



**DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION
OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED
REGIONAL HOSPITALS IN LIMPOPO PROVINCE**

by

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DECLARATION

I, Raliphaswa Munyadziwa Reginah, hereby declare that this thesis titled “***Development of an educational programme to improve supervision of nursing care by registered professional nurses in selected regional hospitals in Limpopo Province***” submitted by me has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference material contained therein has been duly acknowledged.

Signature: 

Date: 16/07/2025

DEDICATION

- This study is dedicated to the following people who inspired me to pursue and complete my study:
- My late husband, Mr. Thinandavha Gerson Raliphaswa, who inspired me to persevere until the end.
- In loving memory of my late father, Mr. Andries Maemu Maiwashe, and my late mother, Dipuo Rachel Maiwashe, who believed in me making a difference in a nursing career and epitomised the true meaning of caring, commitment, and endeavour to persevere through life's journey.

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 - ❖ All the District managers of selected districts in Limpopo Province, who granted me the opportunity to conduct this study in their hospitals.
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ABSTRACT

Background: Supervision is a practical method for advancing nurses' professional growth, creating advanced independent practitioners, supporting nursing personnel, and raising the standard of patient care. An educational programme in supervision positively impacted nurses' ability to provide high-quality nursing care aimed at reducing patient complaints and improving patient outcomes. However, it seems that this is not happening as expected because there were continuous complaints from the patients about the poor quality of care. This study aimed at development of an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals of Limpopo Province.

Methodology: A qualitative study was conducted using an explorative, descriptive, and contextual research design, the 5D phases of Appreciative inquiry design. The nonprobability purposive sample was used, where twenty-four (24) registered professional nurses and thirty (37) registered staff and registered assistant nurses were selected, of which eighteen (18) were registered staff nurses and nineteen (19) were registered assistant nurses. Participants were recruited from Paediatric, Maternity, and Casualty units of the selected regional hospitals. Semi-structured individual face-to-face interviews were used to collect data from registered professional nurses, whereas focus group interviews were used to collect data from registered staff nurses and registered assistant nurses. The focus group was also used to collect data from registered professional nurses, registered staff nurses, and registered assistant nurses using an interview guide. The nominal group technique was used to develop and validate an educational programme to improve the supervision of nursing care.

Data Analysis: Data was analysed according to Tesch's eight steps. Trustworthiness was ensured by following the principles of credibility, dependability, confirmability, transferability, and authenticity. Ethical considerations were ensured by requesting permission before conducting the study and observing human rights principles, including informed consent, voluntary participation, and avoidance of harm.

Findings: The findings from the data collection were administrative challenges, Shortage of resources, organisational challenges and education and training challenges. The findings were validated using the Nominal group technique method. The findings after Nominal group Technique were the need to address the shortage of resources, the need to address organizational challenges, the need to address staff attitude, the need to address professional growth and development, and the need for role modelling. These findings assisted with the development of

an educational programme to improve the supervision of nursing care by registered professional nurses.

Recommendations: The study recommends that there is a need for future research in other provinces to check if the findings could be the same. The incorporation of intensive training on supervision in the training of nurses from the beginning. The need to develop a supervision policy was identified.

Conclusions: Supervision of nursing care is mandatory for the purpose of improving quality patient care outcomes, reducing patients' complaints and litigations

Keywords: Educational programme; Patient Safety; Registered professional nurses; Quality Nursing care; Supervision and nursing care

LIST OF ACRONYMS AND ABBREVIATIONS

AI:	Appreciative Inquiry
ANC:	Ante Natal Care
CEO:	Chief Executive Officer
DCST:	District Clinical Specialist Team
DHIS:	District Health Information System
HRD:	Human Resource Department
LDoH:	Limpopo Department of Health
NDoH:	National Department of Health
NGT:	Nominal Group Technique
PHC:	Primary Health Care
SANC:	South African Nursing Council
SDG:	Sustainable Development Goal
WHO:	World Health Organisation

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1. INTRODUCTION

Registered professional nurses are pivotal in overseeing nursing activities, ensuring compliance with standards, and enhancing patient outcomes. However, effective supervision of nursing care requires specific skills and knowledge that may not be adequately covered in standard nursing education programs. The aim of this study is to develop an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province.

1.2. BACKGROUND

The supervision of nursing care is a critical component in ensuring the delivery of high-quality healthcare services. However, there are challenges, as registered professional nurses may not have received formal training in supervisory skills during their initial education, leading to inconsistencies in the quality of supervision provided. Continuous advancements in medical practices and technologies necessitate ongoing education for registered professional nurses to remain updated.

The process of nursing care is part of the health services that are used as a mirror of success, which can affect the hospital's image. The nursing department often incurs problems with the performance of the nurses in terms of providing nursing care. Nursing services depend on the nursing care provided to individuals, their families, and the wider communities of nurses. The head of the unit, as the manager or professional nurse in charge, is directly responsible for the nursing care provided by the nurses. The scope of practice of registered professional nurses (R2127: 2022) outlines that registered professional nurses, by virtue of overseeing the ward, have the responsibility of supervising the nursing care rendered to improve patient outcomes.

Supervision provides nurses with the opportunity to improve the quality of patient care and to maintain the standards of care provided. Supervision needs to be conducted continuously for 24 hours and can be performed directly or indirectly to maintain high-quality patient care.

Nuritasari, Rofiqi, Fibriola, and Ardiansyah (2019:161) stated that supervision activities include determining the conditions or personal and material requirements needed to achieve effective and efficient nursing care. Effective supervision requires excellent communication skills, which may be lacking for some registered professional nurses.

Supervision has positive benefits for both the patients and nurses. The benefits of administrative clinical supervision include a reduction in infection rates, improved competence, client satisfaction, reduction in negligence, efficiency, accountability and feeling of being appreciated (Achempim-Ansong, Kwashie & Ofei 2021:17). Furthermore, supervision has a positive effect on the key component of human resource management and is among a number of important strategies to improve health worker performance and health outcomes (Assegai & Schneider 2019:2). Supervision was also seen to be a very valuable intervention to achieve goals, while the expected goals were to improve performance and provide an avenue for nurses to demonstrate active support for each other as professional colleagues and provide reassurance and validation. Supervision of nursing care has benefits for staff, such as stress reduction and problem-solving, as well as benefits for clinical practice, such as managing change and improved prioritisation and delegation. Indirect benefits to patients and the organisation were also reiterated by having nurses who were less stressed and well-equipped to manage challenging clinical situations (Saab, Kilty, Meehan, Goodwin, Connaire, Buckley, Walsh, O'Mahony & McCarthy Horgan 2021: 366). The challenges of ineffective supervision of nursing care by registered professional nurses threaten the quality of nursing care rendered and result in mounting patient complaints and litigation. These mounting patients' complaints and litigations cost the Limpopo Department of Health (LDoH), which led the researcher to develop an educational programme to support registered professional nurses in order to improve the supervision of nursing care. Registered professional nurses have undergone comprehensive South African Nursing Council (SANC) training, which empowers them to supervise nursing care effectively (SANC 2005). Registered professional nurses, operational managers, as well as area managers often receive little or no formal continuous training for their supervision roles after the basic training that they have undergone. However, since supervision is very complex and demanding, registered professional nurses must undergo continuous training in supervision in order to support and prepare them for their supervisory role in health and human services. Registered professional nurses, operational managers, and area managers need to be supported continuously so that they can continue with effective supervision; hence, this study aimed at development of an educational programme to improve the supervision of nursing care.

An educational programme to improve the supervision of nursing care is aimed at improving the supervisory skills of nursing care by registered professional nurses, as it provides these registered professional nurses with tools and techniques for effective supervision including time management, delegation, and performance evaluation. Educational programmes to improve the supervision of nursing care are essential in promoting professional development, as they encourage continuous learning and professional growth, thereby addressing ineffective supervision among registered professional nurses. Such a programme would equip registered professional nurses with the necessary supervisory skills, including leadership, communication, conflict resolution, and mentoring. Therefore, an educational programme to improve the supervision of nursing care must be developed because it is one of the strategies that support positive working environments and quality patient care outcomes, which can help reduce missed care incidents. The educational programme on improving supervision of nursing care, if well implemented, has been associated with higher levels of job satisfaction and improved staff retention and effectiveness by helping to support quality improvements, managing risks, and increasing accountability of the registered professional nurses as well as that of the staff. In this study, the clinical supervision training programme had a positive effect on the quality of nursing care among staff nurses. Furthermore, the study concluded that the clinical supervision program improved the clinical instructor's knowledge in all dimensions of clinical supervision. In addition, the clinical instructors' skills were improved after the programme, as reported by both instructors and their students. Moreover, students' achievement improved after programme implementation (Rahiem, Habieb & El-Shaer 2020: 24).

Poor supervision of nursing care results in compromised patient outcomes and safety. The researcher conducted a study on the challenges encountered by registered professional nurses during the supervision of nursing care and the following were the findings: the shortage of resources, challenges of supervisees, cultural changes in nursing affecting supervision, and challenges relating to education and training Province (Raliphaswa, Luhailima & Netshandama 2021:11). The challenges identified prompted the researcher to develop an educational programme to support registered professional nurses in improving the supervision of nursing care.

