person for promotion when she was working night shift.

6.4.4 Objective 4

6.4.4.1 Recommendations from the graduates

The following recommendations were made by the graduates in solving the problems of improper utilization.

- Recognition of their educational achievements and giving them incentives in the form of better salaries.
- They wanted or requested allowances for their special qualifications.
- The graduates wanted a ladder promotion where the professional nurse is promoted in her area of specialization without being removed to work in administrative departments.
- They felt that no supervisor without a speciality should be promoted to work in a specialised ward.
- Graduates recommended allocation according to their interest, knowledge and skills, and that those with nursing education should be in the college of nursing, those with clinical master's in paediatrics to be in the paediatric department, orthopaedics nursing to be in orthopaedic departments, and psychiatric nursing to be in psychiatric departments, etc.
- The graduates felt that they should be involved in decision-making when the authorities are discussing matters that involve them.

6.4.4.2 Supervisors' recommendations by the graduates

- Supervisors thought it would be wise if the professional nurses who want promotion applied for the posts.
- The graduates should not stay on night duty since it is not easy to evaluate them for promotion.
- Supervisors thought that the introduction of audit records (i.e. recording qualifications of graduates in the record book) could help in their

utilization. They pleaded that graduates should come out and report their qualifications.

6.4.4.3 Recommendation by the researcher

Recommendations above tally with the researcher's recommendations. As a researcher I recommend that the employers use the conceptual framework model which was used in this study for proper utilization of graduates with master's degrees.

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ANNEXURE 1

**LETTER REQUESTING PERMISSION
TO CONDUCT STUDY -
DEPARTMENT OF HEALTH**

University of Zululand
(Durban-Umlazi Campus)
Private Bag X10
ISIPINGO
4110
December 14 2001

The Secretary
Department of Health: KwaZulu-Natal
Private Bag X9051
PIETERMARITZBURG
3200

Dear Sir

**REQUEST FOR PERMISSION TO COLLECT DATA FOR A RESEARCH
IN THE HEALTH SERVICES OF KWAZULU-NATAL REGION "F"**

I hereby request permission to collect data in health services of KwaZulu-Natal for the undermentioned topic:

Utilization of professional nurses with a clinical master's degree in the clinical areas of KwaZulu-Natal.

Hoping that my request will be successful.

Thank you.

Yours faithfully



P.N. ZUNGU

B 62 Krause Road
Clermont
3602

Deputy Director of Nursing Service
KING EDWARD VIII HOSPITAL
POST OFFICE DALBRIDGE
4014

Dear Sir

Request for Permission to Collect Data for a Research Study in your Institution

I hereby request permission to collect data in your institution for my Master's degree.


Topic:- Utilisation of Professional Nurses with a Clinical Master's Degree in the Clinical Areas of Kwa-Zulu Natal.

I have already written a letter to your chief superintendent. I have also obtained permission from the Provincial Department of health (see enclosed letter). Period of collection of data is February to April 2002.

On completion of the Study I will forward a copy of the research report to your institution.

Hoping that my request will receive your favourable consideration.

Yours faithfully


Mrs P.N. Zungu
M cur Student
University of Zululand (Durban Umlazi Campus)

ANNEXURE 2

**PERMISSION LETTER FROM
DEPARTMENT OF HEALTH**

NATALIA
330 LONGMARKET STREET
PIETERMARITZBURG

TEL. 033-3952111
FAX 033-3426744

Private Bag : X9051
Esikhwama Seposi : Pietermaritzburg
Privaatsak : 3200

Reference: 9/2/3/R Vol 5
Enquiries: Professor R W Green-Thompson
Extension: 3176

University of Zululand
Durban-Umlazi Campus
Private Bag X10
SIPINGO
110

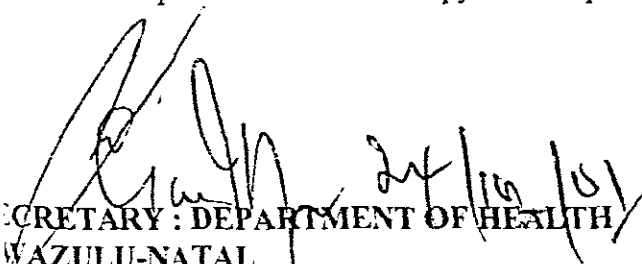
For Attention : **DR B A KUBHEKA**

**RESEARCH BY PAM NTOMBIFIKILE ZUNGU : UTILISATION OF PROFESSIONAL NURSES
WITH A CLINICAL MASTER'S DEGREE IN THE CLINICAL AREAS OF KWAZULU-NATAL**

Our letter dated 14 December 2001 refers.

Please be advised that authority has been granted for Pam Ntombifikile Zungu to conduct a research regarding utilisation of professional nurses with a clinical Master's degree in the clinical areas of Kwazulu-Natal provided that :-

- ◆ Prior approval is obtained from the Heads of the relevant Institutions;
- ◆ Confidentiality is maintained;
- ◆ The Department is acknowledged; and
- ◆ The Department receives a copy of the report on completion.


