

**A COMPARATIVE STUDY OF THE PROFESSIONAL COMPETENCE  
OF NURSES WHO HAVE COMPLETED TRADITIONAL AND  
CASE-BASED BRIDGING PROGRAMMES**

**BY**

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**A dissertation submitted in accordance with the requirements of  
M. Cur Degree**

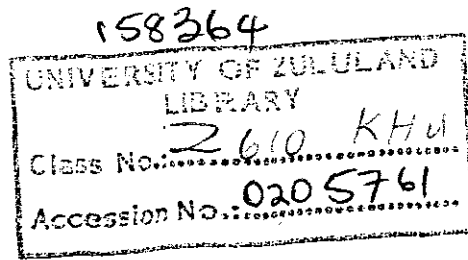
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## DECLARATION

I Nonhlanhla Florence Khumalo declare that “ A Comparative study of the professional competence of nurse who have completed the traditional and the case-based bridging programmes” is my own work. All sources used or quoted have been indicated or acknowledged by means of complete references.



NONHLANHLA FLORENCE KHUMALO

DATE: \_\_\_\_\_

## **DEDICATION**

**This work is dedicated to the following:**

**My beloved husband for his love, encouragement and undying commitment and immeasurable support through all my studies.**

**My children Nathi, Vusi, Queen (my daughter in law), Lindiwe, and Thobile whom I deprived of love attention and care during this study.**

**My grandchildren Mxolisi, Ayanda, Amanda, and Andile.**

**My late mother Caroline Maphumulo who nurtured in me the virtue of endurance, the love and desire to learn, sacrificed all she had in order to lay in me a foundation of what I am today.**

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I am greatly indebted to my supervisor, Doctor B.A. Kubheka, for her guidance, patience, encouragement, sustained support and assistance in completion of this study.

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- ❖ Matron Bhengu, friends and colleagues in the critical area where I work whose encouragement and good wishes sustained me during the study
- ❖ My younger daughter Thobile for surfing the internet getting me more information on the study
- ❖ My son Nathi and his wife Queen for helping me out with the initial typing of the report

- ❖ My daughter Lindiwe who did the typing of the document and who made sure I submitted on time
- ❖ My husband who drove me around to get information
- ❖ The authors whose books have been cited
- ❖ The family as a whole for their support, patience and willing assistance in the completion of the study

## **ABSTRACT**

The main aim of the study was to compare the competence of newly qualified professional nurses who have completed either the traditional or the case-based bridging programmes.

The study was confined to the clinical areas of KwaZulu-Natal Region F. A comparative descriptive research study was undertaken for this project.

Sixty (60) professional nurses from two bridging programmes participated in the study. Data was collected by means of questionnaires; one for the professional nurses under the study another for the supervisors working with the subjects under study. Both questionnaires were divided into four sections with a total number of sixty-nine (69) questions for both the professional nurses and supervisors under study.

Results showed that professional nurses who undertook a case-based curriculum were more competent than those who undertook a traditional curriculum.

It was recommended that both groups of the professional nurses should be helped by the supervisors in improving their administrative skills.

## OPSOMMING

Die hoofdoelwit van hierdie studie was om die vaardigheid van nuut gekwalifiseerde professionele verpleegsters wat die tradisionele of gevalle programme ondergaan het, met mekaar te vergelyk.

Die studie was beperk tot die kliniese areas van KwaZulu Natal Streek F. 'n Vergelykende deskriptiewe navorsingsraamwerk is vir die projek gebruik.

Sestig professionele verpleegsters uit twee oorbruggings programme het aan die deelgeneem. Data is verkry deur middel van vraelyste; een vir die professionele verpleegsters wat aan die studie deelgeneem het, en die ander een vir die toesighouers onder wie se toesig die repondente gewerk het. Beide vraelyste is in vier afdelings ingedeel met 'n van 69 vrae vir beide groepe.

Die bevindinge het aangetoon dat professionele verpleegsters wat 'n gevalle-gebaseerde kurrikulum gevolg het, meer bedrewe was as diegene wat 'n tradisionele kurrikulum gevolg het. Daar is aanbeveel dat deur die toesighouers gehelp moet word om hulle administratiewe vaardighede op te skerp.

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# **CHAPTER 1**

## **1.1.INTRODUCTION**

It is important that each category of professional nurse working in the clinical areas is competent enough to render quality patient care to patients. At present there are professional nurses who have been prepared by different nursing institutions. It is not known which of them is more competent than the other. The aim of this study is to compare professional nurses who have undertaken bridging courses in the nursing schools and nursing colleges called traditional curriculum and those who have undertaken bridging courses in the universities called case based curriculum.

### **1.1.2. BACKGROUND OF THE STUDY**

Currently there are three categories of nurses in South Africa, namely, registered nurses, enrolled nurses and nursing auxiliaries or assistants. The duration of the study is four academic years for a nurse to become a registered nurse, two academic years for a nurse to become an enrolled nurse, and one academic year for a nurse to become an enrolled nursing assistant, or nursing auxiliary. The enrolled nurse works under the direct and indirect supervision of a registered nurse (SANCA 1991:5)

Due to the shortage of nurses in the service, the enrolled nurses have to perform the activities traditionally seen as the scope of practice of a registered nurse, like giving guidance and supervision of nursing assistants. (Van de Merwe 1996:16).

The International Council of nurses as cited in World Health Organisation (1981:1-491) are a category of enrolled nurse and proposes to its member associations that it should be phase out. As a result the South African Nursing Association, on the 14 April 1989, approved a bridging programme, which allowed the enrolled nurses to upgrade their qualifications to those of a registered nurse (Mellish and Brink 1990:16)

The bridging course for enrolled nurses was eventually commenced at universities, colleges and nursing schools. Different models were used to offer these bridging courses in Kwazulu - Natal. The traditional curriculum was adopted by nursing colleges and universities adopted the case- based curriculum.

A traditional curriculum is pre-arranged and has content to be taught in schools by the teacher “who knows it all” and transmits it to the one who is a “passive” knowledge seeker (Van de Horst and McDonald 1997:27)

A case based curriculum refers to a curriculum with organised theoretical impact around a series of case studies. It is a self-study, organisation around comprehension patient studies (Van de Horst and McDonald 1997: 27) the learners are active participants in their studies and critical thinking, reasoning, reflection and action are encouraged.

In the this study the researcher is interested to find out what the professional competence levels are of professional nurses who have undergone these two different bridging programmes in the clinical areas.

## **1.2. PROBLEM STATEMENT**

There seems to be differences between the work performance of professional nurses who undertook the two year bridging programmes, and the traditional and case-based. They have been exposed to different bridging programmes and the impact of these two programmes on the product is not known. That is why it is important to do a comparative study of these two programmes in order to determine which one will be able to produce professional nurses with the desired level of competency.

According to the South African Nursing Council (1993:3) the purpose of nursing education-nursing education is the development of the student in order to have the ability to analytical, critical, evaluate and creative thinking and the exercise of independent judgement.

It is imperative that each and every institution that offers the bridging course should strive by all means possible to produce a professional nurse of high calibre as mentioned by the South African Nursing Council.

## **1.3. SIGNIFICANCE OF THE PROBLEM**

In order to improve the standard of nursing, registered nurses, should be competent in carrying out their duties as specified in the scope of practice. Nursing services management will benefit in making good decisions in the recruitment of competent nurses.

Professional nurses that will be produced in future, will be competent enough to provide quality patient care in the health services.

The findings might motivate nurse educators of a previous era to employ an outcomes based approach to improve future performance of professional nurses.

The findings might also facilitate the smooth adoption of the new method of teaching and the new curriculum development (case-based curriculum).

#### **1.4. ASSUMPTIONS**

It is assumed that changes in the bridging programmes to case or open-based curricular will improve the competency of professional nurses in the clinical areas as compared to the traditional curriculum.

#### **1.5. RESEARCH QUESTIONS**

- What is the professional competency level of the newly qualified nurse who has followed a traditional curriculum?
- What is the professional competency level of the newly qualified registered nurse who has followed a case-based curriculum?

## **1.6. OBJECTIVES**

- To determine the competency levels of the newly qualified nurses who studied through either the traditional or the case-based curriculum
- To compare the competency levels of newly qualified nurses who studied the traditional curriculum and the case-based curriculum.
- To make recommendations on improvement in competency of these professional nurses upon completion of this study.

## **1.7 DEFINITION OF TERMS**

### **COMPETENCE**

Competence is the knowledge of the topic at hand, intelligence, expertise, skills or good judgement. Competency is based on the comprehensiveness of the individual's knowledge and ability to perform skills in an efficient and effective manner. Society expects nurses to be professionally competent. (Hack man and Johnson 1996:126) Competency means that the nurse has been in the same position or a similar situation for two or three years and is able to see her own activities in terms of long-ranged goals or plans. At this stage the individual lacks the speed and flexibility of a mastery and ability to cope with the many contingencies of clinical nursing (Troskie 1993:58).

## **PROFESSIONAL NURSE**

The professional nurse is an independent practitioner of the profession of nursing, accountable for the acts and omissions, and responsible to her patients, her employers and society that she serves, as well as to herself and her profession for the maintenance of the highest standards of professional knowledge and competence (Mellish, JM and Wannenburg I.1992:4).

## **CASE-BASED CURRICULUM**

This refers to a curriculum with organised theoretical input around a series of case studies. The student is given information about the case reference theory and guided through these studies by a series of questions and tasks

A case-based curriculum is self-organised around comprehensive patient studies. Learners are assessed on an on going basis. Learners develop critical thinking, reasoning, reflection and action (Van de Horst and McDonald 1997:27).

## **TRADITIONAL CURRICULUM**

This refers to the pre arranged content to be taught in schools by the teacher “who knows it all” and transmits this content to the one who is a “passive “ knowledge seeker (Van de Horst and McDonald 1997:27)

## **CRITICAL THINKING**

Critical thinking is a cognitive or mental process that involves conscious systematic, reflective rational and goal oriented examination and analysis of all available information and ideas and formulations of conclusions as the most appropriate, often creative, decision. It includes meta cognition and examination one's own reasoning or thought processes, while thinking is a process that helps to strengthen and refine thinking skills. (Smeltzer and Bare 2000: 23)

Critical thinking also includes more than just the intellectual domain of human functioning as it is supported by other domains such as the emotional domain (Van de Horst and Mc Donald 1997:217).

### **1.8 CONCLUSION**

In this chapter introduction and background of the study, problem statement, significance of the problem, assumptions, research questions, objectives and definitions of terms were discussed.

In the next chapter the literature review and theoretical framework will be discussed.

## **CHAPTER 2**

### **2.1. LITERATURE REVIEW**

#### **2.1.1. INTRODUCTION**

Different books, periodicals and journals were used in this study to collect information about the comparison of professional competence of nurses who have completed the traditional and case – based bridging programmes.

#### **2.1.2 COMPETENCE OF NEWLY QUALIFIED PROFESSIONAL NURSES**

Benner (1984) cited in Quinn (1997:248) states that competent stages of a professional nurse is characterised by conscious, deliberate planning based upon analysis and careful deliberations of situations. It is further stated that a competent nurse is able to identify priorities and manage her work.

On the other hand, Hackman and Johnson (1996:126) comment that competence is the knowledge of the topic at hand, intelligence, expertise, skills or good judgement. Competency is based on the comprehensiveness of the individual's knowledge and ability to perform skills in an affective and efficient manner. Society expects nurses to be professionally competent.

However, Troskie (1993:50) indicates that competency means that the nurse has been in the same position or similar situation for two or three years and is able to see her own activities in terms of long-ranged goals

or plans.

At this stage the individual lacks the speed and flexibility of a proficient nurse, but does experience a feeling mastery and ability to cope with the many contingencies of clinical nursing. Troskie (1993:53) further states that competence is judged on an individual's capacity to integrate information and educational programme and are qualified, to begin related practice and assume responsibility for continued learning on a self – regulated basis.

Benner (1979:105) cited in Quinn (19997:18) indicates that the qualified nurse should be able to perform nursing activities safely according to pre-determined standards, within her scope of practice, in cp-ordination with other members of the health team. Benner also emphasises that the newly qualified nurse should be placed in the area in which she is interested. The responsibility too soon may cause unnecessary stress preventing the nurse from optimum functioning.

### **2.1.3.CRITERION FOR COMPETENCE**

#### **PATIENT CARE**

Manuel and Sorensen (1995:259) in Boston states that for competence professional nurses should see the big picture of patient care as the ability to assess and plan patient care. The author further comments that professional nurses should have an eagerness to be involved professionally in collaborative committee work to have a better problem solving ability and

a broader base education with more global perspectives.

Girot (1993:115) in her research on evaluation of competence in clinical practice finds that attributes of both competence and non-competence of professional nurses were found to be clustered naturally into four common themes, trust, caring, communication, skills, and knowledge and adaptability.

### **TRUST**

Girot state that all professional nurses attributes trust as permanent in competence.

### **CARING**

Caring is seen as an association between caring and professional nurses own self-concept. Benner and Wrubel (1989) cited in Gerot (1993:116) agree with above view by saying that caring permits the nurse to focus on priority needs allowing her patients to notice suitable signs of improvement deterioration in the patient. According to Dreyfus and Dreyfus (1986) also cited in Girot (1993) caring is required for expects human practice and thus would be necessary for competence.

### **COMMUNICATION SKILLS**

Incorporating both verbal and non-verbal communication was found to be important in competence. Communicating happiness seem to be a recurring feature of all professional nurses and lack of happiness or pleasure in the professional nurses work would influence her practice.

Professional nurses are expected to be more independent practitioners and be more effective communicators with their patients (Giot 1993:113).

## **KNOWLEDGE**

Competent professional nurses are expected to use knowledge and information, seek out and use appropriate resources and be able to think laterally. Ankinsanya (1981) cited in Giot (1993:117) recognises that knowledge is a fundamental pre requisite for competent professional practice. Boss (1985) cited in Ferguson and Calder (1993:31) argues that the difficult encounter in professional performance is the ability to meet or surpass prevailing standards of adequate nursing practice. Boss argues that the competence involves not only psychomotor performance but also knowledge, values, critical thought, clinical judgement and other complex nursing skills.

### **2.1.4 NON COMPETENCE**

According to Tlakula and Uys (1993:28), after doing inspections in the colleges and hospitals, the South African Nursing Council sent out a document in 1990, which stated that the registered nurse frequently does not apply her theoretical knowledge of nursing in practice and that this causes the newly qualified professional nurses performance to be inadequate.

## **2.1.5 CAUSES OF NON-COMPETENCE**

Adams (1992:93) sees the causes of non-competence as:

- Teaching of theory and practice separately.
- Short period of allocation in the department for the newly qualified professional nurse to gain management skills.
- Lack of role models for the student to copy from, due to the shortage of professional nurses in the department.
- Emphasis on concept leadership, which was not shown in practice.  
Student did not see leadership qualities displayed in the wards.

## **2.1.6 REQUIREMENTS FOR COMPETENCE**

The following requirements are important and should be displayed by each newly qualified professional nurse in the clinical areas: Critical thinking, self directed learning, a need for management skills, knowledge of the traditional curriculum as well as case based curriculum.

### **2.1.6.1 CRITICAL THINKING**

Van de Horst and Mc Donald (1997:217) states that critical thinking refers to thinking at a high level of complexity, where thought processes such as understanding, analysis, synthesis, applications and evaluation are involved. Critical thinking includes more than just an intellectual domain of human functioning as other domains support it.

The nursing profession is an autonomous discipline with the responsibility of upholding of professional practices. Professional education of nurses is the process of acquisition and mastery of basic skills in order to identify health and illness problems. Facione, Facione and Sanchez (1994:345) states that a critical thinking ability and problem solving skills serve as the basis for the thinkers decisions about what to do or what to believe.

Critical thinking is regarded as a practical activity that helps the learners develop broad understanding of situations that are meaningful to them, to ask questions, to look for evidence, and to be critical of their own ideas as well as those of others.

Van de horst (1997:218) further states that teaching critical thinking helps students to act and judge. Teaching critical thinking empowers destiny. Students are encouraged to seek and scrutinise alternatives and be critical of their own ideas as well as those of as for others. Van de Horst also indicates that involving the student to participate enables her to apply everything she knows thus leading to change of behaviour: This encourages her to use independent judgement and self-evaluation in clinical crisis evaluation.

#### **2.1.6.2 SELF DIRECTED LEARNING**

Knowles (19975:18) states that self directed learning is a process in which learners take the initiative, without the help of others, in diagnosing their learning needs by formulating goals, identifying human and material resources and evaluation learning outcomes.

Hammond and Collins (1991:13) further indicates that self directed learning is a process in which learners take initiative, with the support and collaboration of others, for increasing self and social awareness, critically analysing and reflecting on their situations, diagnosed their learning needs with specific reference to competencies they have helped identify, formulating socially and personally relevant learning goals, identifying human material resources for learning strategies and reflecting on and evaluating their learning.

The immediate goal of self directed learning is to help learners take greater control of their learning.

The ultimate goal is to employ learners to use their learning to improve the conditions under which they live and work.

### **2.1.6.3 MAJOR STRENGTHS OF SELF DIRECTED LEARNING**

According to Hammond and Collins (1991:15) self-directed learning promotes empowerment and liberation of educators, learners and others:

- It ensures that learning is relevant both socially personally even in heterogeneous learning groups,
- It meets conventional institutional demands about maintaining academic standards.
- It prepares learners for continuation education
- It promotes participation and co-operation as important education and social attributes.

Hammond (1991:26) further indicated that a self directed learner is someone capable of exercising control over tasks to be mastered in the leaning process and of working independently by:

1. Being reflective and self aware:
2. Being methodical, disciplined, logical and analytical
3. Demonstration curiosity, openness and sufficient
4. Being interdependent and self sufficient
5. Showing confidence on having a positive self-concept, and having knowledge and skills in learning generally.

#### **2.1.6.2.2 FACILITATING SELF DIRECTED LEARNING**

Bailey (1992:85) indicates that there is a difference between traditional teachers and facilitators. The findings were that facilitators had an open ended role, helped in the integration of theory and practice, focus on the experiential approach, encourages learners totally, negotiated the curriculum with learners, provided regular feedback and helped learners to use a range of assessments, possibly to a competence based system. This is more emphasised in the case based curriculum.

This is unlike the traditional teachers who work with the transmission model learning, who emphasises theoretical knowledge, select curriculum and marked within a relatively fixed placement time, selects, organises, and transmits the curriculum to students provides formal assessment to student and examination practices in accordance with a normal based system. This is more emphasised in the traditional curriculum.

Hammond (1991:107) further emphasises that a willingness to learn, means that they are less likely to resist participatory learning techniques such as

discussion, role-playing, games, small group work and collaborative analysis of personal experiences.

#### **2.1.6.4 A NEED FOR MANAGEMENT SKILLS**

As cited by Gerber (1987:208) management development and training is an ongoing process to prepare the newly qualified professional nurse to set objectives to activate the goal of the institution.

Management skills of the newly qualified professional nurse needs attention because such skills are not practised during her training. Kihlgren and Rydholm (1988:95) indicate that the nurses are inadequately prepared both formally and informally to assume management and leadership roles.

#### **2.1.7 TRADITIONAL CURRICULUM AND CASE BASED CURRICULUM FOR BRIDGING OF ENROLLED NURSES**

The minister of health, population and development, according to the recommendation of the South African Nursing Association, in terms of section 45 (1) No R683 as amended, approved the introduction of a bridging course for enrolled nurses leading to registration as a general nurse. This course was offered to enrolled nurses with standard 10 or equivalent certification for two academic years of study (SANCA, 1977:3). Nursing colleges, nursing schools and universities, offer this programme.

The curriculum and teaching methods for bridging courses differ from one nursing education institution to another. The nursing colleges and nursing and nursing schools are skilled in using a traditional curriculum and

traditional teaching methods and universities use case- based curriculum and modern methods of teaching.

### **2.1.7.1 TRADITIONAL CURRICULUM**

Van de Horst and McDonald (1997:30) indicate that a traditional curriculum refers to the pre-arranged content to be taught in schools by the teacher “who knows it all” and transmit this content to the one who is a “passive “ knowledge seeker.