Studies have been conducted regarding the development and implementation of educational programmes to improve the supervision of nursing care; however, the challenges of ineffective supervision still surface (Shongwe, Downing, & Nene 2024:3; Jangland, Gunningberg and Nyholm 2021:9) Most educational programmes that were developed mostly address nursing

education to support registered professional nurses during clinical supervision of students in the clinical environment, but very few address nursing practice, supporting registered professional nurses in improving the supervision of nursing care in clinical practice.

Jangland, Gunningberg, and Nyholm (2021:9) conducted the study in Sweden, indicating challenges in implementing the educational programme. The educational programmes developed to improve supervision were not implemented continuously; hence, there were challenges of poor supervision. The study aimed to bridge the gap between inconsistency and poor implementation of the developed educational programme to improve supervision, so that there will be improved effective supervision of nursing care. The educational programme developed by Heba, Nehad and Sahaar (2018:56) at Minia University Hospital on the effect of an educational programme on clinical supervision for first-line nurse managers on the quality of their clinical supervision indicated that supervision is considered to be an important component of comprehensive clinical governance, which is key to the provision of accountability for the quality of care provided to patients and minimising the risk of adverse outcomes.

In Korea, the study indicated that programme developed had a positive effect on the critical thinking tendency of prospective nurse managers. Nursing management competency is a complex concept that is difficult to change in a short period of time. Therefore, the development of an education and training system that can provide continuous, boosting education on supervision is required (Kim & Lim 2022:12). The study indicated that experienced supervisors were key in the complex programme to support and supervise new nurses by being available at bedside and later to respond to nurses' questions and reflections. However, the position statement by the (SANC) supports the presence of registered professional nurses to ensure effective direct supervision of nursing care (SANC 2020:1). Abou Shaheen, Hamouda, Zahran and Eldemerdash (2018:395) conducted a study on implementing an educational programme on supervision conducted in Egypt and acknowledged that the designed programme on supervision of nursing care should be implemented continuously as the knowledge of head nurses had slightly declined after three months of implementation of programme.

The educational programme developed by Abd-Elrhama and Ghoneimy (2018:9) was conducted in Egypt, indicating that there was a significant improvement in the first-line managers' knowledge and performance of supervision during the implementation of the programme as compared with before the implementation of the programme. However, it was further indicated that there is a need for continuous training and implementation of educational programmes to increase the skills of supervisors and registered staff nurses in supervision.

Rahiem, Habieb, and El-Shaer (2020:22) conducted a study on the impact of a clinical supervision programme on nursing students' achievement in Egypt and indicated that the implementation of the educational programme has a benefit for improving clinical instructors' knowledge and nursing students' achievement. Implementation of this supervision programme assisted clinical instructors on how to be at a good level of clinical supervision content, have the ability in their profession, be independent, have control over their work, and be self-directing, as well as possess good knowledge and clinical supervision skills to perform their roles effectively. Another study conducted in Egypt by Jangland, Gunningberg, and Nyholm (2021:9) indicated that a clinical supervision educational programme should be undertaken regularly for all head nurses in all hospitals to reinforce various techniques that can improve nursing care quality. This emphasises the importance of continuous training and enforcing the effective implementation of supervision to improve the quality of nursing care.

There are very few locally developed educational programmes, but those developed in other countries can still be useful in South Africa. Educational programmes on the supervision of nursing care developed in other countries need to be implemented continuously, so there can be effective continuous supervision of nursing care that can lead to improved patient outcomes and reduced complaints. It has been noted in one study that continuous training of registered professional nurses is essential to prevent knowledge decline. The researcher intended to address some of the declines in knowledge and lack of participation of registered professional nurses in continuing to supervise nursing care by developing an educational programme that would be implemented continuously. Nursing managers need to own the educational programme to ensure its sustainability. Unfortunately, challenges of supervision of nursing care are present and escalating and thus indicate a need for an educational programme development that would cover or clearly outline the issue of continuous training of registered professional nurses in the supervision of nursing care.

Butterworth (2022:20) indicated reluctance to implement an educational programme to support and improve supervision in general nursing care, which could be due to time pressure, lack of opportunity, and suitable expertise of supervisors. The researcher wanted to address the time pressure and lack of opportunity for registered professional nurses by continuously reminding them of their role in the supervision of nursing care; hence, this study is aimed at the development of an educational programme to improve the supervision of nursing care by registered professional nurses. The educational programme developed would improve the supervision of

nursing care, and capacitated registered professional nurses would become knowledgeable, competent, skilful and able to carry out effective supervision of nursing care.

1.3. THEORETICAL FRAMEWORK

Theory refers to an abstract generalisation that explains how phenomena are interrelated (Polit & Beck 2017:117). Brink, van der Walt, and van Rensburg (2018:16) described the theory as a set of related statements that describe or explain a phenomenon systematically. A theoretical framework or conceptual framework is an abstract, logical structure of meaning that guides the development of a study and enables the researcher to link the findings to a body of knowledge (Gray, Grove & Sutherland 2017:138). The theoretical framework of this study was based on Proctor's model of supervision. Snowdon, Sargent, Williams, Maloney, Casper, and Taylor (2020:2) cited that the Proctor Supervision model is aimed at guiding and supporting health professionals in their supervision of nursing practice and enhancing the outcomes for both the clinician and users. Proctor's model of supervision has three dimensions that are outlined as normative, formative, and restorative. In this study, Proctor's supervision model was regarded as the most influential model adopted in the nursing context because it does not deal with a single element of professional growth but also covers the development of knowledge and skills as well as the promotion of compliance with clinical standards. According to Snowdon, Sargent, Williams, Maloney, Casper, and Taylor (2020: 2), the Proctor Supervision Model is designed to guide and support health professionals in supervising nursing practice, ultimately enhancing outcomes for both clinicians and patients. This model is preferred in nursing because it supports nursing staff, leading to improved outcomes for nursing personnel and patients alike. A detailed discussion of the theoretical framework is provided in Chapter 2.

1.4. PROBLEM STATEMENT

The SANC stated that supervision generated professional development where the less experienced benefited from the knowledge and experiences of their supervisors. Direct supervision improved their own performance, which also influenced the quality of care provided (SANC 2021:1). In South Africa, the (SANC) which is the body that controls nursing, has promulgated the Scope of Practice for registered professional nurses as enshrined in the Nursing Act 2005, (Act no 33 of 2005) which outlined the responsibilities of the registered professional nurses in the clinical practice as to provide comprehensive nursing care and management

through provision of supervision of nursing care. Unfortunately, the work environment in hospitals is demanding and filled with many challenges, leading registered professional nurses to be unable to supervise the nursing care. Raliphaswa, Luhailima, and Netshandama (2021:11) revealed that registered professional nurses are not seen guiding and mentoring each other. Challenges such as a shortage of staff, an increased number of patients, a lack of student exposure, and student accompaniment contributed to registered professional nurses being inexperienced in the supervision of nursing care, leading to poor patient outcomes and complaints.

The researcher observed that there was ineffective supervision of nursing care in the clinical areas, largely due to the shortage of staff, which made supervisors more engaged in-patient care than supervision. Clinical audit results revealed that some of the litigations, patient negligence, and mortality could have been prevented by effective quality supervision of nursing care. Sometimes, there were obvious signs of substandard nursing care, which was either due to poor supervision or ignorance. The lack of proper supervision of nursing care poses a threat to the quality of patient care and patient safety, which could lead to instances of missed care. These cases of missed care and substandard nursing care resulting from ineffective supervision of nursing care have contributed to a high number of patient complaints and litigations. In Limpopo Province, litigations had reached an alarming level, amounting to over R14 billion, with 1575 cases reported as of February 16, 2022 (Molefe, News24: 2022). According to the (SANC) case register for 2020/2021, there were 205 reported cases of poor nursing care (SANC Statistics 2021).

Given the above information, the researcher felt that effective supervision of nursing care by registered professional nurses was the game changer that could lead to better patient outcomes and improved patient safety. These concerns triggered the interest of the researcher to explore and describe the experiences of registered professional nurses, registered staff nurses, and registered assistant nurses regarding the supervision of nursing care. The above-mentioned challenges led the researcher to conduct a study on the development of an educational programme to improve the supervision of nursing care by registered professional nurses in selected regional hospitals in Limpopo Province.

1.5. RATIONALE OF THE STUDY

Jangland, Gunningberg, and Nyholm (2021:9) conducted a study in Sweden, while Kim and Lim (2022:12) carried out research in Korea. Additionally, Rahiem, Habieb, and El-Shaer (2020:22) conducted a study in Egypt, as did Mohamed, Award, and Elsabahy (2021:1563). All of these

studies focused on developing educational programmes for supervision aimed at addressing the challenges associated with supervising nursing care. Although these programs were effective for a time, their benefits required ongoing implementation to enable registered professional nurses to consistently enhance their supervisory skills. Unfortunately, little progress has been made in providing continuous improvements in the supervision of nursing care, as the associated challenges continue to persist.