SECRETARY : DEPARTMENT OF HEALTH
KWAZULU-NATAL

Zungu

ANNEXURE 3

**LETTER REQUESTING PERMISSION
TO CONDUCT STUDY -
KING EDWARD HOSPITAL -
DEPUTY DIRECTOR**

B 62 Krause Road
CLERMONT
3602

Deputy Director of Nursing Service
King Edward VIII Hospital
PO DALBRIDGE
4014

Dear Sir

**REQUEST FOR PERMISSION TO COLLECT DATA FOR A RESEARCH
STUDY IN YOUR INSTITUTION**

I hereby request permission to collect data in your institution for my Master's degree. The undermentioned topic applies:

*Utilization of professional nurses with a clinical master's degree in
the clinical areas of KwaZulu-Natal.*

I have already written a letter to your chief superintendent. I have also obtained permission from the provincial department of health (see enclosed letter). The period of collection of data is February to April 2002.

On completion of this study I will forward a copy of the research report to your institution.

Hoping that my request will receive your favourable consideration.

Yours faithfully



P.N. ZUNGU (Mrs)
MCur Student
University of Zululand
(Durban-Umlazi Campus)

ANNEXURE 4

**PERMISSION LETTER FROM
DEPUTY DIRECTOR -
KING EDWARD HOSPITAL**



KING EDWARD VIII HOSPITAL

(Recipient of the Premier's & PWC Good Governance Awards 2001)



Postal Address: Private Bag , Congella, 4013. • Telephone: 031 3603111 • Fax: 031 2050399 •

Reference:

Enquiries: Mr AJ Seekola

Telephone: 031 3603853

Fax: 031 2061457

25 February 2002

Mrs PN Zungu
B 62 Krause Road
CLERMONT
3602

Utilisation of professional nurses with a clinical master's degree in the clinical areas of KwaZulu-Natal

Your correspondence received on the 18 February 2002 and undated correspondence from the Secretary: Department of Health refer.

Approval for the collection of data relating to your research is granted subject to the following:

1. Please supply a copy of your research protocol
2. Clarify if there are any financial or human resource implication.
3. Sign an indemnity form at Room 8. Administration Block.

Yours Faithfully

Dr ZN Kharva
Acting Hospital Manager.

ANNEXURE 5

QUESTIONNAIRE FOR GRADUATES

**INTERVIEW GUIDE OF THE SUPERVISORS OF
GRADUATES IN THE CLINICAL AREAS OF
KQAZULU-NATAL REGION**

INSTRUCTIONS

→ Please answer the following questions concerning utilization of professional nurses with a clinical master's degree in the clinical areas.

→ Indicate with a tick (✓) where applicable and explain where necessary e.g. Gender:

Male Female

→ All information will be treated with **confidentiality**

SECTION 1: DEMOGRAPHIC DATA

1. Gender

Male Female

2. Age group

21-30

31-40

41-50

51-60

61-70

3. Marital status

- Married
- Divorced
- Single
- Widowed

4. Area of residence

- Urban
- Rural
- Suburban

SECTION 2: EDUCATIONAL INFORMATION

5. Courses completed at the University/Technikon

- B Cur
- B Cur et A
- B Cur Honours in Nursing Education
- B Cur Honours in Nursing Management
- B Cur Honours in Community Health
- Master's Degree Nursing Education
- Master's Degree Nursing Management
- Master's Degree Community Health

Any other (please specify) _____

6. What are your professional qualifications

- Professional Nurse
- Senior Professional Nurse
- Chief Professional Nurse
- Assistant Director
- Deputy Director

Any other (please specify) _____

7. Year in which the highest degree/diploma was completed _____

8. Total number of years spent doing the above degree/diploma _____

9. Were you a part-time or full-time student?

Part-time Full-time

10. List the major courses and specialization you did

SECTION 3: EMPLOYMENT HISTORY

11. Place of employment at present

- Hospital
- Clinic
- Clinical area
- College of Nursing
- Nursing School
- University
- Unemployed

Other (please specify) _____

12. How long have you been holding this post? _____

13. In which department are you working? _____

14. In your opinion are you well placed in this department?

Yes No

15. If "No" in which department do you believe you should be placed?

16. Reasons for the choice of this department?

17. Are you able to practice what you were taught in the University?

Yes No

18. If "Yes" to the above, do you feel competent in your work performance?

Yes No

19. In your opinion do you think the post-basic programmes catered for your work needs?

Yes No

20. Are you allowed to implement any changes at work according to the knowledge and skills that you have gained in the University?