The textbook and its implementation are teacher and textbook bound. The teacher regards the learner as empty vessels and merely “fill them with content”

Van de Horst (1997:27) also states that teachers are responsible for learning and motivation is dependent on the personality of the teacher. The emphasis is on what the teacher hopes to achieve. The content is placed into rigid time frames. Learners are dependent on the teacher for being rewards or praised for their efforts, which leaves very little room for self-motivation. On the other hand, Bailey (1992:85) comments that the traditional teachers worked transmission model of learning, emphasised theoretical knowledge, selected curriculum and marked within a relatively fixed place and time, selected, organised, and transmitted the curriculum to the students, provided formal assessment to students and examination practises within normal based system.

There is heavy reliance on rote learning and recall of informal, not application of knowledge and research skills such as critical thinking or

problem solving. Attitudes formation is prescribed to the detriment of social awareness and sensitivity.

There is great deal of conformity and very little room for creativity.

Authoritarian practices are common, which do not allow creative thinking or critical thinking and self discipline is not encouraged. Methods of task completion are prescribed, rather than encouraged as initiative, which is discouraged.

#### **2.1.7.2 CASE – BASED CURRICULUM**

Van de horst (1997:27) referred to the case based curriculum as the organised theoretical input around a series of case studies. The student is given information about the case reference theory and guided through these studies by a series of questions or tasks. A case-based curriculum is self-organised around comprehensive patient studies. Learners develop critical thinking, reasoning, reflection and action.

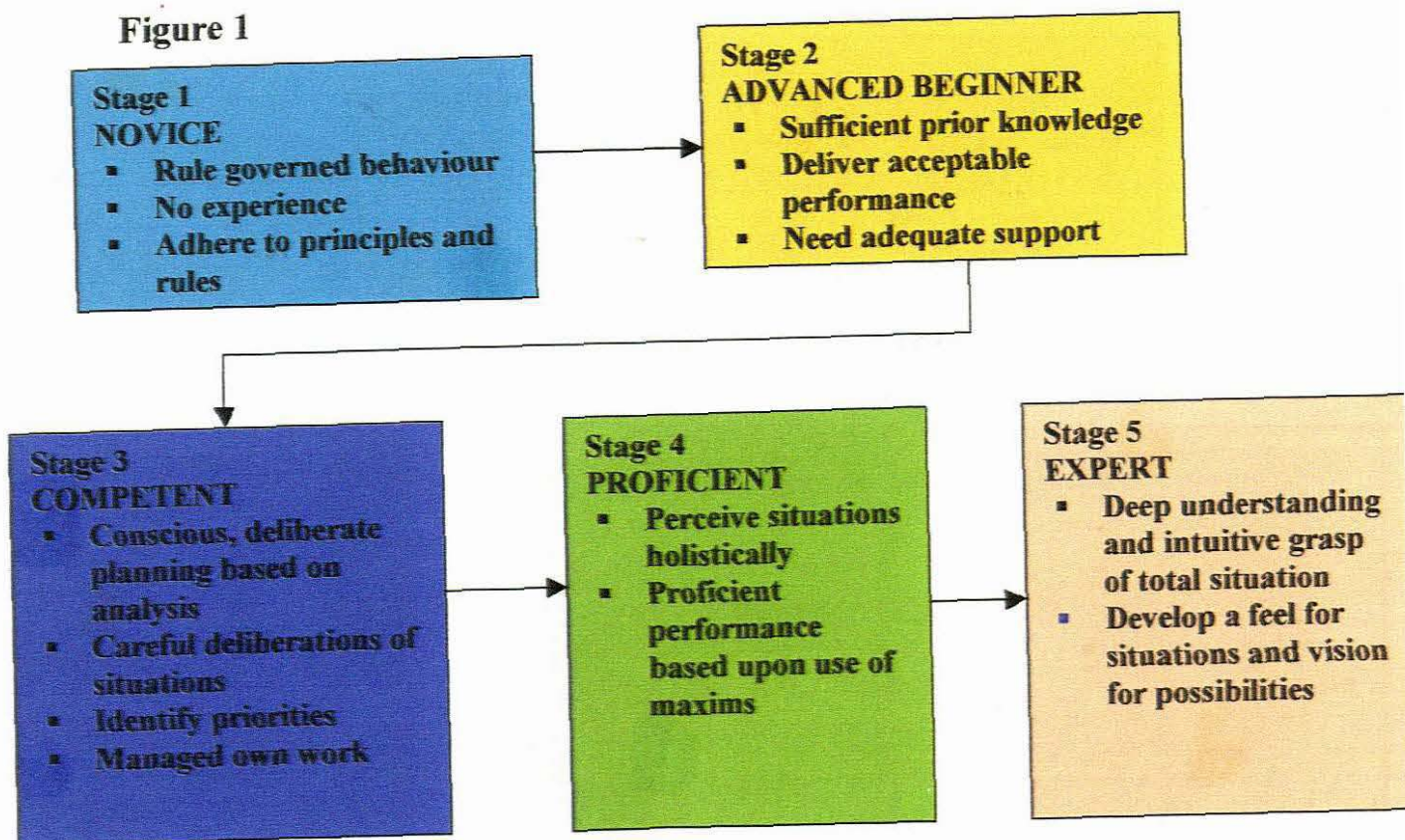
On the other hand, Bailey (1992:85) emphasises that with the case based curriculum, facilitators have an open ended role, help in the integration of theory and practice, focus on the experiential approach, encouraged learners to talk, negotiate the curriculum with learners, provided regular feedback and help learners to use a range of assessments, to a competence based system. The emphasis is on outcomes (what the learner becomes and understands). Outcomes based education is learner centred, the teacher is a facilitator and the teacher constantly uses group work and teamwork to consolidate the new approach.

### 3.THEORETICAL FRAMEWORK

This study is based on Benner's model of skilled acquisition in clinical practice. Benner (1982:402) cited in Quinn (1997:181) describes the characteristics of performance at five different levels of nursing skills, namely, novice, and advanced beginner, competent, proficient and expert. She states that as a student advances through the stages she relies less upon abstract rules to govern her practice, but more on experiences.

#### Theoretical framework adapted from Benner's model of skills acquisition in clinical practice

Figure 1



(Quinn 1997: 181-182)

During the first stages, the professional nurse has recently completed her study and she is still a novice without any clinical experience, which may lead to a lack of competence.

With regard to stage 2 that of the advanced beginner, the professional nurse has had sufficient prior experience of clinical practise but her performance is marginally accepted and she still needs some support from supervisors.

### **STAGE 3**

That of being competent is characterised by conscious, deliberate planning based upon analysis and careful deliberation of situations. The competent professional nurse is able to identify priorities and manage her own work, and Benner suggests that the competent professional nurse can benefit at this stage from leaning activities that centre on decision making, planning and co-ordination patient care.

### **STAGE 4**

The proficient nurse is able to perceive situations holistically and therefore can solve most relevant aspects of a problem. According to Benner, proficient performance is based upon the use of maxims, and is normally found in nurses who have worked within a specific area of nursing for several years. Inductive teaching strategies such as case studies are most useful at this stage

## **STAGE 5: EXPERT**

The stage is characterised by a deep understanding and intuitive grasp of the total situation, the expert nurse develops a feel for situations and a vision of the possibilities in a given situation. The research is more relevant to stage 3, where the professional nurse is now competent, which is characterised by conscious and deliberate planning, based upon careful deliberation of situations. At the stage the professional nurse must be able to identify priorities and work independently and shall have gained experience in the clinical situation by making important decisions pertaining to patient care (Quinn 1997: 181).

In this study therefore the competence of the newly qualified professional nurses will be judged according to the characteristics of level three of Benner skill acquisition model.

### **2.1.8 CONCLUSION**

In this chapter introduction, competence of newly qualified professional nurses criterion for competence, non-competence, causes of non-competence, theoretical framework were discussed In the next chapter methodology will be discussed.

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter focuses on the methods used to meet the objectives of the research design. It includes a discussion of the research design, the delimitation of the study, the sample and sampling procedure, target population, research instrument, pilot study, ethical considerations and conclusion.

A research method, according to Polit and Hungler (1995:36), means steps, procedures and strategies used for gathering and analysing data in a research investigation.

#### **3.2 RESEARCH DESIGN**

A comparative, descriptive research study was undertaken for this project. The researcher compared the competence of the newly qualified professional nurses that have undergone different bridging programmes through either the traditional curriculum or the case-based curriculum.

#### **3.3 DELIMITATION OF THE STUDY**

The study was confined to clinical areas of KwaZulu-Natal Region F, that is the King Edward VIII hospital and McCord hospitals.

### **3.4 SAMPLE AND SAMPLING PROCEDURE**

In a unit where the professional nurses were more than ten, especially in the theatre and out patient departments, a simple random sampling was used. Every third professional nurse who had undertaken either a traditional or case-based curriculum was selected in each unit.

In a unit where the professional nurses were less than ten, all those who had done the bridging courses were purposely selected.

This was done until a total of sixty (60) newly qualified professional nurses was reached.

All the supervisors were purposively selected that is, those supervising the professional nurses under study until a total number of fifteen (15) was reached. Purposive sampling refers to the selection of some special group by the researcher because there is good evidence that it is representative of the total population that he wishes to study (Polit and Hungler 1993:235)

### **3.5 TARGET POPULATION**

The target population consisted of newly qualified professional nurses who had done a bridging course in the nursing colleges and universities through both the traditional and case-based curricula. These professional nurses mostly have experience of one to three years working in the clinical areas. The supervisors of the newly qualified professional nurses were also included. The total number of graduates from both institutions that is King Edward VIII and McCord hospitals was sixty.

### **3.6 RESEARCH INSTRUMENT**

Data was collected by means of questionnaires. A questionnaire allows for gathering of self-report information from respondents through self-administration of questions in paper-pencil format (Brink 1996:154). The questionnaire was chosen because it allowed respondents to respond as openly and as frankly as possible to the questions.

There were two types of questionnaires. One was directed to the newly qualified professional nurses who had recently completed the two bridging programmes, and the supervisors, that supervise these professional nurses, filled in the second questionnaire.

Both questionnaires were divided into four sections with a total number of seventy questions, for both the professional nurses and the supervisors under study. Section A dealt with personal details, Section B with the educational background and Section C the employment history. All these sections consisted of open-ended and close-ended questions. Section D consisted of Likert-scale questions graded into (5) five levels starting from 1-5 where the respondents were to grade themselves according to their competency level: Level 1 – Very incompetent, Level 2 – Incompetent, Level 3 – Average, Level 4 – Competent, Level 5 – Very competent.

Section D is further divided into (5) five headings namely:

- Administrative skills.
- Teaching skills.
- Patient care.
- Communication skills.
- Cultural thinking skills.

The researcher wanted to evaluate the professional nurse's feedback from the questionnaire because her age and marital status may have an impact on the competency and maturity during her bridging course. The educational background is also related to the graduate's competency, determination and enthusiasm, which instill the urge to continue with her education and training under Section C. The researcher wanted to know if the graduate is satisfied with her placement

### **3.7 PILOT STUDY**

The questionnaire was processed, before the distribution to respondents for the main study. The intention was to determine if questions and instructions were clearly stated. A pilot study is necessary to assess the adequacy of the data collection plan (Brink, 1996: 174). It enables the researcher to make improvements where necessary before the principal study is done.

A pilot study was conducted on fifteen newly qualified professional nurses and the supervisor to test for reliability and validity of the questionnaire. It took 30-45 minutes to interview each respondent. Corrections and modifications were done after which the instrument was administered.

#### **3.7.1 CONTENT VALIDITY**

Reviewed literature made it possible to establish content validity of the questionnaire. It provided information on the competency and critical thinking of newly qualified professional nurses involved in clinical performance and patient care. This was intended to establish if items in the questionnaire measured what they were supposed to measure, that is how

competent the newly qualified professional nurses are, after completing their different bridging programmes.

Questionnaires were sent to senior members of the nursing profession to assess the validity of the questions. Validity refers to the degree to which the instrument measures what it is supposed to measure

(Brink, 1996:126). Reliability refers to the accurate reflection of the attributes under investigation

(Brink, 1996:126).

Content validity is an assessment of how well the instrument represents all the different components of the variable to be measured (Brink, 1996:168).

### **3.8 ETHICAL CONSIDERATIONS**

Research on human subjects requires that certain ethical precautions to be taken. Written permission to conduct research was obtained through the Department of Health KwaZulu-Natal, the Superintendent, Deputy Directors of each hospital. Informed consent was obtained from the professional nurses and supervisors.

Each questionnaire had an introductory letter, explaining the aims of the research to the subjects. They were assured anonymity and confidentiality and were asked to participate voluntarily. To ensure anonymity prospective respondents were requested not to write their names anywhere on the questionnaire

### **3.9 CONCLUSION**

This chapter discussed the research design, delimitation of the study, sample and sampling procedures, target population, research instrument, pilot study and ethical consideration. In the next chapter data analysis and interpretation is discussed.

## **CHAPTER 4**

### **ANALYSIS AND DISCUSSION OF FINDINGS FOR GRADUATES**

#### **4.1 INTRODUCTION**

This chapter discusses the findings of the study from the data that was obtained through questionnaire during the study.

The newly qualified professional nurses completed questionnaires after completing different bridging programmes. Data was analysed and interpreted and presented through tables, graphs and pies.

#### **4.2 SECTION A**

##### **4.2.1 PERSONAL PARTICULARS**

This section was included in order to obtain the data on gender, age, and marital status. This information might influence the competence of professional nurses who undertook the case-based curriculum and those of the traditional curriculum

#### 4.2.1 ITEM 1 GENDER OF PROFESSIONAL NURSES

TABLE 4.1. GENDER DISTRIBUTION

Gender	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Female	25	83%	27	90%
Male	5	17%	3	10%
Total	30	100%	30	100%

Table 4.1 reveals that 83% (25) female professional nurses undertook the bridging course through the case-based curriculum, and 17% (5) were males whereas professional nurses that undertook the bridging course through the traditional curriculum were 90% (27) females and 10% (3) males.

Female professional nurses were more than males. These support the generally held view that nursing is a female dominated profession.

Male professional nurses are needed by the profession to be allocated to other specialities like psychiatric nursing, orthopaedic nursing and other specialities. They need to be recruited.

The same picture was obtained with the supervisors where 80% (12) were females as compared to 20% (3) who were males.

#### 4.2.2 ITEM 2: AGES OF RESPONDENTS

**TABLE 4.2 AGE DISTRIBUTION OF RESPONDENTS**

Age group in years	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
25 yrs-below				
25-34 yrs	15	50%	5	17%
35-44 yrs	10	33%	20	66%
45-54 yrs	5	17%	5	17%
55-above	-	-	-	-
Total	30	100%	30	100%

It is necessary to determine the different ages of the professional nurses because maybe age has to do with maturity that may lead to competency. The fact that the majority of the newly qualified professional nurses in this study fell between 35-45 yrs, 25-35 yrs is an indication that they are probably personally and professionally matured and are expected to be competent in their work performances.

### 4.2.3 ITEM 3: MARITAL STATUS OF RESPONDENTS

TABLE 4.3 MARITAL STATUS

Marital Status	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Single	15	50%	11	37%
Married	11	37%	13	43%
Widowed	-	-	3	10%
Divorced	4	13%	3	10%
Total	30	100%	30	100%

The single professional nurses that undertook the case-based curriculum were 50% (15), 37% (11) were married, 13% (4) were divorced whereas the bridging course through the traditional curriculum was undertaken by 37% (11) single professional nurses, 43% (13) married, 10% (3) widowed and 10% (3) divorced.

Table 4.3 illustrated married participants play a major role in the nursing profession because they are matured, disciplined, and have a desire to develop their skills further.

## 4.3 SECTION B: EDUCATIONAL BACKGROUND

### 4.3.1 ITEM 4: HIGHEST STANDARD OF EDUCATION

This question was included in order to identify educational qualifications of the graduates because this might influence their competence.

**TABLE 4.4 HIGHEST STANDARD OF EDUCATION**

Highest standard	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Standard 9	1	3%	2	7%
Standard 10	29	97%	28	93%
Total	30	100%	30	100%

Table 4.4 illustrates the educational status of newly qualified professional nurses that undertook different bridging programmes. 97% (29) of the professional nurses that undertook the bridging programme through the case-based curriculum had obtained a standard ten and 3% (1) had a standard nine certificate whereas 93% (28) from the traditional curriculum had standard ten and 7% (2) only had standard nine.

A standard ten certificate is the South Africa Nursing Council requirement. The three professional nurses with standard nine (1) from the case-based curriculum and (2) from the traditional curriculum were allowed to undertake bridging course because of their involvement and devotion in patient care and because of their competency levels

### 4.3.2 ITEM 5: BRIDGING COURSE OR 4 YEAR COMPREHENSIVE COURSE

**TABLE 4.5 TYPE OF BRIDGING PROGRAMME UNDERTAKEN**

Type of bridging programme undertaken	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
The case-based	30	100%		
Traditional			30	100%
Total	30	100%	30	100%

Table 4.5 illustrates that participants undertook their bridging programmes through different curricula and obtained a diploma in Nursing. The participants that undertook the bridging course through the case-based curriculum were (30) 100% and those that undertook the bridging course through the traditional curriculum were 100% (30) all obtained a diploma in nursing.

### 4.3.3 ITEM 6: PROFESSIONAL QUALIFICATIONS

**TABLE 4.6 PROFESSIONAL QUALIFICATIONS**

Professional Qualification	Traditional curriculum		Case-based curriculum	
	Frequency	Percentage	Frequency	Percentage
Professional nurse	30	100	30	100
Senior professional nurse	-	-	-	-
Chief professional nurse	-	-	-	-
Other, please specify	-	-	-	-
Total	30	100	30	100

The professional nurses that undertook the bridging course through the traditional curriculum; on completion of their bridging course they become professional nurses. Professional nurses that undertook the bridging programme through the case-based curriculum (30) qualified to be professional nurses on completion of the bridging course

#### 4.3.4 ITEM 7: ACADEMIC QUALIFICATIONS

**TABLE 4.7 ACADEMIC QUALIFICATIONS**

Academic Qualifications	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
B. Cur degree				
B. Cur (E et A) degree	-	-	-	-
Diploma in General nursing	30	100%	30	100%
Diploma in administration	-	-	-	-
Diploma in community health	-	-	-	-
Any other	-	-	-	-
Total	30	100%	30	100%

The subjects under study only obtained a diploma in nursing after having undertaken different bridging programmes and are newly qualified. Both groups the case-based curriculum and the traditional curriculum professional nurses had a diploma in nursing 100% (30) obtained a diploma in Nursing.

#### 4.4 SECTION C EMPLOYMENT HISTORY

The research included this section in order to evaluate if the subjects were placed in the correct departments, where they wish to work, because if they are not, they will not be productive enough. Proper placement contributes to competence performance.

##### 4.4.1 ITEM 8: PLACEMENT OF PARTICIPANTS

**TABLE 4.8 PLACEMENT OF PARTICIPANTS**

Placement	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Theatre	4	13%	4	13%
ICU	6	20%	-	-
Casualty	4	13%	6	20%
Medical out patients	6	20%	-	-
Renal Unit	2	7%	4	13%
Paediatric	3	10%	3	10%
Surgical	2	7%	-	-
Gynae ward	-	-	2	7%
Obstetric	3	10%	6	20%
Medical ward			3	10%
Eye clinic			2	7%
Total	30	100%	30	100%

Table 4.8 illustrate the placement of subjects under study. 13% (4) the case-based professional nurses were placed in theatre 20% (6) were placed in the intensive care ward, 13% (4) were placed in casualty, 20% (6) in medical out patients, 7% in Renal, 10% (3) in paediatric wards, 7% (2) in surgical, 10% (3) in obstetric whereas the professional nurses that undertook bridging course through traditional curriculum, thirteen percent (4) were placed in theatre, 20% (6) in casualty, 13% (4) in Renal unit, 10% (3) in paediatric ward, 7% (2) in gynae ward and 7% (2) were placed in the eye clinic.

It is clear from the above results that these professional nurses were in the hospital.

Benner: (1979:9) states that a newly qualified professional nurse should be placed in the area of her interest

#### 4.4.2 ITEM 9: DURATION OF HOLDING PRESENT POST

**TABLE 4.9 DURATION OF HOLDING THE POST**

Duration of holding post	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
1 year	3	10%	5	17%
2 years	12	40%	15	50%
3 years	15	50%	10	33%
Total	30	100%	30	100%

Table 4.9 above illustrates the duration of professional nurses that undertook the bridging course through the case-based curriculum 10% were in the post for 1 year, 40% (12) professional nurses were in the post for 2 years, 50% were in the post for 3 years whereas the professional nurses that undertook the bridging course through the traditional curriculum, 17% (5) in the post for 1 year, 50% (15) in the post for 2 years and 33% (10) in the post for 3 years.