This research has helped bridge the gap of ineffective supervision that is prevalent in the nursing profession. It aims to assist nurses in adapting to the rapidly changing global conditions and the nursing environment. Notably, a study conducted by Neshuku (2015:146) focused on developing an educational programme to support registered professional nurses in mentoring student nurses, even though there were challenges to full implementation because of a shortage of preceptors. The educational programmes on supervision developed tend to concentrate primarily on educational settings, whereas student nurses' training emphasises clinical practice and the responsibilities of practising nurses.

There have been limited studies focusing specifically on educational programmes related to the supervision of nursing care in practice settings. Research conducted by Abd-Elrhman and Ghoneimy (2018:140) and by Heba, Nehad, and Shar (2018:60) highlighted the importance of ongoing in-service training and educational programmes to improve the supervisory skills of head nurses, supervisors, and registered staff nurses.

These recommendations inspired the researcher to develop an educational programme designed to enhance the supervision of nursing care. This programme will assist registered professional nurses in effectively overseeing patient care, ensuring that quality care is consistently provided. Furthermore, it will serve as a reminder of their supervisory responsibilities, ultimately contributing to their professional growth and development.

1.6. SIGNIFICANCE OF THE STUDY

The study focused on the development of an educational programme on supervision to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province. The findings of this study might lead to improved supervision of nursing care by registered professional nurses, which may lead to improved patient safety and improved the standard of nursing care. Effectively supervised nurses may become knowledgeable, skilful, and motivated to improve their overall performance because professional

nurses would possess the right knowledge and skills, which might contribute to the achievement of high-quality patient care. The high standard of quality patient care might lead to a reduction in patient complaints and litigations that the Limpopo Department of Health (LDoH) faced.

Research findings might also assist in adding to the body of knowledge regarding the improvement of ongoing supervision of nursing care by registered professional nurses. This might also assist with the contribution to the nursing curriculum of nursing education and training of registered professional nurses and the continuous professional development on supervision, including how to effectively supervise nursing care and the frequency of training of registered professional nurses on supervision of nursing care.

Furthermore, these findings may influence policy development around effective supervision and considering the responsibility of registered professional nurses in the supervision of nursing care. Having policies to adhere to may encourage registered professional nurses to render appropriate and holistic, effective supervision, to assist in the improvement of quality nursing care, and reduce mortality. The findings of this study may also assist in the development of standardised tools to ensure ongoing supervision of nursing care.

1.7. PURPOSE OF THE STUDY

The purpose of this study was to develop an educational programme to improve the supervision of nursing care by registered professional nurses in selected regional hospitals in Limpopo province.

1.8. OBJECTIVES OF THE STUDY

The objectives of this study were set in phases and aligned to stages of Appreciative Inquiry. Phase 1 which is the defining phase cannot be used in the formulation of the objectives because it outlines the defining of the topic however, has been interfaced throughout the study. The objectives were set as follows:

Phase 1: Discovery Phase (Situational Analysis)

Phase 1(a). To explore and describe the experiences of registered professional nurses in the supervision of nursing care.

Phase 1(b). To explore and describe the experiences of registered staff and assistant nurses on being supervised in nursing care by registered professional nurses.

Phase 2: Dream and Design Phase (Change Envisaged)

To develop an educational programme to improve the supervision of nursing care by registered professional nurses.

Phase 3: Destiny

To validate the developed educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo province.

1.9. RESEARCH QUESTIONS

A research question is a specific query defining the issue the researcher wants to answer, providing direction to address a research problem (Gray, Grove & Sutherland 2017:743). The researcher explored the following questions to address the research objectives. The questions were asked in phases using an appreciative inquiry approach:

Phase 1: Discovery Phase (Situational Analysis)

Phase 1(a): What are the experiences of registered professional nurses in the supervision of nursing care?

Phase 1(b): What are the experiences of registered staff and assistant nurses on being supervised in nursing care by registered professional nurses?

Phase 2: Dream and Design Phase (Change Envisaged)

1. How should an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospital in Limpopo Province be developed?

Phase 3 Destiny

1. How should an educational programme to improve the supervision of nursing care by registered professional nurses in the selected Regional hospitals in Limpopo Province be validated?

1.10. DEFINITION OF KEY CONCEPTS

- **Development:** refers to a process of producing or creating new or advanced products and events, which are likely to establish activities that affect what happens in a continuing situation (Hornby 2015:409). In this study, development meant the process of producing an educational programme that will be used to support registered professional nurses during supervision.
- **Educational programme:** refers to a brief, organized, and directed outline to be followed at an educational gathering session to transfer knowledge and skills to the one who is being educated with the expressed intent to bring about change (Hornby 2015:1190). In this study, an educational programme was a tool that assisted registered professional nurses in finding positive ways to overcome challenges that prevent them from effectively supervising nursing care.
- **Nurse:** refers to “a person registered in a category under section 31(1) in order to practice nursing or midwifery” (Nursing Act 2005, Act No. 33 of 2005: 6). In this study, a nurse meant a person who is registered as a nurse.
- **Nurse Managers:** refers to nurses providing health administrative management services, having acquired qualifications as a nurse and registered with the SANC (Nursing Act 2005, Act No. 33 of 2005). In this study, a nurse manager meant an operational or unit manager in charge of the unit, or the area manager who is overall in charge of more than one unit. According to the South African Nursing Council, managers are regarded as registered professional nurses.
- **Nursing care:** refers to the scope of practice of a nurse and involves the promotion of health, the prevention of illness, the treatment of all health problems, and rehabilitation of individuals and groups, and includes managing a health care unit, as a subdivision of a health establishment (SANC 2020:5). In this study, nursing care meant any act of nursing care rendered to patients and clients by nurses of different categories to promote health, preventing illness, and treating health problems.
- **Registered assistant nurses:** An auxiliary nurse or an auxiliary midwife is a person educated to provide elementary nursing care to the prescribed level (Nursing Act, Act no 33 of 2005:35). In this study, an assistant nurse is a nurse trained and certified who is lower than a staff nurse and works under the registered nurse.
- **Registered staff nurses:** A staff nurse is a person educated to practice basic nursing to the prescribed level (Nursing Act, Act no 33 of 2005:35). In this study, a staff nurse is a nurse

who works under the supervision of a registered professional nurse and their responsibilities are to render basic nursing care.

- **Registered Professional nurse:** refers to a person who is qualified and competent to independently practice comprehensive nursing to the level prescribed and who can assume responsibility and accountability for such practice (Nursing Act, Act of 2005:25). In this study, a professional nurse meant a nurse trained and registered as a professional nurse by the SANC, as such (Including nurse managers and operational managers).
- **Regional hospital:** refers to a hospital that renders services at a general specialist level, receives referrals from district hospitals, and serves as a platform for training and research (NDoH 2016:17). In this study, a regional hospital meant a level two (2) hospital which receives referrals from level one (1) hospital and provides specialist support.
- **Supervision:** refers to the process of directing, guiding, and influencing someone to carry out a task. It is usually done by the senior staff member over the junior staff member, and it is done to enhance the junior's professional functioning and monitor the quality of professional services offered to patients (Rothwell, Kehoe, Farook, and Illing 2021:1). In this study, supervision meant the continuous process of professional support, guidance, coaching, and teaching of junior nurses so that patient care can be efficient and of high quality.

1.11. RESEARCH METHODOLOGY

Research methodology refers to a specific procedure chosen by the researcher to conduct a study within a chosen design, which includes study setting, population, sampling, data collection, data analysis, data quality, and ethical considerations (Gray, Grove & Sutherland, 2017:193).

1.11.1. RESEARCH DESIGN AND METHOD

In this study, the research design chosen was qualitative, exploratory, descriptive, and contextual design, Appreciative inquiry.

Qualitative research design

A qualitative research design is a method utilised to define life experiences and provide them with the meaning to understand them without making assumptions (Gray, Grove & Sutherland 2017:62). In-depth discussion of qualitative research design was discussed in Chapter 3.

Exploratory Design

Exploratory research design refers to a study that explores the dimension of a phenomenon or refines theory about relationships between phenomena (Polit & Beck 2017:728).

Descriptive Design

Brink et al. (2018:96) outlined descriptive design as a design that is used where more information is required in a particular field through the provision of a picture of a phenomenon as it occurs naturally.

Contextual Design

This study was conducted in a real setting where participants are working. Detailed discussion is in Chapter 3.

Appreciative inquiry design

Appreciative Inquiry is the cooperative search for the best in people, their organisations, and the world around them. It involves systematic discovery of what gives life and is the utmost activity and proficiency in the economic, ecological, and human (Luhailima, Mulaudzi and Phetlhu 2022: 358). In this study, the AI was used as a research design to find out from the participants what is working well in the supervision of nursing care. For more discussion of AI, see chapter 3.

1.11.2. STUDY SETTING

This study was conducted in Limpopo Province in the three selected regional hospitals. Detailed discussion of the research setting is in Chapter 3.