Yes No

SECTION 4: UTILIZATION OF THE COURSE MASTER'S DEGREE

22. Where are you utilized?

Nursing Education

Nursing Administration

Community Health

Clinical Practice

Other (please specify) _____

23. Do you receive any support and encouragement from your deputy director nursing service/assistant directors?

Yes No

24. If your answer is "Yes", what support and encouragement do you get?

Recognition

Praise

Job description

Further study

Other (please specify) _____

25. Have you received any promotion since completion of Master's Degree?

Yes No

26. If your answer is "No", why are you not promoted?

27. Do you have confidential reports written about you?

Yes No

28. If you answer is "Yes", how often are they written?

29. If answer is "No", why are they not written?

30. Are you provided with staff development programmes to improve your competence?

Yes No

31. In your opinion is the right person always placed in the right place for productivity in your institution?

Yes No

32. Are you made to feel a sense of belonging and recognition in your institution with the following?

Merit Awards

Newsletters

Incentives

Any other (please specify) _____

SECTION 5: FUTURE PREPARATIONS

33. Based on the course(s) that you have done at the University, are they able to cope with the recent advances?

Yes No

34. Was your education and training relevant to

Outcome-based education?

Primary Health Care?

35. What are your developmental needs now?

SECTION 6: PROBLEMS EXPERIENCED

36. List any problems that you have encountered about utilization, by your employer.

SECTION 7: SOLUTIONS TO THE PROBLEMS

37. In your opinion what solutions do you think I can help in promoting recognition and proper utilization of professional nurses with a Master's Degree in the clinical areas?

ANNEXURE 6

QUESTIONNAIRE - SUPERVISORS

**INTERVIEW GUIDE FOR UTILIZATION OF
PROFESSIONAL NURSES WITH A MASTER'S
DEGREE IN THE CLINICAL AREAS OF
KWAZULU-NATAL REGION "F"**

INSTRUCTIONS

→ Please answer the following questions concerning utilization of professional nurses with a clinical master's degree in the clinical areas.

→ Indicate with a tick (✓) where applicable and explain where necessary e.g. Gender:

Male Female

→ All information will be treated with **confidentiality**

SECTION 1: DEMOGRAPHIC DATA

1. Gender

Male Female

2. Age group

21-30

31-40

41-50

51-60

61-70

3. Marital status

- Married
- Divorced
- Single
- Widowed

4. Area of residence

- Urban
- Rural
- Suburban

SECTION 2: EDUCATIONAL INFORMATION

5. Courses completed at the University/Technikon

- B Cur
- B Cur et A
- B Cur Honours in Nursing Education
- B Cur Honours in Nursing Management
- B Cur Honours in Community Health
- Master's Degree Nursing Education
- Master's Degree Nursing Management
- Master's Degree Community Health

Any other (please specify) _____

6. What are your professional qualifications

- Professional Nurse
- Senior Professional Nurse
- Chief Professional Nurse
- Assistant Director
- Deputy Director

Any other (please specify) _____

7. Year in which the highest degree/diploma was completed _____

8. Total number of years spent doing the above degree/diploma _____

9. Were you a part-time or full-time student?

Part-time Full-time

10. List the major courses and specialization you did

SECTION 3: EMPLOYMENT HISTORY

11. Place of employment at present

- Hospital
- Clinic
- Clinical area
- College of Nursing
- Nursing School
- University
- Unemployed

Other (please specify) _____

12. How long have you been holding this post? _____

13. In which department are you working? _____

14. In your opinion are you well placed in this department?

Yes No

15. If "No" in which department do you believe you should be placed?

16. Reasons for the choice of this department?

17. Are you able to practice what you were taught in the University?

Yes No

18. If "Yes" to the above, do you feel competent in your work performance?

Yes No

19. In your opinion do you think the post-basic programmes catered for your work needs?

Yes No

20. Are you allowed to implement any changes at work according to the knowledge and skills that you have gained in the University?

Yes No

SECTION 4: UTILIZATION OF THE COURSE MASTER'S DEGREE

22. Where are you utilized?

Nursing Education

Nursing Administration

Community Health

Clinical Practice

Other (please specify) _____

23. Do you receive any support and encouragement from your deputy director nursing service/assistant directors?

Yes No

24. If your answer is "Yes", what support and encouragement do you get?

Recognition

Praise

Job description

Further study

Other (please specify) _____

25. Have you received any promotion since completion of Master's Degree?

Yes No

26. If your answer is "No", why are you not promoted?

27. Do you have confidential reports written about you?

Yes No

28. If your answer is "Yes", how often are they written?

29. If answer is "No", why are they not written?

30. Are you provided with staff development programmes to improve your competence?

Yes No

31. In your opinion is the right person always placed in the right place for productivity in your institution?

Yes No

32. Are you made to feel a sense of belonging and recognition in your institution with the following?

Merit Awards

Newsletters

Incentives

Any other (please specify) _____

SECTION 5: FUTURE PREPARATIONS

33. Based on the course(s) that you have done at the University, are they able to cope with the recent advances?

Yes No

34. Was your education and training relevant to

Outcome-based education?

Primary Health Care?

35. What are your developmental needs now?

SECTION 6: PROBLEMS EXPERIENCED

36. List any problems that you have encountered about utilization, by your employer.

SECTION 7: SOLUTIONS TO THE PROBLEMS

37. In your opinion what solutions do you think I can help in promoting recognition and proper utilization of professional nurses with a Master's Degree in the clinical areas?