#### 4.4.3 ITEM 10 CORRECT PLACEMENTS

**TABLE 4.10 CORRECT PLACEMENT**

Correct Placement	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Correct Placement	20	67	18	18
Not correctly placed	10	33	12	40
Total	30	100%	30	100%

Table 4.10 shows that 67% (26) professional nurse from the case-based curriculum were correctly placed in their departments where they were working, whereas professional nurses that undertook the bridging course through the traditional curriculum 60% (18) were correctly placed.

30% (10) of the professional nurses that undertook the bridging course through the case-based curriculum were not correctly placed.

It is very important that the professional nurses are correctly placed according to their interest for productivity

#### 4.4.4 ITEM 11: WHERE WISHES TO BE PLACED

**TABLE 4.11 WHERE WISHES TO BE PLACED**

Where wishes to be placed	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Theatre	10	33%		
Intensive care			4	13%
Obstetrics			6	20%
Renal unit			2	7%
Total	10	33%	12	40%

Table 4.11 shows that 33% (10) professional nurses that undertook the bridging course through the case-based curriculum, wanted to be placed in theatre, whereas the professional nurses that undertook the bridging course through the traditional curriculum 13% (4) wanted to be placed in intensive care unit 20% (6) in obstetrics and 7% (2) wanted to work in the renal unit.

#### 4.4.5 ITEM 12: FEELING OF COMPETENCE AFTER THE COURSE

**TABLE 4.12 FEELING OF COMPETENCE**

Feeling of Competence	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Those that felt competent	25	83%	28	93%
Those that did not feel competent	5	17%	2	7%
Total	30	100%	30	100%

The professional nurses that undertook the bridging course through the case-based curriculum felt competent after doing the course were 83% (25).

The professional nurses that undertook the bridging course through the traditional curriculum felt competent after doing the course were 93% (28), 17% (5) from the case-based curriculum felt not competent enough as compared to the 7% (2) from the traditional curriculum.

From the results, it is clear that most of the graduates felt competent in their work performance. This will influence the way they will evaluate themselves and the supervisors for instance, when the same question on the competence was directed to the supervisors of the graduates, all of 100% (15) felt were competent in their work performance.

#### 4.4.6 ITEM 13: REASONS FOR NOT FEELING COMPETENT

**TABLE 4.13 REASONS FOR NOT FEELING COMPETENT**

Feeling if competence	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Still new in wards	5	17%	2	7%
Rotation done regularly	5	17%	2	7%
<b>Total</b>	<b>14</b>	<b>34 %</b>	<b>4</b>	<b>14 %</b>

17% (5) from the case-based curriculum who did not feel competent stated that the feeling of not being competent they were still new in the wards where they were allocated, and that the rotation done in the hospital by the administrators was done at regular intervals. These professional nurses preferred to stay in the same department for a period of six months. The professional nurses that the undertook bridging course through the traditional curriculum 7% (2) stated that they felt that the orientation done by the supervisor in the wards where they work was hasty and shallow. Supervisors felt that all professional nurses were competent.

#### 4.4.7 ITEM 14: NEED FOR ORIENTATION AFTER COMPLETION

**TABLE 4.14 NEED FOR ORIENTATION**

Need for orientation	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
No need for orientation	25	83%	20	67%
Need for orientation	5	17%	10	33%
Total	30	100%	30	100%

Table 4.14 indicates that 83% (25) professional nurses that undertook the bridging course through the case-based curriculum did not need orientation after the course and 17% (5) needed orientation, whereas 67% (20) of the professional nurses that undertook the bridging course through the traditional curriculum did not need orientation and 33% (10) needed orientation. Supervisor also identified 20% (3) professional nurses who required orientation after completion.

#### 4.4.8 ITEM 15: FEELING ABOUT THE CURRICULUM

**TABLE 4.15 FEELING ABOUT THE CURRICULUM**

Feeling about the curriculum	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Good	27	90%	25	83%
Fair	3	10%	5	17%
Bad				
Total	30	100%	30	100%

90% (27) professional nurses that undertook the bridging course through the case-based curriculum felt good about the curriculum content as compared to the 83% (25) of the professional nurses that undertook the bridging course through the traditional curriculum who also felt good about the curriculum content

Ten percent (3) of the professional nurses from the case-based curriculum felt the curriculum content was fair as compared to the 17% (5) from the traditional curriculum.

All graduates seem to be satisfied about the curriculum. It could be expected that their performance is also good.

#### 4.4.9 ITEM 16: CONTENT TO BE ADDED OR DELETED IN THE CURRICULUM

**TABLE 4.16 CONTENT TO BE ADDED**

Curriculum content	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Computer Literacy	15	50%	15	50%
Obstetrics more months	10	33%		
Surgery more months	5	17%	5	17%
Nephrology			10	33%
Total	30	100%	30	100%

50% (15) of the professional nurses that undertook the bridging course through both the case-based curriculum and the traditional curriculum identified computer literacy to be added in the curriculum.

33% (10) from the case-based curriculum asked for more months to be added in obstetrics and 17% (5) from the case-based asked for more months to be added in surgery whereas 17% (5) asked for an addition of more months in surgery. Professional nurses that undertook the bridging course through the traditional curriculum and 33% (10) professional nurses from the traditional curriculum asked for nephrology to be added in the curriculum.

It could happen that professional nurses from the case-based curriculum felt not competent enough to work in obstetrics because they felt less time was spent on this speciality during their training. Nurse educators that are

responsible for curriculum development need to dwell deeply on this issue for effectiveness.

#### **4.4.10 ITEM 17: FEELING ABOUT LEAVING GRADUATES TO WORK**

**TABLE 4.17 FEELING ABOUT WORKING INDEPENDENTLY**

Item	Case-based Curriculum		Traditional Curriculum	
	Frequency	Percentage	Frequency	Percentage
Could be independent	25	83%	28	93%
Not independent	5	17%	2	7%
Total	30	100%	30	100%

93% of the professional nurses that undertook the bridging course through the traditional curriculum felt they could be left alone in the wards without supervision. 83% (25) professional nurses that undertook the bridging course through the case-based curriculum also felt confident to be left alone whereas 7% (2) of the professional nurses that undertook the bridging course through the traditional curriculum were not confident with being left independently and 17% (5) from the case-based curriculum also were not confident with being left alone.

This is a sign of a lack of confidence on the part of professional nurses who felt they could not be left alone.

## **4.5 SECTION D: EVALUATION OF COMPETENCE OF SKILL**

This section consisted of a Lickert scale. These questions were graded into five (5) levels of competence from 1-5, where respondents were to grade themselves according to their competency:

Level 1 = very incompetent, level 2 = incompetent, level 3 = fair, level 4 = competent, level 5 = very competent.

This section is further divided into the following headings:

Administrative skills, teaching skills, patient care, communication skills, critical thinking skills ad professional development skills

In this section the researcher divided the subjects under study into two groups of 30 each. Thirty (30) subjects had undergone the bridging programme through the traditional curriculum through the colleges and (30) thirty subjects had undertaken the bridging programme through the case-based curriculum through universities. The rating competence was done through percentages

### **4.5.1 ADMINISTRATIVE SKILLS**

The researcher included the above questions in order to evaluate the competency of professional nurses on administrative skills

**Table 4.18 Administrative skills**

Item	Skills	Case-based curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
18	Organizational skills					6	20	24	80							8	22	22	73		
19	Co-ordination of nursing care					2	7	28	93							11	40	19	60		
20	Delegation of responsibilities					2	7	28	93							8	27	22	73		
21	Initiation of planning & evaluation of nursing care					7	23	23	77							9	30	21	70		
22	Open to suggestions of those under direction					6	20	24	80							4	13	26	87		
23	Demonstrate self-confidence and function completely calmly in emergencies					8	27	22	73							7	23	23	77		
24	Proper record keeping & appropriate reporting					7	23	23	77							9	30	21	70		
25	Displays effective conflict management					6	20	24	80							5	17	25	83		
26	Skills for time management					6	20	24	80							8	27	22	73		
27	Acts as an effective change agent					5	17	25	83							9	30	21	70		
28	Accepts constructive criticism					1	3	29	97							5	17	25	83		
29	Identify resources to accomplish tasks					6	20	24	80							5	17	25	83		
30	Capable of supervising personnel during work performance					3	10	27	90							6	20	24	80		

#### **4.5.1.1 ITEM 18: ORGANISATIONAL SKILLS**

The researcher included the above question in order to evaluate the competency of the subject under study on organisational skills

Table 4.18 above indicates that professional nurses who did the bridging course through the case-based programme, graded themselves competent on organisational skills, 80% (24), and 20% (6) as average where as the newly qualified professional nurses who undertook bridging course the traditional curriculum, graded themselves competent, 73% (22), and (18) 27% as average.

From Table 4.18 it is clear that the case-based professional nurses graded themselves high in competence in organisational skills than the professional nurses that undertook the bridging course through the traditional curriculum. They all need these skills for the smooth running of their departments.

Supervisors of these graduates rated all professional nurses equally competent on organisational skills. That is 73% (11), and 27% (4) as average. (see table 5.18)

#### **4.5.1.2 ITEM 19: CO-ORDINATION OF NURSING CARE**

This question was asked in order to evaluate the subjects under study; on how competent they are because the maintenance of high standard of quality patient care is important in nursing.

Professional nurses who undertook the bridging course through the case-based curriculum, rated themselves competent on co-ordination of nursing care plan, 93% (24), and 7%(2) as average, as compared to professional nurses who undertook the bridging programme through the traditional curriculum, rated themselves as competent 60% (19) as average.

From Table 4.18 it is clear that the case-based professional nurses were more competent in co-ordinating the nursing care plans than the professional nurses that undertook the traditional curriculum.

The above results were in harmony with supervisors who rated the case-based curriculum graduates as more competent 90% (27) as compared to the traditional curriculum graduates who were rated as competent 67% (20). Manuel and Sorenson (1995: 259) in Boston state that for competence professional nurses should see the big picture of patient care, assess and plan patient care properly.

#### **4.5.1.3 ITEM 20: DELEGATION OF RESPONSIBILITIES**

The researcher asked the question on delegation of responsibilities in order to assess the subject under study, on how competent they are in delegation of duties. This is because a responsible professional nurse will strive to maintain order and stability in the department if she is competent.

Professional nurses who undertook the bridging course through the case-based curriculum rated themselves competent on delegation of responsibilities, 93% (28), and 7% (2) average whereas the professional

nurses that undertook the bridging course through the traditional curriculum, rated themselves competent, 73% (22), and 27% (8) as average.

From Table 4.18 it is clear that the case-based professional nurses are competent in delegating responsibilities, than the professional nurses who undertook a traditional curriculum.

Supervisors rated both the case- based and the traditional based professional nurse as competent, but the case-based bridging course graduates were rated higher, 87% (22), and traditional based as 77% (23)

#### **4.5.1.4 ITEM 21: INITIATION OF PLANNING AND EVALUATION OF NURSING CARE**

In order to provide quality patient care, it is important to plan and evaluate nursing care so as to be able to go back and rectify mistakes if there was no improvement noticed in the patient's condition.

77% (23) who undertook the bridging course through the case-based curriculum, rated themselves competent in initiating the planning and evaluation of nursing care and 23% (7) rated themselves average, whereas 70% (21) professional nurses from the traditional curriculum rated themselves competent and 30% (9) rated themselves as average.

From Table 4.18 it is noted that the case-based professional nurses are still competent in initiating and evaluating nursing care as compared to professional nurses who undertook the traditional curriculum.

On asking the same question from the supervisors of the graduates, the same results were obtained. Professional nurses from the case-based curriculum were rated high by 80% (24) as compared to those who undertook traditional curriculum who were rated lower by 67% (20).

#### **4.5.1.5 ITEM 22: OPEN TO SUGGESTIONS OF THOSE UNDER HER DIRECTION**

The researcher asked the above question so as to evaluate the subjects on how objective they are because it is important for the professional nurses to accommodate other people's suggestions in order to make enough room for improvement in the health sector

Professional nurses that undertook the bridging course through the traditional curriculum, rated themselves competent in being open to suggestions of those under their direction. 87% (26) and 13% (4) rated themselves average. On the other hand 80% (24) professional nurse who undertook the bridging course through the case-based curriculum rated themselves competent 20% (6) rated themselves as average.

Comparing the results Table 4.18 it is clear that the professional nurses that undertook the bridging course under the traditional curriculum are competent in being open to suggestions of those under their direction than the professional nurses that undertook the bridging course through the case-based curriculum.

These results were in agreement with the results obtained from the supervisors who also rated professional nurses that undertook a traditional curriculum as competent. 80% (25) in taking suggestions from subordinates as compared to 80% (24) for the case-based professional nurses. As a whole there was not much difference from the two categories.

#### **4.5.1.6 ITEM 23: DEMONSTRATING SELF CONFIDENCE**

The researcher asked the above question to evaluate the subjects under study if they are competent in being leaders who perform duties allocated to them with confidence.

Professional nurses who undertook the bridging course through the traditional curriculum, rated themselves competent in demonstrating confidence, 77% (23) and 23% (7) rated themselves average, whereas 73% (22) professional nurses who did the bridging course through the case-based curriculum rated themselves competent and 27% (8) professional nurses rated themselves as average.

Referring to the above results Table 4.13 it is noted that professional nurses who undertook the bridging course through the traditional curriculum were more competent in demonstrating self-confidence than the professional nurses who undertook the bridging course through the case-based curriculum.

This can be true because some of these professional nurses have more experience, since they have been in the clinical practice long before they undertook the education and training as professional nurses. Hammond

(1991: 26) states that self-directed professional nurses work independently showing confidence and positive self-concept.

The supervisors agreed with the above results by rating professional nurses that undertook the traditional curriculum as more competent 80% (24) as compared to 77% (23) professional nurses who undertook the case-based curriculum.

#### **4.5.1.7 ITEM 24: PROPER RECORD KEEPING AND APPROPRIATE REPORTING**

It is important to keep records and be appropriate with reporting, because one is able to refer back to find out what the problem was when the patient comes to hospital with the same problem.

Professional nurses that undertook the bridging course through the case-based curriculum, rated themselves competent, 77% (23), in the proper keeping of records and appropriate reporting 23% (7) rated themselves average. Whereas the professional nurses that undertook the bridging course through traditional curriculum, rated themselves competent, 70% (21), and 30% (9), rated them as average.

Referring to the above results Table 4.18, it is clear that the professional nurses that undertook the bridging course through the case-based curriculum are competent in proper record keeping than those that undertook the traditional curriculum.

When the supervisors were asked the same question, same results were obtained when 80% (24) newly qualified professional nurses who undertook the case-based curriculum were found to be more competent as compared to 67% professional nurses who undertook the traditional curriculum.

#### **4.5.1.8 ITEM 25: DISPLAYS EFFECTIVE CONFLICT MANAGEMENT**

It is important to note if conflict management skills are well monitored by the health professionals because most problems are solved easily as long as professional nurses are objective and able to take constructive criticism, which leads to job satisfaction.

The Professional nurses that undertook the bridging course through the traditional curriculum, rated themselves competent in displaying effective conflict management skills 83% (25) and 17% (5), rated themselves average. Eighty percent (24) from the case-based curriculum rated themselves competent and 20% (6) rated themselves average.

With reference to the above results Table 4.18 it is clear that professional nurses that undertook the bridging course through the traditional curriculum, are competent in displaying effective conflict management than the professional nurses that undertook the case-based curriculum.

In contrast supervisors rated professional nurses from the case-based curriculum high in conflict management 83% (25) as compared to 80% (24) from traditional curriculum.

#### **4.5.1.9 ITEM 26: MAINTAINS SKILLS FOR TIME MANAGEMENT**

Time management is a skill that is required for competence.

The newly qualified professional nurses that undertook the bridging course through the case-based curriculum rated, themselves competent in maintaining time management skills, 80% (24), and 20% (6) rated average.

Those who undertook the bridging course through the traditional curriculum, rated themselves competent, 73% (22), and 27% (8) rated themselves as average.

With reference to the above results, in table 4.18 professional nurses that undertook the bridging course through the case-based curriculum are competent in maintaining time management skills as compared to professional nurses that undertook the traditional curriculum.

The supervisors rated professional nurses from both the case-based and traditional curriculum the same 77% (23).

#### **4.5.1.10 ITEM 27: ACTS AS AN EFFECTIVE CHANGE AGENT**

Every professional nurse needs to make changes after completing any course.

She should be flexible and not be resistant to change. The professional nurses that undertook the bridging programme through the case-based curriculum rated themselves competent in acting as an effective change agent, 83% (25), and 17% (5), as average. Professional nurses that undertook the bridging course through the traditional curriculum, rated themselves competent, 70% (21), and 3% (9) as average.

From the above results, Table 4.18 it is clear that the case-based professional nurses are competent and effective in acting as change agents, than the professional nurses that undertook the traditional curriculum.

According to Van der Hoost (1997: 27) professional nurses that undertook the case-based curriculum were exposed to self organised procedures based on comprehensive patient studies and assessed in an ongoing basis in order to develop critical thinking, reasoning, reflection and action. This is the reason why they rated themselves as effective change agents. Results from the supervisors revealed that professional nurses from the case-based curriculum were also competent as change agents, 83% (25), as compared to those who undertook the traditional curriculum 73% (22).

#### **4.5.1.11 ITEM 28: ACCEPTS AND USE CONSTRUCTIVE CRITICISM**

All professional nurses should accept constructive criticism because they help individuals to grow.

Professional nurses who did bridging programme through the case-based curriculum, rated themselves competent in accepting and using constructive criticism, 90% (29,) and only 3% (1) rated herself as average: whereas the professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent also, 83% (25), and 17% (5) as average.

From the above results, Table 4.18, it is clear that the professional nurses that undertook the bridging course through the case-based curriculum rated themselves higher in competency than the professional nurses who did traditional curriculum.

The above results were in harmony with the supervisors, who rated professional nurses that undertook a the case-based curriculum as more competent in accepting criticism ,90% (29), than those who undertook a traditional curriculum who were rated lower 73% (22) (see table 5.1).

#### **4.5.1.12 ITEM 29: IDENTIFY RESOURCES TO ACCOMPLISH TASKS**

The professional nurses, who undertook the bridging course through the traditional curriculum, rated themselves competent in identifying resources to accomplish tasks 83% (25) and 17% (5) rated themselves average. Eighty percent (24) who did the case-based curriculum competent and only 20% (6) rated themselves as average.

The results in table 4.18 shows that professional nurses from a traditional based curriculum rated themselves more competent as compared to the case-based professional nurses because the outcome was almost the same for both categories of professional nurses, it is right to say that the graduates were able to utilise the inadequate resources properly especially those that are so scarce for competency and productivity. These results also tally with those of the supervisors

#### **4.5.1.13 ITEM 30: CAPABLE OF SUPERVISING PERSONNEL DURING WORK PERFORMANCE**

Supervision of nursing personnel is the important role played by each and every professional nurse in the clinical areas, to prevent medico legal hazards.

The newly qualified professional nurses who undertook the bridging programme through the case-based curriculum, rated themselves competent in supervision of personnel during work performance, 90% (27) and 10% (3) rated themselves average.

The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent 80% (24) and 20% (6) rated as average.

These results in table 4.18 revealed that, the professional nurse who did the bridging course through the case-based curriculum, rated themselves higher in the supervision of personnel than the professional nurses who undertook the bridging course through traditional curriculum.

The above results were confirmed, by the supervisors who rated the professional nurses as equally competent in supervising personnel. These results are encouraging because supervision of personnel during work performance results in competence and quality patient care. Gerber (1987: 208) states that management development and training is an on going process to prepare the newly qualified professional nurses to set objectives to achieve the goals of the institution.

#### **4.5.2 TEACHING SKILLS**

The researcher included this question on teaching skills to evaluate the newly qualified professional nurses on their competence in teaching.