1.12. STUDY POPULATION

Brink et al. (2018) defined a population as the entire group of persons or objects that is of interest to the researcher, in other words, that meets the criteria that the researcher is interested in the study. The study's population comprised all categories of nurses, namely registered professional nurses, registered staff nurses, and registered assistant nurses in Limpopo Province. Polit and Beck (2017:249) indicated that the population is the entire aggregation of cases in which the researcher is interested. In this study, the sample population consisted of all nurses employed by the Department of Health in Limpopo Province. There are 13659 registered professional nurses, 4729 registered staff nurses, and 9717 registered assistant nurses in Limpopo Province who are employed in both public and private institutions (SANC 2021:1). In this study, the researcher

chose all nurses because they were able to give in-depth information about their experiences on supervision of nursing care and the registered professional nurses including the managers then assisted the researcher with the development of the educational programme that would be used during supervision of nursing care.

1.13. SAMPLE AND SAMPLING TECHNIQUE

According to Brink et al. (2018:215), a sample is referred to as a subset of the population that is selected to represent the population. Sampling techniques are methods used to select a subset of individuals or items from a larger population for analysis (Brink 2018: 143). In this study, the sampling technique selected was non-probability purposive. A detailed discussion of sampling was done in Chapter 3.

1.14. INCLUSION AND EXCLUSION CRITERIA

1.14.1. INCLUSION CRITERIA

Inclusion criteria refer to the characteristics that a subject or element must possess to be part of the target population (Gray, Grove & Sutherland 2017:331). Participants who participated in this study were professional nurses, staff nurses, and assistant nurses working in the Paediatric unit, Casualty, and Maternity units. Detailed discussion of inclusion criteria is in Chapter 3.

1.14.2. EXCLUSION CRITERIA

Exclusion criteria refer to the process of eliminating the participants who do not meet the inclusion criteria (Polit & Beck 2017:306). In this study, the researcher excluded any participants who were not part of the study. Detailed discussion of exclusion criteria in Chapter 3.

1.15. DATA COLLECTION INSTRUMENT

According to Maree (2016), as cited in Brink et al. (2018:134), data collection is described as the way in which the researcher approaches answering the research question, a process of critical importance for the success of the study. The data collection method in this study was semi-structured face-to-face interviews using an interview guide from registered professional nurses and managers, whereas focus group interviews were used for registered staff nurses and assistant nurses. A comprehensive discussion of the data collection instrument is provided in Chapter 3.

1.16. MEASURES TO ENSURE TRUSTWORTHINESS

Ensuring trustworthiness entails taking measures to make sure that the research findings are worth paying attention to and taken into consideration. Lincoln and Guba's model of trustworthiness, as discussed in Polit and Beck (2017:572), is identified as credibility, transferability, confirmability, and dependability to encompass trustworthiness. Detailed discussion is in Chapter 3.

1.17. ETHICAL CONSIDERATIONS

Brink et al. (2018:29) indicated that the three fundamental ethical principles that guide the research process which is respect for persons, beneficence, and justice. The principles are based on the human rights that need to be protected in research, namely the right to self-determination, privacy, anonymity, and confidentiality. A detailed discussion of measures to ensure trustworthiness is in Chapter 3.

1.18. LAYOUT OF SUBSEQUENT CHAPTERS

The rest of the chapters are organised in the following manner:

Chapter 1: Overview of the Study

This chapter covered the background, rationale, and problem statement of the study. The significance of the study and a brief description of research methodology, ethical considerations and measures to ensure trustworthiness.

Chapter 2: Literature Review

The literature review of this study covers the educational programmes on supervision of nursing care, along with the theoretical framework that underpins the study.

Chapter 3: Research Methodology

This chapter discusses in detail the research approach and design used in this study, including the study setting, population, sample, and sampling methods.

Chapter 4: Data analysis, presentations, and discussions of the findings

The chapter provided an analysis, interpretation, discussion of findings, and literature review of Phases 1(a) and 1(b) findings that emerged through semi-structured individual face-to-face interviews and focus group discussions.

Chapter 5: Development of educational programme

In this chapter, the educational programme was developed using the combined findings from Phases 1(a) and 1(b) after reaching a consensus through the Nominal Group Technique (NGT).

Chapter 6: Validation of educational programme

This chapter discusses the validation of an educational programme by expert managers developed to enhance the supervision of nursing care by registered professional nurses in selected regional hospitals in Limpopo Province.

Chapter 7: Summary of findings, recommendations, limitations, conclusions

This chapter summarises the study's findings, along with the recommendations, limitations, and conclusions derived from those findings.

1.19. SUMMARY

This chapter outlined the overview of the study, and the summary of how the research was conducted. It included the background of the research problem, the research questions, the purpose of the study, and the objectives. Additionally, there is a brief description of the research design and methodology. Furthermore, the chapter outlined the theoretical framework, data analysis methods, ethical considerations, measures for ensuring trustworthiness, and the plan for disseminating the results. The chapter outline is presented below.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

The previous chapter served as the orientation and overview of the study. The previous chapter included the rationale, problem statement and significance of the study. This chapter presents the literature review and theoretical framework underpinning the study. This study also addresses sustainable development goal (SDG) 2030 number (3) which talks of good health and well-being because a developed educational programme must improve the well-being of the patients as the knowledge and skills of registered professional nurses regarding supervision of nursing care may improve patient care outcomes and cause a reduction in complaints and litigation (United Nations SDG 2018:18). The aim of this study is to develop an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province.

Gray, Grove and Sutherland (2017) as cited by Brink and Van Rensburg (2022: 69), explained that literature review is a systemic and explicit approach to identifying, retrieving and bibliographically managing independent studies for the purpose of finding information on the topic, making conclusions, recognising areas for future studies, and developing guidelines for practice. A literature review was further described by Thomas (2019), as cited by Brink and van Rensburg (2022:70), as a carefully constructed process to establish what previous research has been carried out in the field of interest and that influences one's research. In this study, the literature review looks at educational programmes on the supervision of nursing care.

2.2. SCOPE OF LITERATURE REVIEW

The researcher searched for articles published from 2019 to 2024 to have the most recent information. The researcher also searched for the SANC rules and regulations, Acts, reports, position statements and statistics about the relevant literature referring to the development of an educational programme to improve the supervision of nursing care by registered professional nurses in selected regional hospitals in Limpopo Province.

2.3. METHODOLOGY OF LITERATURE REVIEW

The narrative literature review methodology was adopted, in which the basic standard of having a clearly outlined method on how it was used is indicated. Subsequently, the review was undertaken methodically following a systematic review process. The narrative literature methodology was appropriate to identify, assess, analyse, and interpret the body of knowledge on the implementation of the educational programme on supervision of nursing care. The narrative type of literature review enabled the reviewer to search the literature broadly. The reviewer, therefore, outlined the parameters that were in place when a literature search was done, such as demarcating the databases, key search terms, and how they were combined, time limits, and language limitations. The reviewer outlined the findings in terms of volume and type of literature, thematic analysis, and synthesis that led to the final selection of the literature.

2.3.1. Search Strategy

The sources of literature in this study included electronic databases for professional journals such as Google Scholar, Science Direct, EBSCOhost, and PUBMED, Google-published and non-published journals and SABINET. Additionally, some of the sources were hand searches, which included the reference lists from retrieved literature. Grey literature was used as another source of unpublished master's and PhD theses, and data from conferences. Another source of information was from textbooks to obtain background on the topic and for initial reading. The relevant literature was selected using various key search words individually and in combination. Boolean operators were used to combine keywords to select and/or exclude the articles. The commonly used Boolean operators are OR, AND, and NOT

2.3.2. Key search words

The individual search terms include: "Quality patient care", "supervision of nursing care," "educational programme for the supervision of nursing care," and "educational programme for the implementation of nursing care." The keyword searches using Boolean operators include: "Educational programme AND training programme on supervision of nursing care," "supervision of nursing care AND educational programme," and "educational programme OR training programme for the supervision of nursing care."

2.4. INCLUSION AND EXCLUSION CRITERIA

The selection was limited to sources that were published during the last 5 years (January 2019-December 2024). Only sources focusing on the implementation of an educational programme on

supervision of nursing care, and a training programme or an educational programme on supervision of nursing care were included. All articles more than 5 years old were excluded.

2.5. SUMMARY OF LITERATURE SEARCH

The findings of the literature search are summarised as follows: The literature search had a total of 66 articles. The studies that did not meet the inclusion criteria were eliminated. Nonetheless, only the studies that met the pre-determined inclusion criteria were included in the literature review of this study.

2.6. THEMES IDENTIFIED FROM LITERATURE SEARCH

Themes that were identified from the literature include: a) What is an educational programme for the supervision of nursing care?

b) What is the position of an educational programme on the supervision of nursing care in international, national, regional, and local countries?

c) What are the benefits of implementing an educational programme of supervision of nursing care to the patients and staff?

d) What are the challenges in implementing the educational programme of supervision of nursing care?

2.6.1. What is an educational programme for supervision of nursing care

Supervision has been used in health since the start of health services, and it is defined differently by different authors depending on the scope of where it is used. According to Rothwell, Kehoe, Farook, and Illing (2021:1) outlined that most specialists in the health field have described in the literature "supervision" as an activity of transferring knowledge, skills, and abilities from the supervisor, who is a specialist with much practice, to a professional with less practice. The whole supervision process includes the impartation of both theoretical knowledge and practical skills.

Doody, Markey, Turner, O'Donnell and Murphy (2024:2) further explained supervision as a structured process where clinicians are allowed protected time to reflect on their practice within a supportive environment and with the purpose of developing high-quality clinical care.

However, supervision of nursing care has been described by many differently. The South African Nursing Council (SANC), in their position statement on supervision, indicated that supervision is the professional development activity where less experienced nurses' benefit from the knowledge

and experience of their supervisors to address any gaps in knowledge or skill set. Direct supervision improves their own clinical performance which also influences the quality of nursing care provided (SANC 2021:1). Based on the above definitions of supervision therefore supervision is a process whereby registered professional nurses, operational managers, and area managers transfer the knowledge, skills abilities to junior nurses with lesser experience for the purpose of assisting them to develop to maturity. Supervision needs to be conducted continuously for 24 hours and can be done directly or indirectly with the purpose of maintaining high-quality patient care.

An educational programme refers to a brief, organised and directed outline to be followed at an educational gathering session to transfer knowledge and skills to the one who is being educated with the intent to bring about change (Hornby 2015:1190). Registered professional nurses, operational managers, and area managers are expected to supervise nursing care continuously; hence, the development of an educational programme to improve the supervision of nursing care so they can be supported. Educational programmes have been developed before, though there were some glitches in full implementation, hence the challenges of supervision of nursing care. The study aimed at bridging the gap of inconsistency and poor implementation of the developed educational programme to improve supervision, so that there will be improved effective supervision of nursing care. Many educational programmes that were developed were addressing clinical education more than clinical practice. This has led the researcher to the development of an educational programme that addresses the gaps identified, which focuses on the supervision of nursing care.

2.6.2. WHAT IS THE POSITION OF THE EDUCATIONAL PROGRAMME OF SUPERVISION OF NURSING CARE IN THE COUNTRIES

2.6.2.1. Educational Programme of Supervision of Nursing Care in International Countries

An educational programme developed by Heba, Nehad and Sahaar (2018:56) at Minia University Hospital on the effect of an educational programme on clinical supervision for first line nurse managers on the quality of their clinical supervision indicated that supervision is considered to be an important component of the comprehensive clinical governance which is a key component to the provision of accountability for the quality of care provided to patients, and to minimizing the risk of adverse outcome. Therefore, it highlighted that with the implementation of the developed educational programme, nurses' knowledge and responsibility for supervision will improve. This is in line with Proctor's supervision model, wherein the implementation thereof results in the development of knowledge and skills of head nurses and assistants and compliance with clinical

standards and audits, as well as professional growth. Therefore, an educational programme on supervision will assist registered professional nurses in the implementation. A study conducted in Egypt by Mohamed, Award and Elsabahy (2021:1563) indicated that the clinical supervision educational programme should be undertaken regularly for all head nurses in all hospitals to reinforce various techniques that can improve nursing care quality. This really emphasises the importance of continuous training to enforce effective implementation of supervision to improve the quality of nursing care however the lack of continuous training of head nurses resulted in poor implementation of supervision of nursing care. Rahiem, Habieb and El-Shaer (2020:22) investigated the impact of clinical supervision programmes on nursing students' achievement in Egypt and found that the implementation of the educational programme had the benefit of improving clinical instructors' knowledge. It also assisted those clinical instructors on how to be at a good level of clinical supervision. The nursing students had the ability in their profession, were independent, had control over their work, and were self-directing. They also possessed good knowledge and effective clinical supervision skills to perform their roles effectively.

2.6.2.2. Educational Programme of Supervision of Nursing Care in South Africa

In South Africa, there are no explicit educational programmes on the supervision of nursing care. The educational programme on supervision of nursing care in South Africa, if they are there, has not been published so far. Locally, in Limpopo Province, there was also no educational programme on the supervision of nursing care. Therefore, the current educational programme can be the first one. An educational programme on supervision of nursing care in Limpopo Province is still to be published.

2.6.3. What are the benefits of implementing an educational programme of supervision of nursing care to the patients, staff and organisation

2.6.3.1. Benefit to Health Professionals

An educational programme focused on the supervision of nursing care has been linked to increased job satisfaction, improved staff retention, reduced turnover, and enhanced effectiveness among healthcare professionals. As a result, the emotional stress experienced by healthcare workers decreases, allowing them to reflect on their work and provide support and encouragement to one another. When implemented correctly and consistently, educational programmes play a significant role in professional development. (Achempim-Ansong, Kwashie & Ofei 2022:15). The registered professional nurses' knowledge gained through a developed educational programme would result in increased supervisory skills and competence, leading to improved quality of patient care.

2.6.3.2. Benefit to the Patients

When an educational programme is implemented effectively, patients greatly benefit from high-quality care. It is believed that the successful implementation of educational programmes for supervising nursing care leads to a reduction in negligence. This is because nurses are more likely to act correctly when they know that their supervisor is actively monitoring their work.

(Achempim-Ansong, Kwashie & Ofei 2022:17).

2.6.3.3. Benefit to the Organisation

When an educational programme of supervision is continuously and effectively implemented, it results in the following benefits for the organisation: The health personnel increase their perceptions of organisational support and improve their commitment to an organisational vision and goal. It is also linked to effective clinical governance, by helping to support quality improvement, managing risks, and increasing accountability (Achempim-Ansong, Kwashie & Ofei 2022:15).

2.6.4. What are the challenges in implementing the educational programme of supervision of nursing care

There has been research and debate conducted to date about the development of an educational programme to improve the supervision of nursing care; however, major gaps are still identified. The gaps in the implementation of the educational programme of supervision nursing care, to mention a few, include time constraints where the registered professional nurses' busy schedule and workload can make it difficult to make time to supervise the nursing care. Inconsistent implementation of supervision of nursing care by registered professional nurses, lack of supervisor training and support and lack of supervision tools that can result in standardisation of the supervision of nursing care (Atashi 2023: 4, Rothwell 2021:4)

2.7. THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

The theoretical framework underpinning this study was Proctor's integrative model. The chosen framework was relevant to the study as the framework supported the use of the Appreciative inquiry model, wherein the focus is on appreciation of activities already being performed and not concentrating on challenges as a way of facilitating change in an organisation. This study explored Proctor's interactive model with reference to the supervision of nursing personnel. The researcher felt that it was necessary to use the Proctor's Supervision interactive model because

of its relevance to the improvement of human behaviour in the supervision of care in the clinical space.

Snowdon, Sargent, Williams, Maloney, Casper's and Taylor (2020:2) cited that the Proctor Supervision model is aimed at guiding and supporting health professionals in their supervision of nursing practice and enhancing the good outcome for both the clinician and users. The Proctor supervision model is the model of choice for nursing supervision because it is aimed at supporting the nursing staff and thereby enhancing the positive outcomes of nursing personnel and patients.

2. 7.1. Theoretical Framework Introduction

Brink, van der Walt and van Rensburg (2018:16) described the theory as a set of related statements that describe or explain a phenomenon systematically. A theoretical or conceptual framework is an abstract and logical structure that provides meaning and direction for a research study. It helps the researcher connect their findings to the existing body of knowledge in nursing (Gray, Grove & Sutherland 2017:138). The theoretical framework of this study was based on Proctor's supervision model.

2.7.2. Proctor's Model of Supervision

Oktavia, Minanton, Herman and Jayad (2023:8) indicated that healthcare professionals require effective supervision during task execution to have good outcomes. Proctor's Supervision Model has three domains that are: restorative, normative, and formative. Supervision is restorative insofar as it supports and nurtures supervisees. Normative supervision grounds supervisees in professional culture and ethics. Finally, formative supervision facilitates the skill development and growth of supervisees.

In this study, Proctor's supervision model was regarded as the most influential model that has been adopted in the nursing context because it did not deal with a single element of professional growth but also covered the development of knowledge and skills as well as the promotion of compliance with clinical standards.

Thus, as conceptualised by the Proctor's Supervision Model, it serves three functions for supervisees throughout the course of their professional life: to rally around restorative needs, to navigate their normative needs, and to facilitate their formative needs. For supervision to be considered effective, then, supervision must adequately address such needs and resultantly produce outcomes that stakeholders can readily identify.

Restorative needs of the supervisee that supervision aims to address include their well-being and personhood development. Normative needs of the supervisee include professional orientation and accountability to the 'norming' stakeholders of the profession: codes of ethics, licensure boards, and laws related to practice. Formative needs tend to include the supervisee's clinical skill development and competence to practice, such as sound clinical decision-making.