**Table 4.21 Teaching skills**

Item	Skills	Case-based Curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
31	Displays skills in teaching students					9	30	2	7							1	3	2	6		
32	Formulates in-service education programmes	Not done, for these are newly										Not done, for these are newly									
33	Sensitive to the needs of teaching subordinates					6	20	2	8							5	1	2	8		
34	Displays skills in imparting knowledge					1	37	1	6							6	2	2	8		
35	Teach patients health education					4	13	2	8							7	2	2	7		
36	Teach patients family members patient care					5	17	2	8							5	1	2	8		
37	Orientates new members of the health team					6	20	2	8							5	1	2	8		

#### **4.5.2.1 ITEM 31: DISPLAY SKILLS IN TEACHING STUDENT**

Table 4.19 above indicates that professional nurses who did the bridging course through the case-based curriculum graded themselves competent on displaying skills in teaching students, 73% (21), and 30% (9) rated themselves average. The newly qualified professional nurses who undertook the bridging course through the traditional curriculum rated, themselves competent, 67% (20), and 33% (10) rated themselves as average. These results indicates that the case-based professional nurses rated themselves to be more competent in displaying skills in teaching nurses in clinical areas, than the newly qualified professional nurses that undertook the traditional curriculum.

Both the case-based professional nurses and traditional based professional nurses were rated as competent by the supervisors 67% (20) in displaying skills in teaching students.

#### **4.5.2.2 ITEM 32: FORMULATE IN-SERVICE EDUCATION**

Newly qualified professional nurses, who have done both the case-based and traditional curriculum, rated themselves incompetent to do the above skill because it is the skill that is done by senior professional nurses.

All the supervisors 100% (15) rated the case-based and traditional professional incompetent in the formulation of in-service education. This skill is very important, the newly qualified professional nurses should be exposed to this skill early in their careers. This is because all the nursing

personnel under them need to have their knowledge updated in order to cope with the new advances in medical and nursing technology.

#### **4.5.2.3 ITEM 33: SENSITIVE TO THE NEEDS TO TEACH SUBORDINATES**

Teaching subordinates according to their needs is the work that should be done by all professional nurses. The newly qualified professional nurses that did the bridging course through traditional curriculum rated themselves competent on being sensitive to the needs of teaching subordinates 83% (25) and 17% (5) rated themselves as average. The newly qualified professional nurses who did the bridging course through the case-based curriculum rated themselves competent 80% (24) and 20% (6) as average. The results revealed that both categories of professional nurses were almost equally competent in being sensitive to the needs to teach subordinates.

Eighty seven percent (13) supervisors rated professional nurses who undertook the traditional curriculum more competent than those who undertook the case-based curriculum, 80% (12) on sensitivity to the needs to teach subordinates. These results almost tally with those graduates (see table 5.19).

#### **4.5.2.4 ITEM 34: DISPLAYS SKILLS IN IMPARTING KNOWLEDGE**

The professional nurses that undertook the bridging course through the traditional curriculum, rated themselves competent in displaying skills in imparting knowledge, 80% (24), and 20% (6) rated themselves average. The newly qualified professional nurse who undertook the case-based curriculum rated themselves competent 63% (19) and 37% (11) rated themselves as average.

With reference to the above results, it is clear that the professional nurses who undertook the bridging course through the traditional curriculum are competent than the professional nurses that undertook the case-based curriculum on the above skill.

Eighty percent (12) supervisors rated professional who did bridging course through traditional curriculum as more competent. Those that undertook the bridging course through the case-based curriculum were rated by 67% (10) supervisors as competent in displaying skills in imparting knowledge (see table 5.19) on supervisors. Ankinsanya (1981) in Gerot (1993:112) recognises that knowledge is a pre-requisite for competent professional practice.

#### **4.5.2.5 ITEM 35: GIVE HEALTH EDUCATION**

Health education of patients regarding their disease process, causes and preventive measures should be done on specified times in each unit for effectiveness.

Professional nurses who undertook the bridging programmes through the case-based curriculum rated themselves competent in giving health education 87% (26) and 13% (4) rated themselves average. Whereas professional nurses who did bridging course through the traditional curriculum, rated average. With reference to the above results the case-based professional nurses rated themselves highly competent in teaching patients health education as compared to professional nurses who did bridging course through the traditional curriculum.

Supervisors 87% (13) rated professional nurses who undertook the bridging course through case based curriculum as more competent than those who undertook the bridging course through traditional curriculum by 70% (11) supervisors (see table 5.19)

These ratings are exactly the same with those of the graduates.

#### **4.5.2.6 ITEM 36: TEACH PATIENT'S FAMILY MEMBERS ABOUT PATIENT'S NEEDS**

Family members should receive enough information about the patient's condition so as to continue with nursing care at home.

Professional nurses who did the bridging programme through the case-based curriculum, rated themselves competent on teaching patient's family members about patients needs 83% (25) and 17% (5) as average, which is exactly the same with the nurses who bridged through the traditional curriculum graded themselves.

It is clear that cased-based professional nurses and those nurses who undertook the traditional curriculum, are both competent in teaching family members about patient's needs because they have both scored the same percentage.

Supervisors 93% (14) rated professional nurses who obtained a bridging course through the case-based curriculum as more competent in teaching patients family members about patients needs. On the other side 87% (13) supervisors rated professional nurses who obtained bridging course through traditional curriculum as less competent in the above-mentioned skill.

#### **4.5.2.7 ITEM 37: ORIENTATES NEW MEMBERS OF THE HEALTH TEAM**

Orientation of new personnel in the unit is very important lack of orientation causes in-competency because of lack of knowledge about the routine.

The newly qualified professional nurses, who undertook the bridging programmes through the traditional curriculum, rated themselves competent in orientating new members of the health team 83% (25) and 17% (5) as average. The qualified professional nurses who undertook the case-based curriculum 80% (24) rated themselves competent and 24% (6) as average (see table 4.19).

All the supervisors 100% (15) rated professional nurses who undertook the both the case-based and traditional curriculum as equally competent in the orientation of health team. On the other side professional nurses who undertook the bridging course through traditional curriculum rated themselves higher than those who undertook the case-based curriculum.

### **3. PATIENT CARE**

The researcher asked this question on patient care to evaluate the competence of the new qualified professional nurses in patient care.

**Table 4.20 Patient care**

Item	Skills	Case-based Curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
38	Efficient in providing nursing process					7	23	23	77							6	20	24	80		
39	Assess problems for patients for nursing care					3	10	27	90							4	13	26	87		
40	Plan the nursing care for patients					5	17	25	83							7	23	23	77		
41	Plan for integration of patient's needs with family					5	17	25	83							7	23	23	77		
42	Implement nursing care plan					9	30	21	70							4	13	26	87		
43	Evaluates patients properly					3	10	27	90							4	13	26	87		
44	Maintains confidentiality and privacy					7	23	23	77							6	20	24	80		
45	Displays loyalty					5	7	25	83							5	17	25	83		
46	Respects dignity and uniqueness of man					5	17	25	83							4	13	26	87		
47	High standard of performance					5	17	25	83							2	7	28	93		
48	Applies relevant knowledge to nursing					2	7	28	93							8	27	22	73		
49	Meets emotional needs and critically ill patients					2	7	28	93							9	30	21	70		
50	Prepared, assists the operative, therapeutic and diagnostic acts					2	7	28	93							2	7	28	93		

#### **4.6.1 ITEM: 38: EFFICIENT IN PROVIDING THE NURSING PROCESS**

Every nurse should be competent in providing the nursing process to ensure quality patient care and to minimise complications. The newly qualified professional nurses that did the bridging programme through the traditional curriculum rated themselves competent in providing efficient nursing process 80% (24) and 20% (6) as average. The newly qualified professional nurses who undertook the bridging course through the case-based curriculum rated themselves competent 77% (23) and 23% (7) average.

The above results reveal that the professional nurses that undertook the bridging course through the traditional curriculum are competent in providing the nursing process as compared to the professional nurses that did the case-based curriculum.

Supervisors 100% (15) rated all the professional nurses who undertook both the case-based and traditional curriculum as competent in providing efficient nursing process.

#### **4.6.2 ITEM 39: ASSESS PROBLEMS FOR PATIENTS FOR NURSING CARE**

It is important for every professional nurse to be able to monitor the condition of the patients they are taking care of and prioritise them accordingly to ensure quality patient care.

The professional nurses that undertook the bridging course through the case-based curriculum, rated themselves competent in assessing problems for

patients for nursing care, 90% (27) and 10% (3) rated themselves average. The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent 87% (26) and 13% (4) rated themselves as average.

The results revealed that both categories of professional nurses were almost equally competent in assessing problems for patients for nursing care.

Eighty seven percent (13) supervisors rated professional nurses who undertook their bridging course through the case-based curriculum as more competent in assessing problems for patients for nursing care as compared to 73% (11) supervisors who rated those who undertook the bridging course through traditional curriculum as less competent on the above skill. The above results tally with what Barley (1992:85) said when commenting about professional nurses who followed a traditional curriculum, by saying that in teaching these students there was heavy reliance on rote learning and recall of information with no application of knowledge and research skills such as critical thinking and problem solving.

#### **4.6.3 ITEM 40: PLAN THE NURSING CARE FOR PATIENTS**

Planning involves arranging the work in an orderly manner, starting with important issues first, this saves time and patients recover quickly with the medico legal hazards being minimised.

The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent in planning the nursing care 83% (25) and 17% (5) rated themselves average.

The professional nurses who did the bridging course through the traditional curriculum rated themselves competent, 77% (23) and also rated themselves as average.

These results indicate that the professional nurses that did the bridging course through the case-based curriculum rated themselves competent in planning the nursing care for patients than the professional nurses that undertook the bridging course through the traditional curriculum.

Eighty percent (12) supervisors rated professional nurses who undertook the bridging course through a traditional curriculum as more competent in planning the nursing care for patients. Those that undertook the bridging course through case based were rated less by 73(1) supervisors on the same skill. These results are in contrast with the findings of professional nurses where professional nurses who undertook the case-based curriculum rated themselves high at 83%. Benner (1984) cited in Quinn (1997:248) states that a competent professional nurse is characterised with planning based upon analysis and careful deliberation of situations

#### **4.6.4 ITEM 41: PLAN FOR INTEGRATION OF PATIENTS NEEDS WITH THE FAMILY**

It is important that professional nurses enlighten the patient's families about the correct medication of their relatives so that they can also supervise them at home.

The newly professional nurses undertook the bridging course through the traditional curriculum, rated them competent in planning for integration of the patient's need with the family 83% (25) and 17% (5) rated themselves average.

The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent 77% (23) and 23% (7) as average.

It is clear that the professional nurses that did the bridging course through the traditional curriculum are competent in planning for integration of patient's needs with the family as compared to the case-based professional nurses.

The above results contradict with those obtained by 80% (12) supervisors who rated graduates who undertook the case-based curriculum as more competent than those who undertook a traditional curriculum.

#### **4.6.5 ITEM 42: IMPLEMENT THE NURSING CARE PLAN**

Every professional nurse should be well versed with the steps of the nursing process. Implementation of the nursing care plan if correctly done, leads to quality improvement, followed by a speedy recovery in the patient's condition. The professional nurses who undertook the bridging course through the traditional curriculum rated themselves competent in implementing the nursing care 87% (26) and 13% (4) rated themselves average. Whereas the professional nurses that did the bridging course through the case-based curriculum, rated themselves competent 77% (21) and 30% (9) rated themselves as average.

These results indicate that the professional nurses who undertook the bridging course through the traditional curriculum rated themselves competent in implementing the nursing care plan as compared to the professional nurses who undertook the bridging course through the case-based curriculum.

The above results were in harmony with those of 80% (12) supervisors who rated professional nurses who undertook a traditional curriculum as more competent, than those who undertook the case-based curriculum.

#### **4.6.6 ITEM 43: EVALUATES PATIENTS PROPERLY AFTER IMPLEMENTATION**

It is important to assess the results of the patient's condition after certain procedures have been done, so as to start afresh if the plan was not correctly done, until satisfaction has been reached.

The professional nurses that did the bridging course through the case-based curriculum, rated themselves competent 90% (27) in evaluating patient's properly after implementation and 10% (3) rated themselves average. The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent 87% (26) and 13% (4) rated themselves as average. With reference to the above results, both groups rated themselves equally competent, but the case-based professional nurses were a little higher than the professional nurses that undertook the traditional curriculum.

Eighty seven percent (13) supervisors rated professional nurses who undertook the case-based curriculum as more competent, than those who undertook a traditional curriculum. These findings are the same with those of professional nurses who undertook the case-based curriculum who rated themselves high at 90% (27).

#### **4.6.7 ITEM 44: MAINTAINS CONFIDENTIALITY AND PRIVACY**

Confidentiality and privacy should be maintained to encourage the nurse-patient relationships.

The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent, in maintaining confidentiality and privacy 80% (24) and 20% (6) average. Whereas the professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent 77% (23) and 23% (7) rated themselves as average.

With reference to the above results, the professional nurses that undertook the bridging course through the traditional curriculum rated themselves highly in maintaining confidentiality and privacy as compared to the professional nurses that undertook the bridging course through the case-based curriculum.

Supervisors 80% (12) rated both professional nurses equally competent in the maintenance of confidentiality and privacy. In contrast professional nurses who undertook a traditional curriculum rated themselves high at 80%

#### **4.6.8 ITEM 45: DISPLAYS LOYALTY**

Every professional nurse should be loyal to herself, employer and patients so as to enforce the relationship of trust even if not monitored.

The professional nurses that undertook the bridging course through the traditional curriculum, and the case-based curriculum, rated themselves

equally competent in displaying loyalty 83% (2) and 17% (5) rated themselves as equally average.

The above results indicate that professional nurses, who undertook the both programmes, traditional and the case-based curriculum, rated themselves equally competent in displaying loyalty.

Both professional nurses and their supervisors evaluated equally the same, on these results. Professional nurses who did the case-based and traditional curriculum rated themselves equally competent 83% and 73% supervisors rated these professional nurses equally.

#### **4.6.9 ITEM 46: RESPECTS DIGNITY AND UNIQUENESS OF MAN**

The holistic patient care involves respecting other people's dignity and self-respect to maintain nurse-patient relationship.

The newly qualified professional nurses that undertook the bridging course through the traditional curriculum, rated themselves competent in respecting dignity and uniqueness of man 87% (26) and 13% (4) rated themselves average whereas the professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent 83 (25) and 17% (5) rated themselves as average.

These results indicate that the professional nurses that undertook the traditional curriculum rated themselves more competent in respecting the dignity and uniqueness of man than the case-based professional nurses.

Seventy three percent (11) supervisors rated both professional nurses who undertook the case-based and traditional curriculum as equally competent.

#### **4.6.10 ITEM 47: HIGH STANDARD OF PERFORMANCE**

Every professional nurse should have high standard of performance to promote quality patient care.

The professional nurses that did bridging course through the traditional curriculum rated themselves competent in rendering high standard of performance, 93% (28), and 7% (2) rated themselves average. The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent, 83% (25), and 17% (5) rated themselves as average. The above results reveal that both professional nurses from both curricula rated themselves equally competent, in rendering high standards of performance.

Supervisors 87% rated professional nurses who undertook the traditional and the case-based curriculum as equally competent on high standard of performance. Benner (1984) cited in Quinn (1997:248) states that competency is based on the comprehensiveness of the individual's knowledge and knowledge and ability to perform skills in an effective and efficient manner.

#### **4.6.11 ITEM 48: APPLIES RELEVANT KNOWLEDGE TO NURSING**

The newly qualified professional nurses through the traditional curriculum rated themselves competent in applying relevant knowledge to nursing 93% (28) and 7% (2) rated themselves average as opposed to the newly qualified professional nurses that undertook the bridging course through the case-based curriculum, rated themselves competent 73% (22) and 27% (8) rated themselves average.

With reference to the above results, it is clear that the professional nurses that undertook the traditional curriculum rated themselves competent as compared to the professional nurses that undertook the case-based curriculum.

Supervisors 87% (13) rated professional nurses who undertook the bridging course through the case-based as more competent and traditional based curriculum professional nurses were rated less competent by 73% (11) supervisors.

#### **4.6.12 ITEM 49: MEETS EMOTIONAL NEEDS OF CRITICALLY ILL PATIENTS**

Ethics in nursing emphasises the need of compassion, when nursing patients so that they are mentally, physically and emotionally comfortable.

The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent in meeting emotional needs and critically ill patients, 93% (28), and 7% (2) rated themselves average.

The professional nurses that did the bridging course through the traditional

curriculum rated themselves competent 70% (21) and 30% (9) rated themselves as average.

The results indicate that the professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent as compared to professional nurses that undertook the bridging course through the traditional curriculum.

Supervisors rated professional nurses who did a bridging course under the case-based curriculum high in competence, 93% (14), than those who undertook a traditional curriculum, by 73% (11) supervisors in meeting emotional needs of critically ill patients

#### **4.6.13 ITEM 50: PREPARES, ASSIST IN OBJECTIVE THERAPEUTIC ACTS**

The newly qualified professional nurses that did the bridging course through the case-based curriculum, rated themselves competent in assisting in operative, therapeutic and diagnostic acts 93% (28) and 7% (2) rated themselves average and the newly qualified professional nurses through the traditional curriculum, also rated themselves competent 93% (28) and 7% (2) rated themselves average.

Both groups from the bridging programmes (traditional and the case-based) rated themselves equally competent

Most of the supervisors 87% (13) rated professional nurses who undertook the bridging course through the case-based and traditional based curriculum equally

(See table 5.14 on supervision)

#### **4.7 COMMUNICATION SKILLS**

The researcher asked the question on communication skills so as to evaluate the subjects on competence in communication

**Table 4.21 Communication skills**

Item	Skills	Case-based Curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
51	Verbally communicates facts, ideas feelings					9	30	21	70							7	23	23	77		
52	Communicate feeling of acceptance					10	30	20	70							7	23	23	77		
53	Help patient to communicate with others					6	20	24	80							2	7	28	93		
54	Explain nursing procedures with participants					6	20	24	80							3	10	27	90		
55	Contribute to productive work relationships					4	13	23	87							4	13	26	87		

#### **4.7.1 ITEM 51: VERBALLY COMMUNICATES FACTS, IDEAS AND FEELINGS**

It is important for the nurse to verbalise feelings and ideas so that members of the team, are able to correct mistakes, and learn from mistakes.

The professional nurses that undertook the bridging course through the traditional curriculum, rated themselves competent in communicating facts, ideas and feelings, 77% (23), and 23% (7) rated themselves average. The professional nurses that did the bridging course through the case-based curriculum rated themselves competent, 70% (21), and 30% (9) rated themselves as average.

The above results indicate that the professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent in communicating facts, ideas and feelings.

#### **4.7.2 ITEM 52: COMMUNICATES A FEELING OF ACCEPTANCE**

It is important to practice the doctor nurse-patient relationship because it creates a feeling of acceptance and trust to patients that are being nursed.

The professional nurses that did bridging course through the traditional curriculum rated themselves competent in communicating a feeling of acceptance. 77% (23) and 23% (7) rated themselves average. The professional nurses that undertook the bridging course through the case based curriculum rated themselves competent 70% (20) and 30% (10) rated themselves as average.

With reference to the above results, the professional nurses who undertook the bridging course through the traditional curriculum rated themselves almost equally competent in communicating a feeling of acceptance as the professional nurse through the case-based curriculum.

Gerot (1993:113) indicates that professional nurses are expected to be more independent practitioners and be more effective communicators with their patients

#### **4.7.3 ITEM 53: HELP A PATIENT TO COMMUNICATE WITH OTHERS**

The nurses should orientate new patients on admission, this encourages a feeling acceptance.

The professional nurses that undertook the bridging course through the traditional curriculum, rated themselves competent 93% (28) and 7% (2) rated themselves average. The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent 80% (24) and 20% (6) rated themselves average.

Both groups from the different programmes rated themselves competent in helping patients to communicate with others, but the professional nurses through the traditional curriculum rated themselves more competent than the professional nurses from the case-based.

#### **4.7.4 ITEM 54: EXPLAIN NURSING PROCEDURES WITH PATIENTS**

It is important to explain procedures to patients because the patients have the right to know about what is being done to them and why?

The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent in explaining nursing procedures with patients 90% (27) and 10% (3) rated themselves average.

Whereas the professional nurses that undertook the bridging course through the case-based curriculum, rated themselves competent 80% (24) and 20% (6) rated themselves as average.

With reference to the above results, it is clear that professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent in explaining procedures to patients than the professional nurses that undertook the bridging course through the case-based curriculum

#### **4.7.5 ITEM 55: CONTRIBUTE TO PRODUCTIVE WORK RELATIONSHIPS**

It is important to have good work relationships because people feel motivated, and absenteeism is reduced.