The Normative Dimension

The normative dimension is the dimension that addresses the promotion of standards and clinical audits, whereas the formative dimension is the dimension that is aimed at the development of knowledge and skills, and the restorative dimension is aimed at the development of the personal well-being of the supervisees. Proctor's supervision model assisted in the professional development of the nursing staff in totality, leading them to be professionally mature, knowledgeable and independent. The professional maturity assisted the registered professional nurses, as well as area and operational managers, to assist the researcher in the development of an educational programme that had improved the supervision of nursing care. This professional maturity had also assisted the registered professional nurses, registered staff nurses and registered assistant nurses in sharing their in-depth knowledge of their experiences with supervision of nursing care and being supervised by professional nurses.

The Restorative Dimension

The restorative dimension talks about professional development, thereby enhancing professional growth and independence whilst unlocking effective and efficient nursing care that will meet the needs of patients. Through this model, effectively supervised nurses developed confidence, knowledge, and skills. Nurses become proactive in inpatient management because they are professionally mature, thereby reducing medical risks, which increases patient safety and ensures quality care.

The Formative Dimension

The formative component of Proctor's model of supervision impacted the development of knowledge and skills that enabled registered professional nurses to be skilled at supervising nursing care and led to successful supervision being practised. Since none of these three dimensions can be considered in isolation, employing the Proctor model of supervision helped registered professional nurses supervise nursing care in an efficient manner. This dimension addressed the objective of phase 1A, which is to explore and describe the experiences of

registered professional nurses on supervision of nursing care in the Limpopo Province, and 1b, which explored and describes the experiences of registered staff and assistant nurses on being supervised in nursing care by registered professional nurses in the Limpopo Province.

In this study, the Proctor model of supervision plays a major role in guiding the nursing profession because when nurses are supervised effectively, all the dimensions taken into account, the nurses develop professional maturity and become independent. The nurses who are supervised according to the Proctor supervision model develop critical thinking, thereby improving the understanding of patients' needs and increasing caring skills, leading to improved patient care. Supervising ensured the adherence to standards as per the normative dimension of Proctor's supervision model, thereby enhancing quality. Below is the diagram depicting Proctor's Supervision model.

According to the study findings, after being trained following the developed programme, the registered professional nurses would show improvement in supervision of nursing care because the supervisors became knowledgeable and willing to do their best for the patients. This model because of the three dimensions of formative, restorative, and normative emphasises the continuous guidance and support of registered staff nurses and registered assistant nurses to overcome the challenges in the clinical practice environment build confidence and enhance professional growth. This model also ensures that there is development of norms, guidelines, and ethical principles to guide the registered professional nurses, registered staff nurses and registered assistant nurses in their professional responsibilities and decision-making processes.

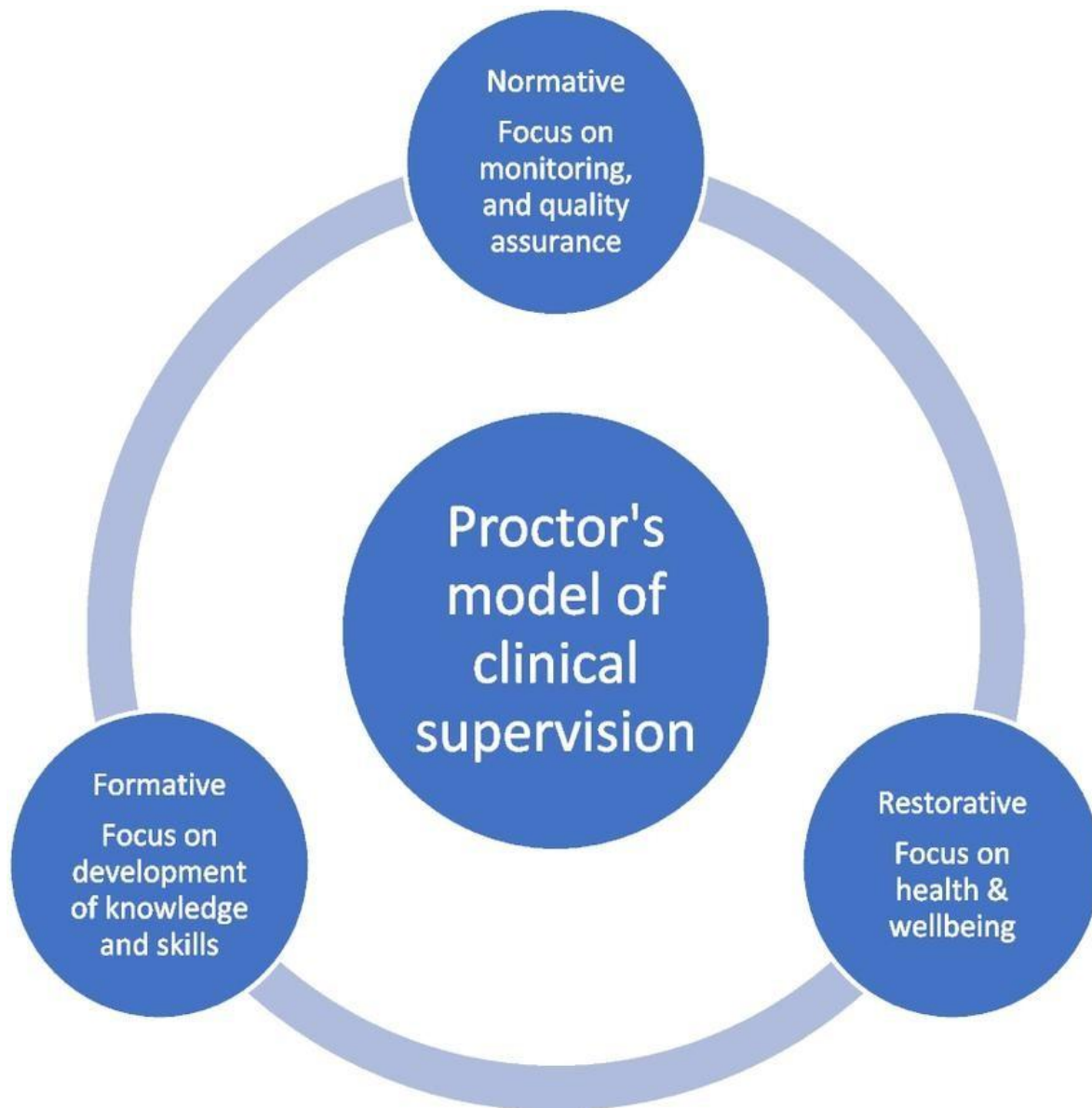


Figure 2.1. Proctor's model of clinical supervision (Proctor, 2008)

2.8. SUMMARY

This chapter discussed the literature review of supervision and the development of supervision of nursing care. The literature review also covered the educational programmes that were developed according to the continent, starting from international, African and local. The theory underpinning the study was discussed. The next chapter deals with research methodology and design.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The previous chapter presented the literature on available educational programmes and the theoretical framework that underpins this study. This chapter outlines the research approach, research design, population, study setting, sampling method, data collection methods, data analysis, and measures to ensure trustworthiness and ethical considerations used in this study.

3. 2. PURPOSE OF THE STUDY

The purpose of this study was to develop an educational programme to improve the supervision of nursing care by registered professional nurses in selected regional hospitals in Limpopo province.

3.3. OBJECTIVES OF THE STUDY

The objectives of this study were set in phases and aligned with the five stages of Appreciative Inquiry, which are the Defining phase, discovery, Dream, Design and Destiny, though the Defining Phase was the introduction of the topic. The objectives were set as follows:

Phase 1: Discovery Phase (Situational Analysis)

1a. To explore and describe the experiences of registered professional nurses in the supervision of nursing care.

1b. To explore and describe the experiences of registered staff and assistant nurses on being supervised in nursing care by registered professional nurses

Phase 2: Dream and Design Phase

To develop an educational programme to improve the supervision of nursing care by registered professional nurses.

Phase 3 Destiny

To validate the developed educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo province.

3.4. RESEARCH METHODOLOGY

Research methodology refers to a specific way chosen by the researcher to conduct a study within the chosen design, which includes study setting, population, sampling and sample, data collection, data analysis, data quality, and ethical consideration (Gray, Grove & Sutherland 2017:193). The methodology in this study was discussed in Phases. The chosen methodology in this study was qualitative because the researcher wanted to get more information about the experiences of registered professional nurses regarding supervision of nursing care in the selected regional hospital and also getting more information from the registered staff nurses and registered assistant nurses experiences regarding being supervised by registered nurses in the This methodology was used during both Phase1A and Phase 1B.

3.4.1. Research Design

The research design is the plan for gathering data in a research study (Brink & van Rensburg, 2022:245). The research design selected was exploratory, descriptive, and contextual in nature, and data was collected using Appreciative Inquiry. The research designs chosen assisted the researcher in getting a more in-depth understanding of the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province.

3.4.1.1. Qualitative Research Approach

A qualitative approach is a method utilised to define life experiences and provide them with the meaning to understand them without making assumptions (Gray, Grove & Sutherland 2017:62). Creswell (2018:5) described qualitative research as an approach for exploring and understanding the meaning of individuals or groups ascribed to social or human problems. The focus of this study was to develop an educational programme to improve the supervision of nursing care by registered professional nurses in Limpopo Province. The researcher used a qualitative approach to find in-depth information on the supervision of nursing care and the development of an educational programme. The researcher wanted to deeply understand individuals' beliefs, experiences, attitudes, behaviours, and interactions regarding supervision of nursing care. This approach provided a richer insight into real-world phenomena from the perspective of those experiencing it. In addition, the study was conducted in a natural setting where supervision was taking place.

3.4.1.2. Exploratory Design

The exploratory research design refers to a study that explores the dimension of a phenomenon or that develops or refines theory about relationships between phenomena (Polit & Beck 2017:728). Exploratory research focuses on exploring and providing answers in different ways about the phenomenon being researched (Brink et al 2018:112). The exploratory research design was chosen because the researcher wanted to explore and describe the views of registered professional nurses on the supervision of nursing care in the selected regional hospitals in Limpopo Province. The researcher also wanted to explore and describe the views of registered staff and assistant nurses on being supervised in nursing care by registered professional nurses. The researcher aimed to gain deeper insight into the study topic. The explorative design allowed for an in-depth exploration by probing, wherein participants explained their views on the supervision of nursing care in the selected regional hospitals in Limpopo Province. The researcher aimed to gain a comprehensive understanding of factors that are involved in effective supervision of nursing care, hence the development of an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province.

3.4.1.3. Descriptive Design

The purpose of a descriptive design is to allow a true picture of the study as it happens. Brink et al. (2022:114) outlined descriptive design as a design that is used where more information is required in a particular field through the provision of a picture of the phenomenon as it occurs naturally. Brink et al. (2022:114) further indicated that the descriptive design may be used to identify the problem with the current practice: to justify the current practice, make judgments, or determine what other similar professionals in a similar situation are doing, or to develop theories. In this study, the descriptive design was used to capture the perspectives of registered professionals, staff, and assistant nurses regarding supervision of nursing care in the selected regional hospitals of Limpopo Province. Based on the findings from their experiences, the researcher developed an educational programme aimed at enhancing the supervision of nursing care by registered professional nurses. In-depth data collected through interviews, focus groups, and observations provided rich, narrative information that revealed insights not captured by quantitative methods.

3.4.1.4. Contextual Design

Polit and Beck (2017:1046) described context as the physical location and conditions in which research data collection takes place. In contextual studies, data is collected in real-world, natural settings (Creswell & Creswell, 2018:208). Natural settings, also referred to as field settings, are the uncontrolled, real-life situations where research takes place, and conducting research in a natural setting means that the research does not manipulate or change the research environment (Grove & Gray 2019:324). The contextual design occurs in a natural setting where detailed data is collected because human beings are best understood in the context of where they live. In this study, the researcher collected data in a natural setting where participants experienced the problem being examined. The researcher interacted face-to-face with the participants during interviews, talking to them and observing how they behaved in their context. In this study, the researcher collected the data from the nurses who work in the clinical settings of the selected regional hospitals. Understanding the context of supervision is essential for tailoring the programme to address specific needs and challenges. Data was collected from registered professional nurses in the Paediatric, Maternity, and Casualty departments. This included managers and registered staff nurses, as well as registered assistant nurses working in those wards under their supervision.

3.4.1.5. Appreciative Inquiry design

Appreciative inquiry is a generative process that has been applied worldwide at micro and macro levels, from individual to large-scale cultural transformation. AI helps people to focus upon what is working well, the positive core, and identifying strengths by engaging them in inquiries and stories that highlight and then leverage those strengths. It is an evidence-based approach to change and individual, social and organizational wellbeing (Armstrong, Holmes and Henning 2020: 2). Appreciative Inquiry focusses on the appreciation of the strengths of institutions and their functioning such as supervision of nursing instead of identifying deficits. Appreciative Inquiry design was considered as a valid way in assisting participants to find out what was working well in the process of supervision of nursing care by registered professional nurses and not only looking at the negatives. This means that the approach acknowledged and valued the successes of supervision of nursing care by registered professional nurses, rather than being judgmental and assuming that they were not supervising at all.

It helps individuals, society, and organizations identify and leverage their strengths for change. Some important ways to be more appreciative are to 1) see problems as possibilities and threats as opportunities; 2) see the strengths and successes of people, groups, and organizations; and 3) be more curious and stop judging (Armstrong, Holmes, and Henning, 2020:2). The AI design aims to turn problem-solving into possibility-building by recognising and enhancing system strengths and potential. AI consists of 5 stages: Defining, Discovery, Dream, Design, and Destiny. The AI design was used to highlight the benefits of registered professional nurses supervising nursing care, assisting them in identifying the things that make their work enjoyable and exciting. The study explored the positive perspectives of assistant nurses, staff nurses, professional nurses, area managers, and operational managers about nursing care supervision. The supervision educational programme helped nurses become more self-assured and goal oriented. Below is the breakdown of the 5 stages of AI.

Defining Phase

The defining phase involved the introduction and clarification of the topic under study. During this phase, the researcher introduced, clarified the topic, and explained the plans for the development of an educational programme to improve supervision of nursing care by registered professional nurses in the selected regional hospital in Limpopo Province. The background and problem statement were clearly described to explain the views of the registered professional, staff, and assistant nurses during the supervision of nursing care that led to the development of an educational programme to improve the supervision of nursing care in the selected regional hospitals in Limpopo Province. During this stage, the researcher also developed the Appreciative Inquiry (AI) interview guide questions (See the interview guide questions Annexure P and Q).

Discovery phase (situational analysis)

During this phase, the researcher addressed objectives 1(A) of exploring and describing the experiences of registered professional nurses on supervision of nursing care in the selected regional hospitals in Limpopo Province using semi-structured face-to-face interviews and objective 1(B) of exploring and describing the experiences of registered staff and assistant nurses on being supervised by the registered professional nurses using focus group interviews.

The discovery phase involved appreciating the best of what already exists. The researcher identified what was working well during the supervision of nursing care by the registered professional nurses during the process of data collection using semi-structured individual face-

to-face interviews (See Annexure Q) and focus group interviews using an interview guide (See Annexure R). The researcher chose these data collection methods because the researcher wanted to explore the experiences of registered professional nurses, including area and operational managers, on the supervision of nursing care and the experiences of registered staff nurses and assistant nurses in the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo province. In Phase 2 of Appreciative inquiry, the researcher entered the field of nursing practice in order to conduct situational analysis through exploring and describing the experiences of registered professional nurses regarding supervision of nursing care and also exploring and describing the experiences of registered staff nurses and registered assistant nurses regarding being supervised by registered professional nurses. That assisted the researcher with gathering in-depth information from registered professional nurses and registered staff nurses, as well as registered assistant nurses, who accommodated the views and needs of both groups during the development of the programme. The in-depth information covered what was working well and what needed to be improved regarding supervision of nursing care.

Dream for the Future

The dream for the future phase was concerned with defining the vision for the future. In this phase, the researcher assisted registered professional nurses, including the area and operational managers, and the registered staff nurses and assistant nurses, to set goals and envision the future. The researcher probed during interviews to gain clarity on what the participants would like to see in the future regarding nursing care supervision. After interviewing the professional nurses, including the area and managers as well as staff nurses and assistant nurses, the researcher consolidated the findings to develop an educational programme to improve the supervision of nursing care.

This phase involved envisioning the future and focused on defining the participants' vision. The researcher gathered insight from registered professional nurses about their aspirations for the future and how to set goals related to the supervision of nursing care. Additionally, the registered staff and assistant nurses also provided their opinions and interests regarding how they would like to see the supervision of nursing care evolve.

To collect data on the vision for the future, the researcher conducted semi-structured interviews with registered professional nurses, asking: "In the coming years, what positive changes would

you like to see introduced in your hospital to improve supervision of nursing care?" For the registered staff and assistant nurses, focus group interviews were used to gather their views, responding to the question, "In the coming years, what changes would you like to see introduced in your hospital to improve supervision of nursing care by registered professional nurses?" During the interviews, the researcher employed probing techniques to gain more clarity on the participants' visions for how the supervision of nursing care should be shaped in the future. The participants expressed a desire to develop knowledge and effective skills in supervision, which aligns with the formative dimension of the Proctor supervision model of formative dimension emphasising the development of skills.

Design Phase

The design phase aimed to reshape the future through dialogue. During this phase, the researcher gathered opinions from registered professional nurses and managers on how to enhance the supervision of nursing care. In this phase, the registered professional nurses, including area and managers, together with registered staff nurses and assistant nurses, came up with findings that were utilised in the development of an educational programme to improve the supervision of nursing care by registered professional nurses.