The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent in contributing to productive work relationships 87% (26) and 13% (4) rated themselves average.

The professional nurses that undertook the bridging course through the traditional curriculum also rated themselves competent 87% (26) and 13% (4) rated themselves as average.

Both groups from the different bridging programmes rated themselves equally competent in contributing to productive work relationships

#### **4.8 CRITICAL THINKING**

The researcher asked the question on critical skills in order to evaluate the competence of the subjects under study.

**Table 4.22 Critical thinking**

Item	Skills	Case-based Curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
56	Teach students and subordinates critical thinking					3	10	27	90							6	20	24	80		
57	Independent clinical judgement and self evaluation					5	17	25	83							5	17	25	83		
58	Displays competence in cognitive affective and psychomotor skills					7	23	23	77							8	30	22	70		
59	Demonstrates positive attitude towards subordinates					11	40	19	60							11	40	19	60		
60	Displays skills involving reflective thinking, leading to decision-making					9	30	21	70							7	23	23	77		
61	Facilitate students to self-sufficiency					6	20	24	80							6	20	24	80		
62	Encourage students to scrutinize and be critical on own ideas					11	37	19	63							11	40	19	60		
63	Utilise problem solving skills and decision making abilities					7	23	23	77							6	20	24	80		

#### **4.8.1 ITEM 56: TEACH STUDENTS AND SUBORDINATES TO THINK CRITICALLY**

Critical thinking causes the nurses to be able to solve problems and take correct decisions in critical situations.

The professional nurses that undertook the bridging course through the case-based curriculum, rated themselves competent in teaching students and subordinates to think critically, 90% (27), and 10% (3) rated themselves average.

The professional nurses that did the bridging course through the traditional curriculum rated themselves, competent 80% (24) and 20% (6) rated themselves as average.

The results indicate that professional nurses that did the bridging course through the case-based curriculum are competent in teaching students and subordinates to think critically as compared to professional nurses that undertook the bridging course through the traditional curriculum

#### **4.8.2 ITEM 57: INDEPENDENT CLINICAL JUDGEMENT AND SELF EVALUATION**

It is important that professional nurses make decisions promptly without waste of time, to avoid hazards that may arise and also evaluate themselves in order to assess if problems have been successfully solved.

The new professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent in clinical judgement and self-evaluation, 83% (25) and 17% (5) rated themselves average. The professional nurses that did the bridging course through the traditional curriculum rated themselves competent 83% (25) and 17% (5) rated themselves average.

Both groups that undertook different programmes rated themselves equally competent in independent clinical judgement and self-evaluation.

Van der Horst indicates that active participation encourages the student to use independent judgement and self-evaluation in clinical crisis evaluation.

#### **4.8.3 ITEM 58: DISPLAYS COMPETENCE IN COGNITIVE, AFFECTIVE AND EFFECTIVE AND PSYCHOMOTOR SKILLS**

The professional nurses should display their competence in making good judgement in crisis situations and act promptly to avoid complications.

The newly qualified professional nurses that did their bridging course through the case-based curriculum rated themselves competent in displaying competence in cognitive, affective and effective and psychomotor skills, 77% (23), and 23% (7) rated themselves average. The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent, 70% (20), and 30% (8) rated themselves as average. The above results indicate that the professional nurses that undertook the case-based curriculum rated themselves competent in displaying cognitive,

affective and psychomotor skills as compared to professional nurses who undertook the bridging course through the traditional curriculum.

#### **4.8.4 ITEM 59: DEMONSTRATE POSITIVE ATTITUDE TOWARDS SUBORDINATES**

The members of the health team feel happy in the work situation if positive attitudes are displayed, and the rate of absenteeism is reduced.

The newly qualified professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent in demonstrating a positive attitude towards subordinates, 60% (19), and 40% (11) as average. The professional nurses that did the bridging course through the traditional curriculum rated themselves competent, 60% (19), and 40% (11) rated themselves as average.

Both groups that undertook the bridging course through the case-based and traditional curriculum rated themselves equally competent.

#### **4.8.5 ITEM 60: DISPLAYS SKILLS INVOLVING REFLECTIVE THINKING LEADING TO DECISION-MAKING**

The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent in displaying skills involving reflective thinking leading to decision-making, 70% (21), and 30% (9) average.

The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent, 77% (23), and 23% (7) rated themselves as average.

It is clear that the professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent in displaying skill involving reflective thinking as compared to professional nurses that did the case-based curriculum.

#### **4.8.6 ITEM 61: FACILITATE STUDENTS TO SELF-SUFFICIENCY**

Professional nurses should display enthusiasm and eagerness to learn in order for them to be self-sufficient and work competently.

Professional nurses that undertook the bridging course through the case-based curriculum, rated themselves competent in facilitating students to self sufficiency, 80% (24), and 20% (6) rated themselves average. The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent, 80% (24), and 20% (6) rated themselves as average

The above results show that the groups both the traditional and the case-based curricula rated themselves equally competent.

#### **4.8.7 ITEM 62: ENCOURAGE STUDENTS TO SCRUTINIZE AND BE CRITICAL OF OWN IDEAS**

Professional nurses should think critically and be able to make decisions to avoid hazards that might occur in the departments. The professional nurses that undertook the bridging course through the case-based curriculum, rated themselves competent in encouraging students to scrutinise and be critical, 63% (19), and 37% (11) rated themselves average.

The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent, 60% (18), and 40% (12) rated themselves as average.

From the above results it is noted that professional nurses that undertook the bridging course through the case-based curriculum, are more competent than the professional nurses that undertook the bridging course through the traditional curriculum.

#### **4.8.8 ITEM 63: UTILISE PROBLEM SOLVING AND DECISION-MAKING SKILLS**

One of the instruments in the evaluation of competency is problem solving and making good decisions, which leads to efficient and effective patient care.

The professional nurses that undertook the bridging course through traditional curriculum, rated themselves competent in utilising problem solving and decision-making, 80% (24), and 20% (6) rated themselves average. The professional nurses that did the bridging course through the

case-based curriculum rated themselves competent, 77% (23), and 23% (7) average.

The above results reveal that the professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent as compared to the professional nurses through the case-based curriculum.

Facione and Sanchez (1994:345) state that critical thinking ability and problem solving are closely related cognitive skills and serve as the basis for the thinker's decision.

#### **4.9 PROFESSIONAL DEVELOPMENT**

The researcher asked a question on professional development, to evaluate competence of the subjects under study

**Table 4.23 Professional development**

Item	Skills	Case-based Curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
64	Accepts responsibilities for own actions					2	7	28	93							2	7	28	93		
65	Displays self direction					7	23	23	77							5	17	25	83		
66	Assume new responsibilities within limits of capabilities					6	20	24	80							7	23	23	77		
67	Improves the image of the profession					7	23	23	77							4	13	26	87		
68	Demonstrates knowledge of ethics					5	17	25	83							5	17	25	83		
69	Demonstrates knowledge of legal boundaries					5	17	25	83							9	30	21	70		

#### **4.9.1 ITEM 64: ACCEPTS RESPONSIBILITIES FOR OWN ACTION**

The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent, 93% (28), as well as the professional nurses that undertook the bridging course through the traditional curriculum, rated themselves competent 93% (28).

Seven percent (2) professional nurses that undertook both the bridging course through the case-based and traditional curricula rated themselves average.

The above results Table 4.23 indicates that professional nurses, who undertook the different programmes through both the case-based and traditional curricula, are competent in accepting responsibility for their own action.

#### **4.9.2 ITEM 65: DISPLAY SELF-DIRECTION**

The professional nurses that undertook the bridging course through the traditional curriculum, rated themselves competent in displaying self-direction, 83% (25), and 17% (5) as average whereas the professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent, 77% (23), and 23% (7) as average.

From the above results, Table 4.23 it is clear that the professional nurses that undertook the bridging course through the traditional curriculum are more

competent in displaying self-direction than the professional nurses that undertook the bridging course through the case-based curriculum.

#### **4.9.3 ITEM 66: ASSUME RESPONSIBILITIES WITHIN LIMITS OF CAPABILITIES**

The professional nurses that did the bridging course through the case-based curriculum rated themselves competent in assuming responsibilities within their limits of capabilities, 80% (24), 20% (6) as average. The professional nurses that undertook the bridging course through the traditional curriculum rated themselves competent, 77% (23), and 23% (7) as average.

From the above results, Table 4.23 it is clear that the professional nurses that undertook the bridging course through the case-based are more competent in assuming responsibilities within limits of capabilities than professional nurses that undertook the bridging course through the traditional curriculum

#### **4.9.4 ITEM 67: IMPROVES THE IMAGE OF THE PROFESSION**

The professional nurses that undertook the bridging course through the traditional curriculum rated themselves in improving the image of the profession, 87% (26), and 13% (4) as average. The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent 77% (23), and 23% (7) as average.

Comparing the above results, Table 4.23 it is noted that the professional nurses that undertook the bridging course through the traditional curriculum, are more competent in improving the image of the profession than the professional nurses that undertook the case-based curriculum.

#### **4.9.5 ITEM 68: DEMONSTRATES KNOWLEDGE OF ETHICS**

The professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent in demonstrating knowledge of ethics, 83% (25), and 17% (5) as average. The professional nurses that undertook the bridging course through the traditional curriculum also rated themselves competent 83% (25), and 17% (5) as average.

The above results figure 4.6 detect that both groups of professional nurses that undertook the bridging course through the case-based and traditional are equally competent in demonstrating knowledge of ethics.

#### **4.9.6 ITEM 69: DEMONSTRATE KNOWLEDGE OF LEGAL BOUNDARIES**

Eighty three percent (25) of the professional nurses that undertook the bridging course through the case-based curriculum rated themselves competent in demonstrating knowledge of legal boundaries whereas 70% (21) professional nurses through the traditional curriculum were rated themselves competent and 30% (9) rated themselves as average

Table 4.23 above clearly shows that professional nurses that undertook the bridging course through the case-based curriculum are more competent than the professional nurses that undertook the traditional curriculum in demonstrating knowledge of legal boundaries.

#### **4.10 CONCLUSION**

Analysis and discussion of findings for the graduates under study has been discussed. In the next chapter data analysis and interpretation for supervisors is discussed.

### **CHAPTER 5**

#### **DATA ANALYSIS FOR SUPERVISORS AND INTERPRETATION FOR SUPERVISORS**

##### **5.1 INTRODUCTION**

In this section, the data pertaining to supervisors, supervising the subject under study who undertook different bridging programmes through the case-based and traditional curriculum, is analysed. It was important to add the supervisors in this study because they were working with these professional nurses and they know them well enough to comment about them.

The supervisors were 15 in number, 12 females and 3 males. The demographic variables were gender, age, marital status, educational, background, professional qualifications, academic qualifications, employment history and curriculum.

The questionnaire consisted of sixty-nine questions including the Likert scale. The questionnaire was directed to the supervisors supervising the participants. The response was 100% since there were no missing cases.

## **SECTION A**

### **5.2 PERSONAL PARTICULARS**

This section was included in order to obtain the data on gender, age and marital status. This information might influence the competence of the supervisors, supervising the subjects under study.

#### **ITEM 1: GENDER OF SUPERVISORS**

**TABLE 5.1 GENDER DISTRIBUTION**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Female</b>	12	80%
<b>Male</b>	3	20%
<b>Total</b>	15	100%

Table 5.1 illustrates that 80%, (12) of the supervisors who responded were females and only 20% (3) were males. The findings indicate that generally it is the females who dominate the nursing profession, yet male professional

nurses are in demand, for allocation to other specialities like psychiatric nursing and orthopaedic nursing. These need to be recruited.

## ITEM 2: AGES OF RESPONDENTS

**TABLE 5.2 AGE DISTRIBUTION OF RESPONDENT**

<b>Age group years</b>	<b>Frequency</b>	<b>Percentage</b>
<b>25years – below</b>	-	-
<b>25-34yrs</b>	3	20%
<b>35-44yrs</b>	8	53%
<b>45-54yrs</b>	4	27%
<b>55 and above</b>	-	-
	15	100%

It is necessary to find the different ages of supervisors because age might have something to do with maturity, which may lead to competency. The fact that the majority of supervisors in this study, fell between 35-45yrs and 45-54yrs is an indication that they were expected to supervise the newly qualified professional nurses under them competently.

Table 5.2 illustrates and confirms with this statement. 53%; (8) of the supervisors were 35 to 44 years of age, 27% (4) were 45 to 54 years of age and 20% (3) were 25 to 34 years of age.

### **ITEM 3: MARITAL STATUS OF SUPERVISORS**

**TABLE 5.3 MARITAL STATUS**

<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	6	40%
Married	8	53%
Divorced	1	7%
Widowed	-	-
Total	15	100%

Table 5.3 illustrates the percentage of supervisors' marital status. Fifty three percent (8) supervisors were married, 40% (6) supervisors were single and 7%; (1) supervisor was divorced. Referring to the above results, it clear that married participants play a role in the nursing profession, because they are matured, disciplined and have a desire to develop further.

## 5.3 SECTION B

### 5.3.1 ITEM 4 EDUCATIONAL BACKGROUNDS

This question was included in order to identify educational qualifications of the supervisors because this might influence their competence in supervising the professional nurses.

**TABLE 5.4 LEVEL OF EDUCATION**

<b>Standards</b>	<b>Frequency</b>	<b>Percentage</b>
Standard 10	15	100%
Standard 9	-	-
Standard 8	-	-
<b>Total</b>	<b>15</b>	<b>100%</b>

Table 5.4 illustrates the educational status of the supervisors. One hundred percent (15) supervisors had obtained the standard 10 certificates. A Standard 10 certificate is the South African Nursing Council educational requirement.

### 5.3.2 ITEM 5 EDUCATIONAL BACKGROUNDS

This question was included in order to identify educational qualifications of the supervisors because this might influence their competence in supervising the professional nurses.

**TABLE 5.5 HIGHEST STANDARD OF EDUCATION**

Highest standard	Frequency	Percentage
4 years comprehensive	6	40%
General nursing	9	60%
Total	15	100%

Table 5.5 illustrates the percentage of supervisors' highest standard of education. Sixty percent (9) supervisors had undertaken a diploma course in nursing and 40%; (6) supervisors had undertaken a four-year course. It is important to know the highest standard of education because this might affect their competence and self-discipline in their supervising the professional nurses. The above supervisors need to update their level of education for better and efficiency in supervising the professional nurses factor towards competence and self-discipline.

### 5.3.3 ITEM 6: PROFESSIONAL QUALIFICATIONS

**TABLE 5.6 PROFESSIONAL QUALIFICATIONS**

<b>Qualification</b>	<b>Frequency</b>	<b>Percentage</b>
Senior professional nurse	6	40%
Chief professional nurse	4	37%
Professional nurse	5	33%
<b>Total</b>	<b>15</b>	<b>100%</b>

Forty percent, (6) supervisors were senior professional nurses 27% (4) supervisors were chief professional nurses and 33% (5) supervisors were professional nurses. It is important to know the identity of qualifications because it may indicate years of experience that the supervisors have and also their exposure in certain clinical areas, which will influence proper supervision of the professional nurses. In this case supervisors were senior enough to supervise the professional nurses.

### 5.3.4 ITEM 7: ACADEMIC QUALIFICATIONS

**TABLE 5.7 ACADEMIC QUALIFICATIONS**

<b>Qualifications</b>	<b>Frequency</b>	<b>Percentage</b>
B.A. Cur	6	40%
Diploma	4	27%
Diploma in Admin	5	33%
Total	15	100%

Forty percent, (6) supervisors had B.A Cur degree 27% (4) supervisors had obtained a diploma in nursing and 33% (5) supervisors had obtained a diploma in administration. It is important to know the respondents qualifications because it may determine skills, competence, intelligence, self-sufficiency and self disciplined supervision.

## 5.4 SECTION C: EMPLOYMENT HISTORY

The researcher included this section, in order to evaluate if the supervisors were placed in the correct departments where they wish to work, because if they were not, they would not be productive enough. Proper placement contributes to competent performance.

### 5.4.1 ITEM 8: PLACEMENTS OF SUPERVISORS

**TABLE 5.8 DEPARTMENTS WHERE SUPERVISORS WERE PLACED**

Placément	Frequency	Percentage
Casualty	3	20
Surgical	2	13
Renal unit	1	7
Orthopaedic Ward	2	13
Gynae + Obstetric	4	27
Medical ward	3	20
Total	15	100

Table 5.8 displays the placement of supervisors. Twenty percent; (3 supervisors) were placed in the medical wards 27% (4) obstetric and gynae 13% (2) orthopaedic wards 7% (1) renal ward 13% (2) surgical ward and 20% (3) casualty. It is clear from the above result that these supervisors were well utilised in different departments in the hospitals under study.

## 5.4.2 ITEM 9: DURATION OF HOLDING THE POST

TABLE 5.9 DURATION OF HOLDING THE POST

Duration of holding the post	Frequency	Percentage
3yrs	6	40
4yrs	3	20
5yrs	6	40
Total	15	100

The above Table is an illustration of the duration of supervisors in their posts.

Forty percent; (6 supervisors), were in the posts for 3yrs, 20%; (3) were in the post for 4yrs and 40%; (6) were in the post for 5yrs.

## 5.4.3 ITEM 10 CORRECT PLACEMENTS OF GRADUATES

TABLE 5.10 FEELING OF THE GRADUATED CORRECT PLACEMENT

Feeling about the correct placement of graduates	Frequency	Percentage
Correct placement	12	80
Incorrect placement	3	20
Total	15	100

The results display the supervisor's views regarding the correct and incorrect placement of subjects under study. Eighty percent (12) supervisors indicate that the professional nurses were correctly placed but 20% (3) supervisors indicated that the subjects under study were not correctly placed. It is important that all the professional nurses are correctly placed according to their interest in order to promote job satisfaction.

#### 5.4.4 ITEM 11: WHERE WISHES TO BE PLACED

TABLE 5.11 WHERE WISHES TO BE PLACED

Where wishes to be placed	Frequency	Percentage
Theatre	4	27
Intensive care	3	20
Medical out patients department	3	20
Obstetrics and gynae	3	20
Surgical wards	2	13
Total	15	100

The above Table indicates the percentages of supervisors' feelings about placement of subjects under study. Twenty seven percent (4) supervisors felt that the professional nurses should be placed in theatre, 20% (3) supervisors chose the intensive care 20% (3) supervisors opted for medical out patients 20% (3) supervisors opted for gynae and obstetric and 13% (2) supervisors felt the professional nurses should be placed in the surgical wards. The importance of correct placement of professional nurses should be enforced to the administrators in order to minimise the rate of absenteeism and promote good patient care.

#### 5.4.5 ITEM 12: FEELING OF COMPETENCE AFTER THE COURSE

TABLE 5.12 FEELING OF COMPETENCE AFTER COMPLETION

Feeling of competence	Frequency	Percentage
Feeling of competence	15	100
<b>Total</b>	<b>15</b>	<b>100</b>

The above Table illustrates the percentage of supervisors feeling s towards the subject competence. All 100% (15) supervisors felt that subjects under study were competent after the course. From the above result it is clear that the professional nurses that undertook bridging programmes through the case-based and traditional curricula were competent in their working situations, as it was perceived by the supervisor.

#### 5.4.6 ITEM 13: NEED FOR ORIENTATION AFTER THE COURSE

TABLE 5.13 NEED FOR ORIENTATION AFTER COMPLETION

Need more orientation	Frequency	Percentage
Need more orientation	3	20
Need for no orientation	12	80
<b>Total</b>	<b>15</b>	<b>100</b>

The above results indicate that professional nurses that undertook the bridging course are competent. Eighty percent (12) of the supervisors indicated that the professional nurses need not be orientated after the course.

Only 20% (3) supervisors felt that professional nurses need more orientation after the course.

#### 5.4.7 ITEM 14: AREAS WHICH NEED ORIENTATION

**TABLE 5.14 AREAS THAT NEED ORIENTATION**

Areas that need more orientation	Frequency	Percentage
Planning implementation & Evaluation of nursing care	3	20
Explaining nursing procedures for interaction with patients		
Time management skills		

Twenty percent (3 supervisors), indicated that professional nurses need more orientation on the following areas where they felt they were not competent in:

- (a) The nursing process involving planning, implementation and evaluation of nursing care plans.
- (b) Explaining nursing procedures for proper interaction with patients.
- (c) In time management skills.

It is important that in-service education where supervisors feel the professional nurses are incompetent to be done frequently until they have been mastered.

#### 5.4.8 ITEM 15: FEELINGS ABOUT THE CURRICULUM

**TABLE 5.15 FEELINGS ABOUT THE CURRICULUM**

Feeling about the curriculum	Frequency	Percentage
Good	15	100
Fair	-	-
Total	15	100

Table 5.15 illustrates the percentage of the supervisors towards the curriculum. All 100% (15) supervisors felt that the curriculum was good from judging the competence of their professional nurses after undertaking the bridging course.

#### 5.4.10 ITEM 16: CONTENT TO BE ADDED OR DELETED IN THE CURRICULUM

**TABLE 5.16 CONTENT TO BE ADDED**

Curriculum Content	Frequency	Percentage
Computer Literacy	4	27
Obstetrics more months	3	20
Surgery more months	3	20
Nephrology	3	20
Orthopaedics	2	13
Total	15	100

The supervisors 27% (4) identified computer literacy to be added to the curriculum. 20% (3) supervisors opted for more months to be added in obstetrics. 20% (3) supervisors suggested for more months to be added to surgical ward. 20% (3) supervisors opted for nephrology and 13% (2) supervisors suggested for more months to be added to orthopaedic nursing.

#### **5.4.10 ITEM 17: FEELINGS ABOUT LEAVING GRADUATES TO WORK INDEPENDENTLY**

**Table 5.17 Feelings about leaving graduates to work independently**

Feelings about leaving graduates to work independently	Frequency	Percentages
Independently	-	
Could be independent	12	80
Not independent	3	20
<b>Total</b>	15	100

Eighty percent (12) supervisors felt that the professional nurses under their care could be left alone in the departments without supervision because of their competency. Only 20% (3) supervisors felt the professional nurses still needed more supervision.

## **5.5 SECTION D: RATING OF COMPETENCE OF PROFESSIONAL NURSES BY SUPERVISORS**

This section consists of the Likert scale questions graded into (50 five levels of competence from 1-5 where supervisors were to grade subjects under study according to their competency:

Level 1 - Very competent

Level 2 - Incompetent

Level 3 - Fair

Level 4 - Competent

Level 5 - Very competent

The levels of competency also were sub-divided into (6) sections:

- Administrative skills
- Teaching skills
- Patient care
- Communication skills
- Critical thinking
- And professional development skills

The professional nurses were 60 in all. Thirty (30) subjects had undertaken the bridging programme through the traditional curriculum, through the colleges of nursing and thirty (30) subjects had undertaken the bridging programme through the case-based curriculum and through the universities. The ratings of levels of competency were done through percentage and are shown in the Tables.

### **5.5.1 ADMINISTRATIVE SKILLS**

The researcher asked the question on administration skills so as to evaluate the competency of professional nurses in administration

**Table 5.18 Administrative skills**

Item	Skill	Case-based curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
18	Displays organizational skills					4	27	11	73							4	27	11	73		
19	Co-ordinates the plan of nursing care					1	7	14	93							5	33	10	67		
20	Delegates responsibility					2	13	13	87							3	20	12	80		
21	Initiates planning and evaluation of nursing care					3	20	12	80							5	33	10	67		
22	Remains open to suggestions					3	20	12	80							2	13	13	87		
23	Demonstrates self-confidence and functions emergency situations					4	23	11	77							3	20	12	80		
24	Keep proper records					3	20	12	80							5	33	10	67		
25	Displays effective conflict management skills					2	13	13	87							3	20	12	80		
26	Maintains skills for time management					3	20	12	80							3	20	12	80		
27	Acts as an effective change agent					3	20	12	80							4	23	11	77		
28	Accepts constructive criticism					1	7	14	93							2	13	13	87		
29	Identify resources					3	20	12	80							3	20	12	80		
30	Supervising all personnel during their work					2	23	13	87							3	20	12	80		

### **5.5.1.1 ITEM 18: ORGANISATIONAL SKILLS**

Table 5.18 indicates that professional nurses who did the bridging course both through the case-based curriculum and through the traditional curriculum were rated competent in displaying organisational skills in the nursing practice, both groups scored 73% (11) were rated by their supervisors competent and 27% (4) professional nurses from both groups were rated by supervisors as average.

From the above results it is clear that both groups of newly qualified professional nurses who did the bridging course through the case-based and traditional curriculum are competent in displaying organisational skills in the nursing practice,

### **5.5.1.2 ITEM 19: CO ORDINATE THE PLAN OF NURSING CARE WITH MEDICAL PLAN OF NURSING CARE**

The newly qualified professional nursing that did the bridging course through the case – based curriculum, were rated by their supervisors competent in co-ordinating the plan of nursing care with the medical plan of care 93%(14) and 7% (1) were rated by their supervisors as average. The professional nurses, who undertook the bridging course through the traditional curriculum, were also rated competent by supervisors to 67% (10) and 33%(5) were rated average.

With reference to the above results it is clear that the case-based professional nurses were competent in co-ordinating the plan of nursing care

as compared to the professional nurses that undertook the bridging course through the traditional curriculum.

#### **5.5.1.3 ITEM 20: DELEGATE THE RESPONSIBILITY FOR CARE**

The newly qualified professional nurses that undertook the bridging course through the case-based curriculum were rated competent by their supervisors in delegating responsibilities 87% (13) and 13%(4) were rated average whereas the newly qualified professional nurses that undertook the bridging course through the traditional curriculum were rated by their supervisors competent 80% (12) and 20%(3) were rated by their supervisors as average.

Referring to the above results it is clear that the professional nurses that did the bridging course through the case-based curriculum are competent in delegating responsibilities as compared to the professional nurses that undertook the bridging course through the traditional curriculum.

#### **5.5.1.4 ITEM 21: INITIATES PLANNING AND EVALUATION**

The newly qualified professional nurses that undertook the bridging course through the case-based curriculum were also rated competent by their supervisors in initiating planning of nursing care 80% (12) and 20% (3) were rated by their supervisors as average. The newly qualified professional nurses who undertook the bridging course through the traditional curriculum were rated competent by their supervisors 67% (10) and 33% (5) were rated average.

With reference to the above result it is noted that the case-based professional nurses were more competent in initiating planning and evaluating nursing care with others than professional nurses that undertook the bridging course through the traditional curriculum.

#### **5.5.1.5 ITEM 22: OPEN TO SUGGESTIONS**

The newly qualified professional nurses that undertook the bridging course through the traditional curriculum were rated competent by their supervisors in remaining open to suggestions 87%(13) and 13%(2) were rated by their supervisors average. On the other hand the qualified professional nurses who undertook the bridging through the case- based curriculum were rated competent 80% (12) and 20%(3) were rated average by their supervisors.

Comparing the above results (Table 5.18) it is clear that newly qualified professional nurses that undertook the bridging course through the traditional curriculum were more competent in being open to suggestion than the case – based professional nurses.

#### **5.5.1.6 ITEM 23: DEMONSTRATE SELF-CONFIDENCE AND FUNCTIONS IN EMERGENCY SITUATIONS**

Professional nurses that undertook the bridging course through the traditional curriculum were rated competent in demonstrating self confidence by their supervisors 80% (12) and 20%( 3) were rated average. Whereas the professional nurses that undertook the bridging course through

the case-based curriculum were rated competent 77% (11) and 23% (4) were rated by their supervisors as average.

The above results in Table 5.18 reveals that professional nurses that undertook the bridging course through the traditional curriculum were more competent in demonstrating self confidence in emergency situation than the professional nurses that undertook the case-based curriculum.

#### **5.5.1.7 ITEM 24: KEEP PROPER RECORD**

The newly qualified professional nurses that undertook the bridging course through the case based curriculum were rated by their supervisors competent in keeping proper record. 80% (12) and 20%(3) were rated by their supervisors average. On the other hand professional nurses that undertook the bridging course through the traditional curriculum were rated competent 67%(10) and 33%(5) were rated by their supervisors average

Comparing the above results Table 5.18 it is noted that the professional nurses that did the bridging course through the case-based curriculum were more competent in keeping proper records than professional nurses that undertook the bridging course through the traditional curriculum.

### **5.5.1.8 ITEM 25: DISPLAYS EFFECTIVE CONFLICT MANAGEMENT SKILLS**

The newly qualified professional nurses that undertook the bridging course through the case-based curriculum were rated competent by their supervisors in displaying effective conflict management skills 87%(13) and 17%(2) were rated as average. The professional nurses that undertook the bridging course through the traditional curriculum were rated competent 80%(12) and 20%(3) were rated by their supervisors average.

The above results in Table 5.18 indicate that the professional nurses that undertook the bridging course through the case-based curriculum were more competent in displaying effective conflict management skills than the professional nurses that undertook the bridging course through the traditional curriculum.

### **5.5.1.9 ITEM 26: MAINTAINS SKILLS FOR TIME MANAGEMENT**

Newly qualified professional nurses who undertook the bridging course through the case-based curriculum and the newly qualified professional nurses that undertook the bridging course through the traditional curriculum were rated equally competent by their supervisors in maintaining skills for time management 80% (12) and 20%(3) were rated average.

From the above results (Table 5.18) it is noted that both groups of professional nurses that undertook the two bridging programmes are equally competent in maintaining skills for time management.

#### **5.5.1.10 ITEM 27: ACTS AS EFFECTIVE CHANGE AGENT**

The newly qualified professional nurses that undertook the bridging course through the case – based curriculum were rated by their supervisors competent in acting as effective change agents 80%(12) and 20%(3) were rated average. Whereas those that undertook the bridging course through the traditional curriculum were rated competent 77% (11) and 23%(4) were rated average.

The above results indicate that the professional nurses that undertook case–based curriculum are more competent in acting as effective change agents than the professional nurses that undertook the traditional curriculum.

#### **5.5.1.11 ITEM 28: ACCEPTS CONSTRUCTIVE CRITICISM**

The newly qualified professional nurses that undertook the bridging course through the case–based curriculum were rated by their supervisors competent in accepting constructive criticism, 93%(14), and 7%(1) were rated average. Those that undertook the bridging course through the traditional curriculum were rated by their supervisors competent 87% (13) and 13 (2) were rated average.

With reference to the above results (Table 5.18) it is clear that the professional nurses that undertook the bridging course through the case–based curriculum were more competent in accepting criticism than the professional nurses that bridged through the traditional curriculum

#### **5.5.1.12 ITEM 29: IDENTIFY RESOURCES TO ACCOMPLISH TASKS**

The newly qualified professional nurses that undertook the bridging course through the case – based curriculum and those that undertook the bridging course through the traditional curriculum were equally rated by their supervisors as competent 80% (12) and 10% (3) were rated as average.

The above result (Table 5.18) displayed that professional nurses that undertook both different programmes are competent in identifying resources to accomplish tasks.

#### **5.5.1.13 ITEM 30: SUPERVISION OF PERSONNEL DURING THEIR WORK**

The newly qualified professional nurses that undertook the bridging course through the case–based curriculum were rated by their supervisors competent 87%(13) and 23%(2) were rated average by their supervisors and the professional nurses that undertook the bridging course through the traditional curriculum were rated competent 80%(12) and 20%(3) were rated average.

Referring to the above results (Table 5.18) it is noted that the professional nurses that undertook the bridging course through the case based curriculum were more competent in supervising all personnel during their work than the professional nurses that undertook the traditional curriculum.

## **5.5.2 TEACHING SKILLS**

The researcher asked the question on teaching skills in order to evaluate the competency of subjects under study.

**Table 5.19 Teaching skills**

Item	Skill	Case-based curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
31	Displays skills in teaching students					5	33	10	67					5	33	10	67				
32	Formulate in-service education programme for staff	Not done professional nurses still newly qualified										Not done professional nurses still newly qualified									
33	Sensitive to the needs to teach subordinates					3	20	12	80					2	13	13	87				
34	Displays skills in imparting knowledge					5	33	10	67					3	20	12	80				
35	Teach patients health education					3	13	12	87					4	27	11	73				
36	Teach patient's family members about participants					1	7	14	93					2	13	13	87				
37	Orientates members of the health team					3	20	12	80					3	20	12	80				

### **5.5.2.1 ITEM 31: DISPLAYS SKILLS IN TEACHING STUDENTS**

The newly qualified professional nurses that undertook the bridging course through the case-based curriculum were rated competent by their supervisors 67% (10) and 33% (5) were rated average on the above skill.

The professional nurses that undertook the bridging course through the traditional curriculum were also rated competent in displaying skills in teaching students by their supervisor 67% (10) and 33% (5) were rated average.

With reference to the above results (Table 5.19) both curricula (case-based and traditional) professional nurses were competent in teaching skills.

### **5.5.2.2 ITEM 32: FORMULATE IN-SERVICE EDUCATION PROGRAMME TO STAFF**

The professional nurses that have undergone the bridging course through both programmes (case-based and traditional) were still newly qualified professional nurses, and were not able to formulate in-service education programmes as yet.

### **5.5.2.3 ITEM 33: SENSITIVE TO THE NEEDS TO TEACH STUDENTS**

The newly qualified professional nurses that undertook the bridging course through the traditional curriculum were rated by the supervisors competent in being sensitive to the needs to teach subordinates 87% (13) and 13% (3) were rated average. The newly qualified professional nurses that undertook the bridging course through the case-based curriculum were rated by the supervisors competent 80% (12) and 20% were rated average.

Referring to the above results (Table 5.19) it is clear that professional nurses that undertook the bridging course through the traditional curriculum are more competent in being sensitive to the needs to teach subordinates than professional nurses that undertook the case-based curriculum.

### **5.5.2.4 ITEM 34: DISPLAYS SKILLS IN IMPARTING KNOWLEDGE**

Their supervisors rated the professional nurses that undertook the bridging course through the traditional curriculum competent were rated competent by their supervisors in displaying skills in imparting knowledge 80% (12) and 20% (3) were rated average.

The professional nurses that undertook the bridging course through the case-based curriculum were rated by their supervisors competent 67% (10) and 33% (5) were rated average.

The above results (Table 5.19) reveals that the professional nurses who undertook the bridging course through the traditional curriculum were competent in displaying skills in imparting knowledge, than the professional nurses that undertook the bridging course through the case-based curriculum.

#### **5.5.2.5 ITEM 35: TEACH PATIENTS HEALTH EDUCATION**

The newly qualified professional nurses that undertook the bridging course through the case-based curriculum were rated by their supervisors competent in teaching patients health education 87% (12) and 13% (2) were rated as average. The professional nurses that undertook the bridging course through the traditional curriculum were rated by their supervisors competent 73% (11) and 27% (4) were rated average.

Comparing the above results Table 5.19 it is clear that professional nurses that undertook the bridging course through the case-based curriculum were competent than the professional nurses that undertook the bridging course through the traditional curriculum.

#### **5.5.2.6 ITEM 36: TEACH PATIENT'S FAMILY MEMBERS ABOUT PATIENT'S NEEDS**

The professional nurses that undertook the bridging course through the case-based curriculum were rated by their supervisors, competent in teaching the patient's family members about the patients needs 93% (14) and 7% (1) were rated average whereas the professional nurses that undertook the

bridging course through the traditional curriculum were rated by their supervisors competent 87% (13) and 13% (2) were rated average.

With reference to the above results Table 5.19, the professional nurses that undertook the bridging course through the case-based curriculum are competent in teaching the patient's family members about the patient's needs than the professional nurses that undertook the bridging course through the traditional curriculum.

#### **5.5.2.7 ITEM 37: ORIENTATES NEW MEMBERS OF THE HEALTH TEAM**

Newly qualified professional nurses that undertook the bridging course through the case-based curriculum and professional nurses that undertook the bridging course through the traditional curriculum were rated competent by their supervisors in orientating new members of the health team, 80% (12), on both groups.

Twenty percent (3) professional nurses on both groups were rated by their supervisors average.

Referring to the above results Table 5.19 it is clear that professional nurses that undertook both bridging programmes (case-based and traditional) were competent in orientating new members to the health team

### **5.5.3 PATIENT CARE**

The researcher asked the question on patient care skills to evaluate the competence of the subject under study.

**Table 5.20 Patient care**

Item	Skill	Case-based curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
38	Efficient in providing the nursing process					3	20	12	80							3	20	12	80		
39	Assess problem for patients for nursing care					2	13	13	87							4	27	11	73		
40	Plan for integration of patients care					4	27	11	73							3	20	12	80		
41	Plan the nursing care					4	27	11	73							4	27	11	73		
42	Implement the nursing care plan					4	27	11	73							3	20	12	80		
43	Evaluates patients after implementation					2	13	13	87							4	27	11	73		
44	Maintains confidentiality and privacy					3	20	12	80							3	20	12	80		
45	Displays loyalty to patients					4	27	11	73							4	27	11	73		
46	Respect dignity and uniqueness of man					4	27	11	73							4	27	11	73		
47	Maintains high standards of performance					2	13	13	87							2	13	13	87		
48	Applies relevant knowledge to nursing					2	13	13	87							4	27	11	73		
49	Meets emotional needs of critical patients					1	7	14	93							4	27	11	73		
50	Prepares, assist in operative, diagnostic therapeutic acts					2	13	13	87							2	13	13	87		

### **5.5.3.1 ITEM 38: EFFICIENT IN PROVIDING THE NURSING PROCESS**

The professional nurses that undertook the bridging programme through the case-based curriculum were rated by their supervisors competent 80% (12) and 20% (3) were rated average. The professional nurses that undertook the bridging programme through the traditional curriculum, were rated by their supervisors as competent in the efficiency of providing the nursing care process 80% (12), and 20% (3) professional nurses were rated average.

With the above comparison of results Table 5.20 it is clear that professional nurses from the two bridging programmes (case-based and traditional curricula) equally competent in providing the efficient nursing process

### **5.5.3.2 ITEM 39: ASSESS PROBLEMS FOR PATIENTS NURSING CARE**

The professional nurses that undertook the bridging course through the case-based curriculum were rated by their supervisors as competent in assessing problems for patients nursing care 87% (13), and 13% (2) were rated average. The professional nurses that undertook the bridging through the traditional curriculum were rated competent by their supervisors 73% (11) and 27% (4) were rated average.

With reference to the above results (Table 5.20) it is clear that the professional nurses that undertook the bridging course through the case-

based curriculum are more competent in assessing problems for patients than the professional nurses that undertook the bridging course through the traditional curriculum

#### **5.5.3.3 ITEM 40: PLAN FOR INTEGRATION OF PATIENT'S CARE**

The professional nurses that undertook the bridging course through the case-based curriculum were rated by their supervisors competent in planning for the integration of the patient's care 73% (11), and 27% (4) were rated average whereas the professional nurses that undertook the bridging course through the traditional curriculum, were rated competent by their supervisors 80% (12) and 20% (3) were rated average.

It is clear from (Table 5.20) that the professional nurses that undertook the bridging course through the traditional curriculum were more competent in planning the nursing care for patients than the professional nurses through the case-based curriculum.

#### **5.5.3.4 ITEM 41: PLAN THE NURSING CARE**

The professional nurses that undertook the bridging course through the case-based curriculum were rated competent by their supervisors in planning the nursing care for patients 80% (12), and 20% (3) were rated average. The professional nurses that undertook the bridging course through the traditional curriculum were rated competent by their supervisors 73% (11), and 27% (4) were rated average.

With reference to the above results (Table 5.20) it is clear that professional nurses who undertook the bridging course through the case-based curriculum, were more competent in planning the nursing care of patients than the professional nurses that undertook the bridging course through the traditional curriculum.

#### **5.5.3.5 ITEM 42: IMPLEMENTATION OF THE NURSING CARE PLAN**

The professional nurses that undertook the bridging course through the traditional curriculum were rated competent by their supervisors in the implementation of the nursing care plan 80% (12) and 20% (3) were rated average. Those that undertook the bridging course through the case-based curriculum were rated competent by their supervisors 73% (11), and 27% (4) were rated average.

Comparing the above results (Table 5.20) it is clear that the professional nurses that undertook the bridging course through the traditional curriculum were competent in implementing the nursing care plan than the professional nurses that undertook the bridging course through the case-based curriculum.

### **5.5.3.6 ITEM 43: EVALUATE PATIENTS AFTER IMPLEMENTATION**

The professional nurses that undertook the bridging course programme through the case-based curriculum were rated by their supervisors competent in evaluating patients 87% (13) and 13% (2) were rated average whereas the professional nurses that undertook the bridging course through the traditional curriculum were rated by their supervisors competent 76% (11) and 27% (4) were rated average.

Referring to the above results, Table 5.20 it is clear that the professional nurses that undertook the bridging course through the case-based curriculum are competent in evaluating patients after implementation than the professional nurses that went through the traditional curriculum.

### **5.5.3.7 ITEM 44: MAINTAINS CONFIDENTIALITY AND PRIVACY**

The supervisors for both the bridging course programmes (case-based and traditional) rated their professional nurses the same in the competency of maintaining confidentiality and privacy 80% (12), and 20% (3) were rated average.

Table 5.20 confirms the findings that the professional nurses from both the bridging programmes (case-based and traditional) are competent in maintaining confidentiality and privacy.

#### **5.5.3.8 ITEM 45: DISPLAYS LOYALTY TO PATIENTS**

The professional nurses that undertook the bridging course through the case-based curriculum were rated competent by their supervisors in displaying loyalty to patients 73% (11) and 27% (4) were rated average. The professional nurses that undertook the bridging course through the traditional curriculum were also rated competent by their supervisors 73% (11), and 27% (4) were rated average.

Comparing the above results (Table 5.20) it is clear that the professional nurses that undertook the different bridging programmes were both competent in displaying loyalty to patients.

#### **5.5.3.10 ITEM 46: RESPECT, DIGNITY AND UNIQUENESS OF MAN**

The professional nurses that undertook the bridging course through the traditional curriculum were rated competent by their supervisors in respecting the dignity and uniqueness of man, 73% (11), and 27% (4) were rated average. The professional nurses that undertook the bridging course through the case-based curriculum were rated competent by their supervisors in respecting the dignity and uniqueness of man 73% (11), and 27% (4) as average.

From the above results (Table 5.20) it is clear that the professional nurses that undertook the case-based and the traditional curricula were competent in respecting the dignity and uniqueness of man.

#### **5.5.3.11 ITEM 47: MAINTAINS HIGH STANDARD OF PERFORMANCE**

The professional nurses that undertook the bridging course through the case-based and the traditional curricula were rated by their supervisors competent in maintaining high standard of performance 87% (13), and 13% (2) were rated average for both groups.

The results in Table 5.20 reveal that the professional nurses that undertook different bridging programmes through the case-based and traditional curricula were competent in maintaining a high standard of performance.

#### **5.5.3.12 ITEM 48: APPLIES RELEVANT KNOWLEDGE TO NURSING CARE**

The professional nurses that undertook the bridging programme through the case-based curriculum were rated by their supervisors competent in applying relevant knowledge to nursing care 87% (13), and 13% (2) were rated average and those that undertook the bridging course through the traditional curriculum were rated by their supervisors competent 73% (11), and 27% (4) were rated average.

The results in Table 5.20 show that the professional nurses that undertook the bridging course through the case-based curriculum were more competent applying the relevant knowledge to nursing care than the professional nurses that went through the traditional curriculum.

#### **5.5.3.13 ITEM 49: RECOGNISE AND MEET EMOTIONAL NEEDS OF ILL AND CRITICALLY ILL PATIENTS**

The professional nurses that undertook the bridging programme through the case-based curriculum were rated by their supervisors competent in recognising and meeting emotional needs of ill and critically ill patients, 93% (14), and 7% (1) was rated average. Professional nurses that undertook the bridging course through the traditional curriculum were rated by their supervisors competent 73% (11) and 27% (4) were rated average.

From the above results (Table 5.20) it is clear that the professional nurses that undertook the bridging course through the case-based curriculum were more competent in recognising and meeting the emotional needs of ill and critically ill patients, than the professional nurses that went through the traditional curriculum.

#### **5.5.3.14 ITEM 50 PREPARING, ASSISTING IN OPERATIVE, DIAGNOSTIC, THERAPEUTIC ACTS**

The professional nurses that undertook the bridging course through the case-based, and the traditional curricula were rated competent by their supervisors in preparing, assisting in operative, diagnostic, therapeutic acts, 87% (13), and 13% (2) was rated average for both groups.

Comparing the above results (Table 5.20) it is clear that the professional nurses that undertook both bridging programmes (the case-based and traditional curricula) were competent in preparing, assisting in operative, diagnostic, therapeutic acts.

#### **5.5.4 COMMUNICATION SKILLS**

The researcher asked the question on communication skills to evaluate the competence of the subject under study.

**Table 5.21 Communication skills**

Item	Skill	Case-based curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
51	Communicate facts, ideas and feelings					4	27	11	73							3	20	12	80		
52	Communicates a feeling of acceptance of patients					4	27	11	73							4	27	11	73		
53	Helps patients communicate with others					3	20	13	80							2	13	13	87		
54	Explain nursing for interaction with patients					3	20	13	80							2	13	13	87		
55	Contribute to productive working relationship					4	27	11	73							4	27	11	73		

Table 5.21 indicates that the nurses that went through the traditional curriculum were found to be more competent than the professional nurses who did the case-based curriculum.

#### **5.5.4.5 ITEM 55: CONTRIBUTE TO PRODUCTIVE WORKING RELATIONSHIP**

The professional nurses from both the bridging programmes, the case-based and the traditional curricula, were evaluated on their contribution to productive working relationship by their supervisors. The results were the same for the subjects under study; 73% (11) were rated competent and 27% (4) were found to be average.

Table 5.21 reveals that the professional nurses from both the case-based and the traditional curricula were competent in contributing to a productive working relationship.

#### **5.5.5 CRITICAL THINKING SKILLS**

The researcher asked the question on critical thinking skills to evaluate the competence of the subject under study.

**Table 5.22 Critical thinking**

Item	Skill	Case-based curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
56	Teach students and subordinates to think critically and analytically					3	13	13	87							3	20	12	80		
57	Use independent judgment, self-evaluation					4	27	11	73							4	27	11	73		
58	Displays competency in cognitive skills					3	20	12	80							4	27	11	73		
59	Demonstrate positive					5	33	10	67							5	33	10	67		
60	Displays skills involving reflective thinking					4	27	11	73							6	40	9	60		
61	Ability to facilitate leading to self-sufficiency					4	27	11	73							4	27	11	73		
62	Encourages students to be critical of their own ideas and for others					4	27	11	73							3	20	12	80		
63	Utilise problem-solving skills and decision-making abilities					6	40	9	60							5	33	10	67		

#### **5.5.5.1 ITEM 56: TEACH STUDENTS AND SUBORDINATES TO THINK CRITICALLY, ANALYTICALLY**

The newly qualified professional nurses that undertook the bridging course through the case-based curriculum, were rated by their supervisors competent, 87% (13), and in 13% (2) were rated average in teaching students and subordinates to think critically, and analytically. The professional nurses that undertook the bridging course through the traditional curriculum were rated by their supervisors as competent, 80% (12), and 20% (3) were rated average.

The above result (Table 5.22) shows that the professional nurses that undertook the case-based curriculum were competent in teaching students and subordinates to think critically and analytically than the professional nurses that under took the traditional curriculum.

#### **5.5.5.2 ITEM 57: USE INDEPENDENT JUDGMENT IN CLINICAL CRISIS SITUATION**

The newly qualified professional nurses that undertook the bridging course through the case-based curriculum and the professional nurses that undertook the bridging course through the traditional curriculum, were all rated by their supervisors as competent in using independent judgment in clinical crisis situations; 73 % (11) and 27%(4) were rated average in both groups.

The above results (Table 5.22) show that professional nurses that undertook both different the bridging course programs through both the case-based and traditional curricula were competent in using independent judgment in clinical crisis situations.

### **5.5.5.3 ITEM 58: DISPLAY COMPETENCY IN COGNITIVE, AFFECTIVE AND PSYCHOMOTOR SKILLS.**

The professional nurses that undertook the bridging course through the case-based curriculum, were rated by their supervisors competent in displaying competency in cognitive, affective and psychomotor skills, 80% (13), and 20% were rated average.

In comparison the professional nurses that undertook the bridging course thorough the traditional curriculum were rated by their supervisors competent 73% (11), and 27% (4) were rated average.

Comparing the above results in Table 5.22 it is clear that the professional nurses that undertook the bridging course through the case-based curriculum, were more competent in displaying competency in cognitive, affective and psychomotor skills, than the professional nurses that undertook the bridging course through the traditional curriculum.

#### **5.5.5.4 ITEM 59: DEMONSTRATE POSITIVE ATTITUDE TOWARDS THE SUBORDINATES**

The professional nurses that undertook the bridging course through the case-based curriculum, were rated by their supervisors competent in *demonstrating positive attitudes towards the subordinates*. The professional nurses that undertook the bridging course through the traditional curriculum were rated by their supervisors competent 67% (10), and 33% rated average on both groups.

Table 5.22 reveals that professional nurses that undertook the bridging programmes through both the case-based and traditional curricula, were equally competent in demonstrating positive attitude towards the subordinates.

#### **5.5.5.5 ITEM 60: DISPLAY SKILLS INVOLVING REFLECTIVE THINKING**

Professional nurses that undertook the bridging course through the traditional curriculum, were rated by their supervisors competent in displaying skills involving reflective thinking, 80% (9), and 20% (6) were rated average.

The professional nurses that undertook the bridging course through the case-based curriculum were rated by their supervisors competent 73%(11) and 27% (4) as average.

Table 5.22 reveals that professional nurses that undertook the bridging course through the traditional curriculum, were competent in displaying skills involving reflective thinking, than the professional nurses that did the bridging course through the case-based curriculum.

#### **5.5.5.6 ITEM 61: ABILITY TO FACILITATE STUDENTS WHICH LEADS TO SELF -SUFFICIENCY**

The professional nurses that undertook the bridging course through the case-based curriculum and traditional curriculum were both rated by their supervisors competent in facilitating students which leads to self-sufficiency, 73% (11), and 23% (7) were rated as average.

The above results show that professional nurses from both bridging programmes were rated competent in the ability to facilitate students which leads to self-sufficiency.

#### **5.5.5.7 ITEM 62: ENCOURAGE STUDENTS TO LOOK, SCRUTINIZE AND BE CRITICAL OF THEIR OWN IDEAS**

Professional nurses that undertook the bridging course through the traditional curriculum, were rated by their supervisors competent in encouraging students to look, scrutinize and be critical of their own ideas, 80% (9), and 20% (6) were rated average. The professional nurses that

undertook the bridging course through the case-based curriculum were rated by their supervisors competent 73%(11), and 27% (4) were rated average.

Table 5.22 above shows that professional nurses that undertook the bridging course through the traditional curriculum, were more competent in encouraging students to look, scrutinize and be critical of their own ideas, than the professional nurses that did the bridging course through the case-based curriculum.

#### **5.5.5.8 ITEM 63:UTILISE PROBLEM-SOLVING AND DECISION-MAKING SKILLS**

The professional nurses that undertook the bridging course through the traditional curriculum were rated by their supervisors more competent in utilizing problem-solving and decision-making skills, 67% (10), and 33% (5) were rated as average as compared to the professional nurses that undertook the bridging course through the case-based curriculum 60% (9), and 40% (6) as average.

Table 5.22 shows the professional nurses from the traditional curriculum were more competent in utilizing problem-solving and decision-making skills than the professional nurses who undertook the case-based curriculum.

### **5.5.6 PROFESSIONAL DEVELOPMENT**

The researcher asked the question on professional development skills to evaluate the competence of the subject under study.

**Table 5.23 Professional Development**

Item	Skill	Case-based curriculum										Traditional curriculum									
		1	%	2	%	3	%	4	%	5	%	1	%	2	%	3	%	4	%	5	%
64	Accepts responsibility for her own action					1	7	14	93							1	7	14	93		
65	Displays self-direction					3	20	12	80							3	20	12	80		
66	Assume new responsibilities within the limit of capabilities					3	20	12	80							3	20	12	80		
67	Improve the image of professional nursing					2	13	13	87							4	27	11	73		
68	Demonstrate knowledge of ethics in nursing					3	20	12	80							3	20	12	80		
69	Demonstrates knowledge of the legal boundaries					3	20	12	80							4	27	11	73		

### **5.5.6.1 ITEM 64: ACCEPTS RESPONSIBILITIES FOR OWN ACTION**

The professional nurses that undertook the bridging course through the case-based curriculum were rated competent by their supervisors 93% (14). The professional nurses that undertook the bridging course through the traditional curriculum, were rated competent by their supervisors, 93% (14), and 7% (1) as average for both programmes.

Table 5.23 indicate that professional nurses, who undertook the bridging programmes through both the case-based and traditional curricula, were equally competent in accepting responsibility for own action.

### **5.5.6.2 ITEM 65: DISPLAY SELF-DIRECTION**

The professional nurses that undertook the bridging course through the traditional curriculum, and those through the case-based were rated by their supervisors equally competent in displaying self direction 80% (12), and 20% (3) as average

Table 5.23 reveals that the professional nurses that undertook both the bridging courses the case-based and the traditional curricula are equally competent in displaying self-direction

### **5.5.6.3 ITEM 66: ASSUME RESPONSIBILITIES WITHIN LIMITS OF CAPABILITIES**

The professional nurses that undertook the bridging course through both the case-based curriculum and the traditional curriculum were rated competent by their supervisors 80% (12), and 20% (3) were rated as average.

Table 5.23 reveals that professional nurses that undertook different programmes through both the case-based and traditional curricula, were equally competent in assuming responsibilities within limits of capabilities

### **5.5.6.4 ITEM 67: IMPROVES THE IMAGE OF THE PROFESSION**

The professional nurses that undertook the bridging course through the case-based curriculum were rated competent by their supervisors in improving the image of the profession, 87% (13) whereas, the professional nurses that undertook the bridging course through the traditional curriculum were rated by their supervisors competent 73% (11).

Thirteen percent (4) professional nurses that undertook the bridging course through the case-based curriculum were rated by their supervisors average as compared to the professional nurses that undertook the bridging course through the traditional curriculum 13% (7).

Comparing the above results (Table 5.23) it is noted that the professional nurses that undertook the bridging course through the case-based

curriculum, were more competent in improving the image of the profession than the professional nurses that undertook the traditional curriculum.

#### **5.5.6.5 ITEM 68: DEMONSTRATES KNOWLEDGE OF ETHICS**

The professional nurses that undertook the bridging course through the case-based curriculum and the traditional curriculum were rated equally competent by their supervisors in demonstrating knowledge of ethics, 80% (12), and 20% (3) as average.

Table 5.23 indicates that both groups of professional nurses that undertook the bridging course through the case-based and traditional curricula were competent in demonstrating knowledge of ethics.

#### **5.5.6.6 ITEM 69: DEMONSTRATE KNOWLEDGE OF LEGAL BOUNDARIES**

The professional nurses that undertook the bridging course through the case-based curriculum were rated competent by their supervisors in demonstrating knowledge of legal boundaries, 80% (12), and 20% (3) as average. The professional nurses that undertook the bridging through the traditional curriculum were rated competent by their supervisors 73% (11), 27% (4) as average

Table 5.23 above clearly shows that both groups of professional nurses that undertook the bridging course through the case-based were more competent

in demonstrating knowledge of legal boundaries than the professional nurses that undertook the bridging course through the traditional curriculum.

## **5.6 CONCLUSION**

The professional nurses that undertook the bridging course through both programmes were found to be competent in all skills although their ratings were not the same.

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

## **CHAPTER 6**

### **SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS.**

#### **6.1 INTRODUCTION**

This chapter focuses on the presentation of a brief overview of the project. Areas of emphasis will be a summary of findings, conclusion and recommendations. These might serve as a guideline for further scientific enquiry into the subject investigated.

Before making the general and specific conclusions about the study, it is rather important to reinstate the purpose of the study as well as the problem under investigation

##### **6.1.2 SUMMARY**

The study undertook to compare the competence of professional nurses that undertook different bridging programmes in terms of the differences between the work performances of the professional who undertook the two bridging courses, the traditional and the case-based.

They have been exposed to different bridging programmes and the impact of these two programmes on the products not known. That is why it is important to do a comparative study on these two programmes as to which one of them will be able to produce professional nurses with a desired level.

The study was confined to clinical areas of KwaZulu-Natal province, region F in South Africa.

60 professional nurses were selected for this study using a random sampling. Supervisors were purposively selected and the number chosen was 15.

Data was collected by means of questionnaires. One of the two questionnaires was directed to the professional nurses and the other to their supervisors. Both these questionnaires were divided into 4 sections with the total number of 670 questions. Section A dealt with personal particulars, Section B dealt with the Educational background, Section C dealt with the Employment History while Section D deals with the Lickert scale questions graded into five (5) levels, starting from 1-5. Here respondents were supposed to rate themselves according to their competency levels. Section A, B and C consisted of open-ended questions. Section D had five (5) headings i.e. Administrative skills, Teaching skills, Patient care, Communication skills, Critical thinking skills and Professional development skills

The title of the study is “ **A COMPARATIVE STUDY OF THE PROFESSIONAL COMPETENCE OF NURSES WHO HAVE COMPLETED THE TRADITIONAL AND THE CASE-BASED BRIDGING PROGRAMME**”

The research questions were as follows:

- What is the professional competency level of the newly qualified professional nurse who has followed a traditional curriculum?

- \* What is the professional competency level of the newly qualified professional nurse who has followed a case-based curriculum?

Restatement of assumptions and objectives

Emanating from the above questions the following assumptions were made:

- It is assumed that changes in the bridging programmes, the case-based and open based curricula will improve the competence of professional nurses in the clinical curricula,

Based on the above assumption the following objectives were formulated for the study:

### **Objective 1**

To determine the competency levels of the newly qualified professional nurses who undertook either the traditional or the case-based curriculum.

### **Objective 2**

To compare the competency levels of the newly qualified professional nurses who studied through the traditional curriculum or the case-based curriculum.

### **Objective 3**

To make recommendations on the improvement of the competency upon completion of the study

The research report consists of six (6) chapters.

**In chapter 1:** The researcher explains the motivation undertaking the study, states the research questions, assumptions, objectives of the study as well as definitions of certain concepts used in the text.

**In chapter 2:** The researcher presents the overview of literature on the comparison of competence of professional nurses undertaking different bridging programmes.

**In chapter 3:** The researcher describes the methodology followed for the study.

**In chapter 4:** The researcher analysed and discussed findings for graduates.

**In chapter 5:** The researcher analysed and interpreted data for supervisors.

**In chapter 6:** The researcher-discussed summary of findings, conclusions and recommendations.

## **6.2 CONCLUSION**

This comparison is based on how the professional nurses rated themselves and how the supervisors rated them in terms of their competency levels in respect of the Lickert scale questionnaire to them.

### **6.2.1 ADMINISTRATIVE SKILLS**

The professional nurses rated themselves in terms of their administrative skills and the following was found.

Both the case-based and the traditional curricula professional nurses rated themselves as either competent or average on most questions.

Generally the case-based professional nurses were found to be more competent than the traditional curriculum professional nurses on administrative skills. Even the supervisors also found the case-based professional nurses competent in administrative skills.

Professional nurses who have undertaken the case-based curriculum, were found to be less competent than the professional nurses who undertook bridging through the traditional curriculum, on the following skills:

- Open to suggestions of those under her direction
- Demonstrating self confidence
- Displaying effective conflict management skills
- Identifying resources to accomplish tasks

Professional nurses that undertook bridging through the traditional curriculum were more competent than the case-based professional nurses in following skills:

- Open to suggestions of those under her directed
- Demonstrating self confidence and function competently
- Displaying effective conflict management skills
- Identifying resources to accomplish tasks

Their supervisors rated the case-based and the traditional-based professional nurses equally competent:

- Identifying organisational skills
- Maintaining skills for time management

### **6.2.2 TEACHING SKILLS**

The professional nurses that undertook the bridging through the traditional curriculum were found to be more competent in the teaching skills as compared to the case-based professional nurses.

On the other hand supervisors found the case-based and the traditional-based professional nurses equally competent.

The traditional-based professional nurses were found to be less competent in the following teaching skills:

- Teaching patients health education
- Displaying skills in teaching students

The supervisors found the traditional-based professional nurses to be more competent than the case-based professional nurses in the following:

- Being sensitive to the needs to teach subordinates
- Displaying skills in imparting knowledge

The case-based professional nurses were found to be more competent than the traditional-based professional nurses in the following teaching skills:

- Teach patient's health education
- Displaying skills in teaching students

Both groups of professional nurses through the case-based and the traditional curricula were found to be equally competent:

- Teaching patient's family members patients needs

The supervisors found the case-based professional nurses to be more competent than the traditional nurses in the following skills

- Teach patient's health education
- Teach patient's family members about patients needs

The supervisors rated both groups of professional nurses, the case-based and the traditional-based equally competent, in the following teaching skills:

- Displaying skills in teaching students
- Orientating new members of the health team.

### **6.2.3 PATIENT CARE**

The professional nurses that undertook the bridging course through the traditional curriculum were found to be more competent than the professional nurses that undertook the bridging course through the case-based curriculum in patient care. In contrast the supervisors found the case based professional nurses to be more competent than the traditional professional nurses.

The traditional-based professional nurses were found to be less competent in the following skills:

- Assessing the nursing care for patients
- Planning the nursing care for patients
- Evaluating patients properly after implementations
- Meeting emotional needs and critically ill patients

On the other hand, the supervisors found the traditional-based professional nurses to be more competent than the professional nurses that undertook bridging through the traditional curriculum, in the following skills:

- Assessing problems for patients for nursing care
- Planning the nursing care for patients
- Evaluating patients properly after implementation
- Meeting the emotional needs and critically ill patients

Both groups of professional nurses that undertook the bridging through both the case-based and the traditional curriculum, rated themselves equally competent in the following skill:

- Planning for integration of patient's needs with family
- Displaying loyalty
- Preparing, assisting in operative, therapeutic and diagnostic acts

The supervisors found the case-based professional nurses to be more competent than the traditional curriculum professional nurses in the following skills:

- Assessing problems for patients for nursing care
- Planning the nursing care
- Evaluates patients after implementation
- Meets emotional needs of critical patients

The supervisors rated both groups of professional nurses, the case-based and the traditional-based professional nurses, equally competent in the following skills on patient care:

- Maintaining confidentiality and privacy
- Displaying loyalty to patients
- Respecting of dignity and uniqueness
- Maintaining high standards of performance
- Preparing, assisting on operative, diagnostic therapeutic acts

#### **6.2.4 COMMUNICATION SKILLS**

The professional nurses that undertook the bridging course through the traditional curriculum were found to be more competent than the case-based professional nurses in communicating skills.

The supervisors are in agreement with the above results because they also found the traditional-based professional nurses to be more competent than the case-based professional nurses.

Both groups of graduates the case-based and the traditional-based were found equally competent in their ratings in contributing to productive work relations, which is also the same with the ratings of supervisors. Over and above the supervisors found both groups of professional nurses, the case-based and the traditional-based to be equally competent in contributing to productive working relationships.

### **6.2.5 CRITICAL THINKING**

The professional nurses that undertook the bridging through the case-based curriculum were found to be more competent than the professional nurses that undertook the bridging course through the traditional curriculum.

The supervisors are in agreement with the above results because they also found the case-based professional nurses to be more competent than the traditional-based professional nurses.

These findings continued what Van der Horst and McDonald (1997:27) said, that is the learners in case-based curriculum, are active participants in their studies and critical thinking reasoning and action are encouraged.

Both groups of graduates the case-based and the traditional professional nurses were found to be equally competent in their ratings in:

- Independent clinical judgement and staff evaluation
- Demonstrate positive attitude towards subordinates
- Facilitating students to self-sufficiency

Over and above the supervisors found both groups of graduates the case-based and the traditional professional nurses to be equally competent in:

- Using independent judgement and self-sufficiency
- Demonstrating positive attitude towards subordinates
- Ability to facilitate, leading to self-sufficiency

## **6.2.6 PROFESSIONAL DEVELOPMENT**

The professional nurses that did the bridging course through the case-based and the traditional curriculum were found to be equally competent in professional development.

The supervisors found both groups of graduates to be equally competent in the professional development skills, but the case-based were found to be more competent than the professional nurses in the following skills:

- Improving the image of professional nursing
- Demonstrating knowledge of the legal boundaries

### **6.3 RECOMMENDATIONS**

Assistant and Deputy directors of health institutions should make sure that

- Professional nurses are where they wish to be place to promote competence and productivity
- Professional nurses should be allocated for a period of about six months in the same department and not be rotated on a monthly basis so as to gain competence
- Each and every newly qualified professional nurse should be oriented before commencing any duties in a new strange environment of the hospital. Every word and department should have detailed orientation programmes in place and to be done properly and systematically
- Suggested curriculum changes for bridging programme and four year comprehensive course
  - a) Addition of computer literacy in the programme
  - b) Addition nephrology
  - c) Increased hours on obstetric nursing for completing
  - d) Increased hours on surgical nursing
  - e) Abolishing of a traditional based curriculum to a case-based curriculum that encourage active participation of the student and encouragement of critical thinking in order to improve good clinical judgement and decision-making to professional nurses
  - f) Bridging programme to be changed in order to increase their competence of professional nurses in administrative skills and departments to expose, guide and help professional nurses who

have undertaken the bridging courses more on administrative skills

- g) Case-based curriculum to improve in order to improve the newly qualified professional nurses on teaching skills which were found to be lacking
- h) The programme undertaken by case-based curriculum should also improve in providing patient care. These have been found to be lacking after completion
- i) Case-based curriculum should be improved on communication skills. The professional nurses should be exposed more to communication theory and in practicing communication skills.

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## **ANNEXURES**

### **1. QUESTIONNAIRE FOR GRADUATES**

# INTERVIEW GUIDE FOR GRADUATE PROFESSIONAL NURSE

## INSTRUCTION

You are requested to answer the following question honestly and truthfully. This information is required to complete the research study of clinical competence between newly qualified professional nurses who have done the bridging course programme through the case-based curriculum and traditional curriculum.

Anonymity will be adhered to, and all the information forwarded will be treated with confidentiality.

Please indicate by using a cross X and use N/A where not applicable eg.

Sex: Male  Female

## PERSONAL PARTICULARS

- |                   |              |                          |
|-------------------|--------------|--------------------------|
| 1. Sex            | Male         | <input type="checkbox"/> |
|                   | Female       | <input type="checkbox"/> |
| 2. Age            | Below 25     | <input type="checkbox"/> |
|                   | 25-34        | <input type="checkbox"/> |
|                   | 35-44        | <input type="checkbox"/> |
|                   | 45-54        | <input type="checkbox"/> |
|                   | 55 and above | <input type="checkbox"/> |
| 3. Marital Status | Single       | <input type="checkbox"/> |
|                   | Married      | <input type="checkbox"/> |
|                   | Divorced     | <input type="checkbox"/> |

## SECTION B

### EDUCATIONAL BACKGROUND

4. What is the highest standard of education do you have?

Standard 10

Standard 9

Standard 8

Standard 7

5. Did you do abridging course or a four (4) year comprehensive course at the nursing college?

4 Year course

Bridging course

#### 6. Professional Qualification

6.1 Professional Nurse

6.2 Senior Professional Nurse

6.3 Chief Professional Nurse

6.4 Other, please specify

#### 7. Academic Qualification

Do you hold a.....?

7.1 B. Cur degree

7.2 B. Cur (E et A) degree

7.3 Diploma in General Nursing

7.4 Diploma in Administration

7.5 Diploma in community Health Nursing Education

7.6 Any other, please specify



## SECTION D

Indicate from 1-5 as how you feel about the following statement:

Level 1- Very incompetent

Level 2- Incompetent

Level 3- Average

Level 4- Competent

Level 5- Very competent

### I. ADMINISTRATIVE SKILLS

- |   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18. Displays organisational skills in nursing practice  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Co-ordinate the plan of nursing care with the medical plan of care  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Delegate responsibility for care base on assessment of priorities of nursing care needs and ability and limitations for available health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Initiate planning and evaluation of nursing care with others.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Remains open to suggestions of these under your direction and use them when appropriate   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Demonstrate self-confidence and functions calmly and competently in emergency situations  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Keeps proper records and do appropriate reporting on the care rendered  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Displays effective conflict management skills   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Maintain skills for time management   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Acts as an effective change agent   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Accepts and use constructive criticism  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Identify resources to accomplish task   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Capable of supervising all personal during their work performance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## II. TEACHING SKILLS

- |  | 1                        | 2                        | 3                        | 4                        | 5                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 31. Display skills in teaching students in the clinical areas  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Formulate inservice-education programmes for the staff     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Sensitive to the needs to teach subordinates               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Displays skills in imparting knowledge                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Teach a patient's health education                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Teach a patient's family members about the patient's needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Orientates new members of the health                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## III. PATIENT CARE

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 38. Efficient in providing the nursing process   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Assess problems for patient's for nursing care   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Plan the nursing care for patients   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Plan for integration of patient's need with the family needs                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Implement the nursing care plan  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Evaluates patient properly after implementation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Maintains confidentiality and privacy of patients  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Displays loyalty to patients   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Respect of dignity and uniqueness of man   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Maintains high standard of performance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Application of relevant knowledge to implement nursing care                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Recognise and meet the emotional needs of ill and critically ill patients                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Prepares for and assisting in the operative, diagnostic and therapeutic acts for a patient | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### IV. COMMUNICATION

1	2	3	4	5
---	---	---	---	---

51. Verbally communicate facts, ideas and feelings to other health team members
52. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare
53. Help a patient communicate with others
54. Explain nursing procedures as opportunities for interaction with patients
55. Contribute to productive working relationships with other health team members

#### V. CRITICAL THINKING SKILLS

56. Teach students and subordinates to think critically, analytically and creatively
57. Use independent clinical judgement and self-evaluation in clinical crisis situation
58. Displays competency in cognitive, affective and psychomotor skills
59. Demonstrates positive attitude towards the subordinates
60. Displays skills which involves reflective thinking that leads to decision-making on what activities to perform in order to solve problems
61. Ability to facilitate students which leads to self-sufficiency and autonomy thus helping them to act and to judge
62. Encourage students to look for evidence to seek and scrutinize alternatives and be critical of their own ideas as well as those of others.
63. Utilize problem solving skills and decision-making abilities properly

## **2. QUESTIONNAIRE FOR SUPERVISORS**

# INTERVIEW GUIDE FOR SUPERVISORS OF GRADUATE PROFESSIONAL NURSE

## INSTRUCTION

You are requested to answer the following question honestly and truthfully. This information is required to complete the research study of clinical competence between newly qualified professional nurses who have done the bridging course programme through the case-based curriculum and traditional curriculum.

Anonymity will be adhered to, and all the information forwarded will be treated with confidentiality.

Please indicate by using a cross X and use N/A where not applicable e.g.

Sex: Male  Female

## PERSONAL PARTICULARS

- |                   |              |                          |
|-------------------|--------------|--------------------------|
| 1. Sex            | Male         | <input type="checkbox"/> |
|                   | Female       | <input type="checkbox"/> |
| 2. Age            | Below 25     | <input type="checkbox"/> |
|                   | 25-34        | <input type="checkbox"/> |
|                   | 35-44        | <input type="checkbox"/> |
|                   | 45-54        | <input type="checkbox"/> |
|                   | 55 and above | <input type="checkbox"/> |
| 3. Marital Status | Single       | <input type="checkbox"/> |
|                   | Married      | <input type="checkbox"/> |
|                   | Divorced     | <input type="checkbox"/> |

## SECTION B

### EDUCATIONAL BACKGROUND

4. How did you obtain your qualification?

4.1 Bridging course

4.2 Four year comprehensive course

4.3 General Nursing

4.4 Any other, please specify

5. Professional Qualification

Are you a....

5.1 Professional Nurse

5.2 Senior Professional Nurse

5.3 Chief Professional Nurse

5.4 Other, please specify

6. Academic Qualification

Do you hold a.....?

6.1 B. Cur degree

6.2 B. Cur (E et A) degree

6.3 Diploma in General Nursing

6.4 Diploma in Administration

6.5 Diploma in community Health Nursing Education

6.6 Any other, please specify

## SECTION C

### EMPLOYMENT HISTORY

7. Where are you working at present?

---

8. How long have you been holding your present post?

---

9. How many of the graduates have a four (4) year comprehensive course and those that have done a bridging course in your department?

---

10. In your opinion, is the graduate correctly placed?

---

11. If the answer is no to number 10, where do you feel she/he should be placed?

---

12. Do you think the graduate is competent after completion of the course?

---

13. Did you feel she/he needs more orientation after completion?

---

14. If the answer is yes, to number 13, which areas do you think she/he needs to be orientated on?

---

15. How do you feel about the entire curriculum content that she/he undertook during his/her studies?

Good

Bad

Fair

16. What do you think should be added or deleted in this Curriculum?

---

17. Can the graduate function independently?

---

## SECTION D

Indicate from 1-5 as how you feel about the following statement:

Level 1- Very incompetent

Level 2- Incompetent

Level 3- Average

Level 4- Competent

Level 5- Very competent

### I. ADMINISTRATIVE SKILLS

- |   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 18. Displays organisational skills in nursing practice  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Co-ordinate the plan of nursing care with the medical plan of care  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Delegate responsibility for care base on assessment of priorities of nursing care needs and ability and limitations for available health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Initiate planning and evaluation of nursing care with others.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Remains open to suggestions of these under your direction and use them when appropriate   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Demonstrate self-confidence and functions calmly and competently in emergency situations  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Keeps proper records and do appropriate reporting on the care rendered  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Displays effective conflict management skills   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Maintain skills for time management   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Acts as an effective change agent   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Accepts and use constructive criticism  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Identify resources to accomplish task   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Supervising all personal during their work performance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## II. TEACHING SKILLS

	1	2	3	4	5
31. Display skills in teaching students in the clinical areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Formulate inservice-education programmes for the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Sensitive to the needs to teach subordinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Displays skills in imparting knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Teach a patient's health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Teach a patient's family members about the patient's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Orientates new members of the health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## III. PATIENT CARE

38. Efficient in providing the nursing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Assess problems for patient's for nursing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Plan the nursing care for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Plan for integration of patient's need with the family needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Implement the nursing care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Evaluates patient properly after implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Maintain's confidentiality and privacy of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Displays loyalty to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Respect of dignity and uniqueness of man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Maintains high standard of performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Application of relevant knowledge to implement nursing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Recognise and meet the emotional needs of ill and critically ill patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Prepares for and assisting in the operative, diagnostic and therapeutic acts for a patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### IV. COMMUNICATION

1	2	3	4	5
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51. Verbally communicate facts, ideas and feelings to other health team members
52. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare
53. Help a patient communicate with others
54. Explain nursing procedures as opportunities for interaction with patients
55. Contribute to productive working relationships with other health team members

#### V. CRITICAL THINKING SKILLS

56. Teach students and subordinates to think critically, analytically and creatively
57. Use independent clinical judgement and self-evaluation in clinical crisis situation
58. Displays competency in cognitive, affective and psychomotor skills
59. Demonstrates positive attitude towards the subordinates
60. Displays skills which involves reflective thinking that leads to decision-making on what activities to perform in order to solve problems
61. Ability to facilitate students which leads to self-sufficiency and autonomy thus helping them to act and to judge
62. Encourage students to look for evidence to seek and scrutinize alternatives and be critical of their own ideas as well as those of others.
63. Utilize problem solving skills and decision-making abilities properly

**VI. PROFESSIONAL DEVELOPMENT**

1	2	3	4	5
---	---	---	---	---

64. Accepts responsibilities for own actions

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

65. Display self-direction

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

66. Assume new responsibilities within the limits of capabilities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

67. Improve the image of the profession of nursing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

68. Demonstrate knowledge of ethics in nursing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

69. Demonstrate knowledge of the legal boundaries in nursing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**3. LETTER TO DEPARTMENT OF HEALTH REQUESTING  
PERMISSION TO UNDERTAKE THE STUDY**

P.O. Box 48677

Qualbert

4078

14 December 2001

Director Nursing Services

Department of Health

Private Bag X9051

3200

Dear Sir/Madam

**RE: PERMISSION TO UNDERTAKE A RESEARCH STUDY IN SELECTED KWAZULU NATAL  
HOSPITALS**

I hereby kindly apply for permission to undertake a research study in the Region F of KwaZulu Natal hospitals.

The topic is: A Comparative study of professional competence of nurses who have completed the Traditional and the Case-based bridging programmes.

I hope my request will be considered

Yours faithfully

Florence Nonhlanhla Khumalo

**4. LETTER FROM THE DEPARTMENT OF HEALTH GIVING  
PERMISSION TO UNDERTAKE THE STUDY**

NATALIA  
330 LONGMARKET STREET  
PIETERMARITZBURG

TEL. 033-3952111  
FAX 033-3426744

Private Bag :X9051  
Esikhwana 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  
**ISIPINGO**  
4110

For Attention : **DR B A KUBHEKA**

**RESEARCH BY FLORANCE NONHLANHLA KHUMALO : A COMPARATIVE STUDY OF PROFESSIONAL COMPETENCE OF NURSES WHO HAVE COMPLETED TRADITIONAL AND CASE BASED BRIDGING PROGRAMS IN KWAZULU-NATAL**

Your letter dated 14 December 2001 refers.

Please be advised that authority has been granted for Florence Nonhlanhla Khumalo to conduct a research regarding a comparative study of professional competence of nurses who have completed traditional and case based bridging programs in 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**

*RN Khumalo*

**5. LETTER TO HOSPITAL NO1 REQUESTING PERMISSION TO  
CONDUCT THE STUDY**

P O Box 48677  
QUALBERT  
4078

03 May 2000

Director Nursing Services  
King Edward VIII Hospital  
P O Congella

### REQUEST TO CONDUCT RESEARCH

Dear Madam

I request for permission to conduct research on a comparative study of professional competence among nurses who studied different bridging programmes.

I hope my request will be considered.

Yours Sincerely

F N KHUMALO  
Master's Student

Research Supervisor - Dr E Potgeter  
UNISA PRETORIA

*Accepted - Myself ADNS .*  
*04. 05. 00 .*

**6. LETTER TO HOSPITAL NO2 REQUESTING PERMISSION TO  
CONDUCT THE STUDY**

PO Box 48677  
Qualbert  
4078  
18 February 2002

The Matron  
McCord Zulu Hospital  
28 McCord Road  
Overport

Dear Sir/Madam

**AUTHORITY TO CONDUCT RESEARCH: COMPARATIVE PROFESSIONAL  
COMPETENCE AMONG NURSES WHO STUDY DIFFERENT BRIDGING  
PROGRAMMES.**

The above subject has reference.

I, Florence N. Khumalo (Mrs.) am registered with the University of Zululand as a Masters student: M.A, Cur. This institution has instructed me to approach your institution, to apply for permission to conduct research on the following subject: "Comparative study of professional competence among nurses who studied different bridging programmes"

Herein are copies of questionnaires that would be completed by the supervisors and the recently qualified professional nurses that have undergone different bridging courses, if authority is granted.

The granting of authority will not only advantage, me towards my academic and professional development, but will also come in handy for the nursing generations to come.

A copy of the letter from the Department of Health is also enclosed

I now thank you in anticipation.

Yours Faithfully

---

F.N. Khumalo

## **7. RESPONSE FROM HOSPITALS**

28 McCord Road,  
Overport,  
Durban 4001,  
P.O. Box 37587,  
Overport 4067 KZN,  
South Africa.

Tel : 031-2685700. Int. 2731-2685700  
Fax: 031-2685705. Int. 2731-2685705  
Docex : 315 Durban  
E-mail : mccoards@dbn.fia.net  
Web: www.mccoards.org

Medical Superintendent : Dr Helga Holst  
Financial Director : J E Carroll  
Senior Nursing Service Manager : Mrs Z E Mageba

14<sup>th</sup> March 2002

Ms. FN Khumalo  
P.O.Box 48677  
Qualbert  
4078

Dear Ms. Khumalo:

Your letter dated 18<sup>th</sup> February 2002 refers. Authority is granted to you to conduct the requested research at McCord Hospital during the 2002 Academic year.

Please contact my Deputy Mrs. J McIntosh, who will be of assistance to you.

We trust that all the Ethical Principles of research will be complied with.

I take this opportunity to wish you luck during your studies.

Sincerely,



Mrs. Z E Mageba  
Senior Nursing Services Manager

P O Box 48677  
QUALBERT  
4078

03 May 2000

Director Nursing Services  
King Edward VIII Hospital  
P O Congella

### REQUEST TO CONDUCT RESEARCH

Dear Madam

I request for permission to conduct research on a comparative study of professional competence among nurses who studied different bridging programmes.

I hope my request will be considered.

Yours Sincerely

F N KHUMALO  
Master's Student

Research Supervisor - Dr E Potgeter  
UNISA PRETORIA

*Accepted - Myosind ADNS.*  
*04. 05. 00.*