The design phase emphasises the importance of dialogue in shaping the future with the aim of using the information to design an educational programme. The researcher addressed objective number two (2) of developing the educational programme to improve the supervision of nursing care by registered professional nurses. Oktavia, Minanton, Herman, and Jayad (2023:8) outlined the restorative dimension, which promotes the well-being of the participants, expressing what went well and what was not going well when it comes to the supervision of nursing care. The researcher selected the qualitative approach to gather in-depth information on the current status of the supervision of nursing care. The researcher used phase 1A and 1B findings following the ranking acquired during the nominal group technique. The Proctor supervision model was infused when the participants were ranking because the participants used their knowledge during the process without being influenced. Participants involved in the NGT were the same who participated in Phase 1A and 1B data collection. During the nominal group technique, focus group interviews were used to allow the participants to prioritise ideas democratically and reach a consensus without anyone dominating. The researcher developed the educational programme based on the consensus reached during the NGT workshop. This study was geared toward implementing planned designs for an educational programme, so the findings were ranked

accordingly, which led to the development of an educational programme aimed at improving the supervision of nursing care.

Destiny Phase

The destiny phase was concerned with the execution of designed plans. In this phase, the researcher used recommendations and findings to validate the educational programme to improve the supervision of nursing care by registered professional nurses. The researcher also validated the developed educational programme to improve the supervision of nursing care by registered professional nurses. In this phase, the researcher addressed objective number 3 of validating the developed educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province. The researcher used the NGT to validate the developed educational programme in order to rank the findings and use the developed checklist for validation of the educational programme. The participants who participated in the validation of the developed educational programme were the nursing managers because of their experience in the supervision of nursing care.

The detailed discussion of the validation of the educational programme is in Chapter 6.

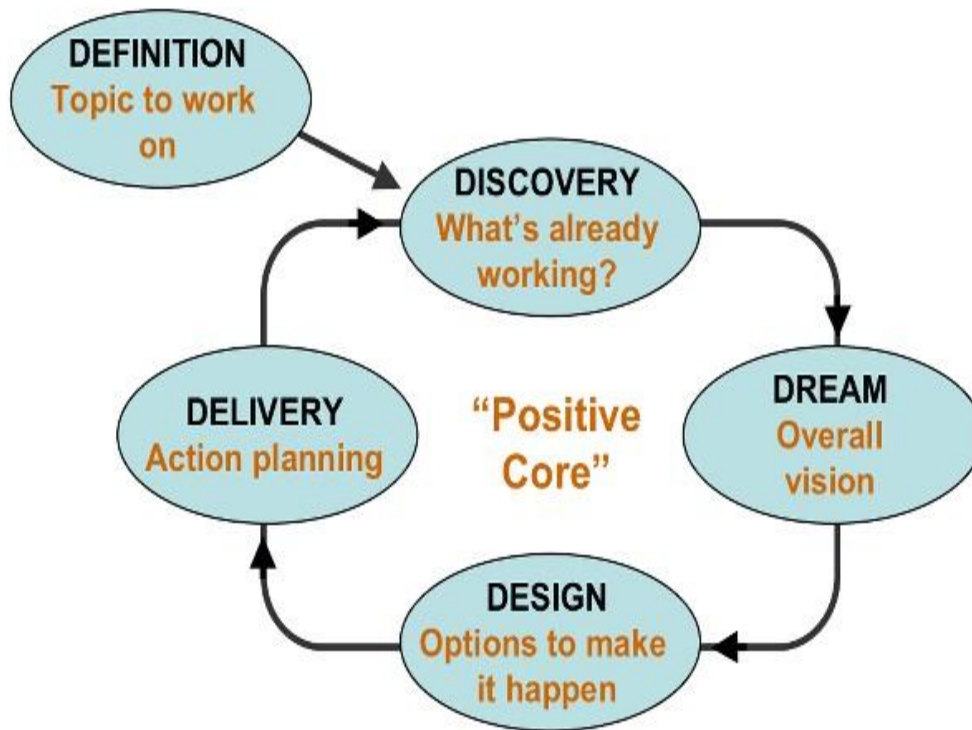


FIGURE 3.1. 5-D-APPRECIATIVE INQUIRY PHASES

<https://appreciativeinquiry.champlain.edu/learn/appreciative-inquiry-introduction/5-d-cycle-appreciative-inquiry>

3.5. THE STUDY SETTING

This study was conducted in Limpopo Province, which is one of the nine provinces of South Africa. South Africa's northernmost province, Limpopo, borders Mozambique, Zimbabwe, and Botswana. The province is named after the great Limpopo River that flows along its northern border and is rich in wildlife, spectacular scenery, and a wealth of historical and cultural treasures. Limpopo ranks fifth in South Africa in both surface area and population, covering an area of 125,754 km² with a population of about 5,779,090. The capital city is Polokwane. Limpopo is divided into five district municipalities, which are further subdivided into 22 local municipalities. The main district municipalities are Vhembe, Capricorn, Sekhukhune, Mopani, and Waterberg districts. Limpopo Province has 43 hospitals, 471 clinics, and 22 health centres that serve the widespread population. This research study was conducted in selected regional hospitals in Limpopo Province. There are five (5) regional hospitals in Limpopo Province, which are Mokokwane, Tshilidzini, Letaba, St Ritas, and Philadelphia Regional hospitals. There were three

(3) regional hospitals chosen from the five (5) regional hospitals because they are referral hospitals, and the patients that are admitted there are referred for further management from district hospitals, as they would be critically ill and needed continuous monitoring and supervision. The researcher also selected the three regional hospitals because of the high litigation cases. Below is the map of Limpopo Province with its hospitals.

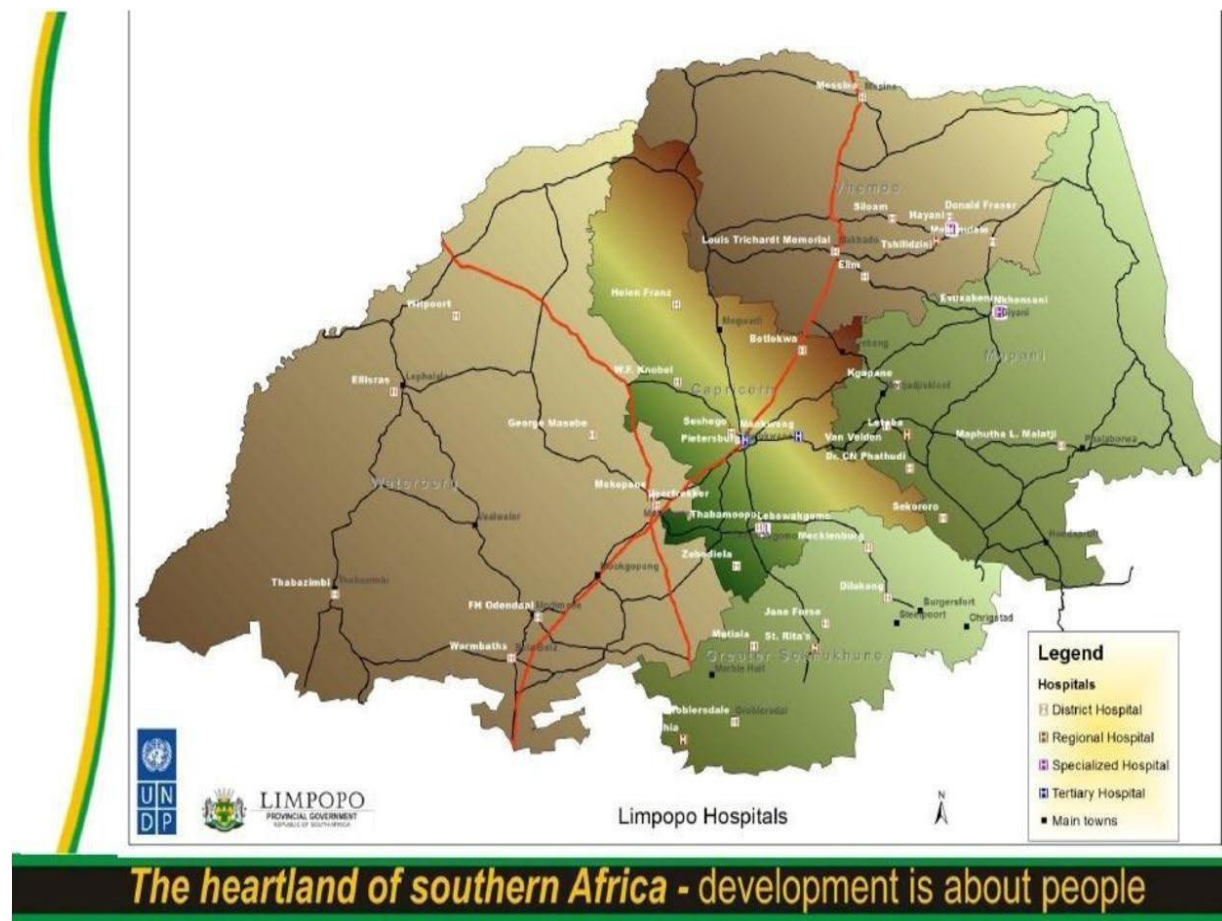


FIGURE 3.2. LIMPOPO PROVINCE MAP WITH HOSPITALS

(<https://d3i71xaburhd42.cloudfront.net/ba1c54d03ccea045a95ddf1f20f1734>)

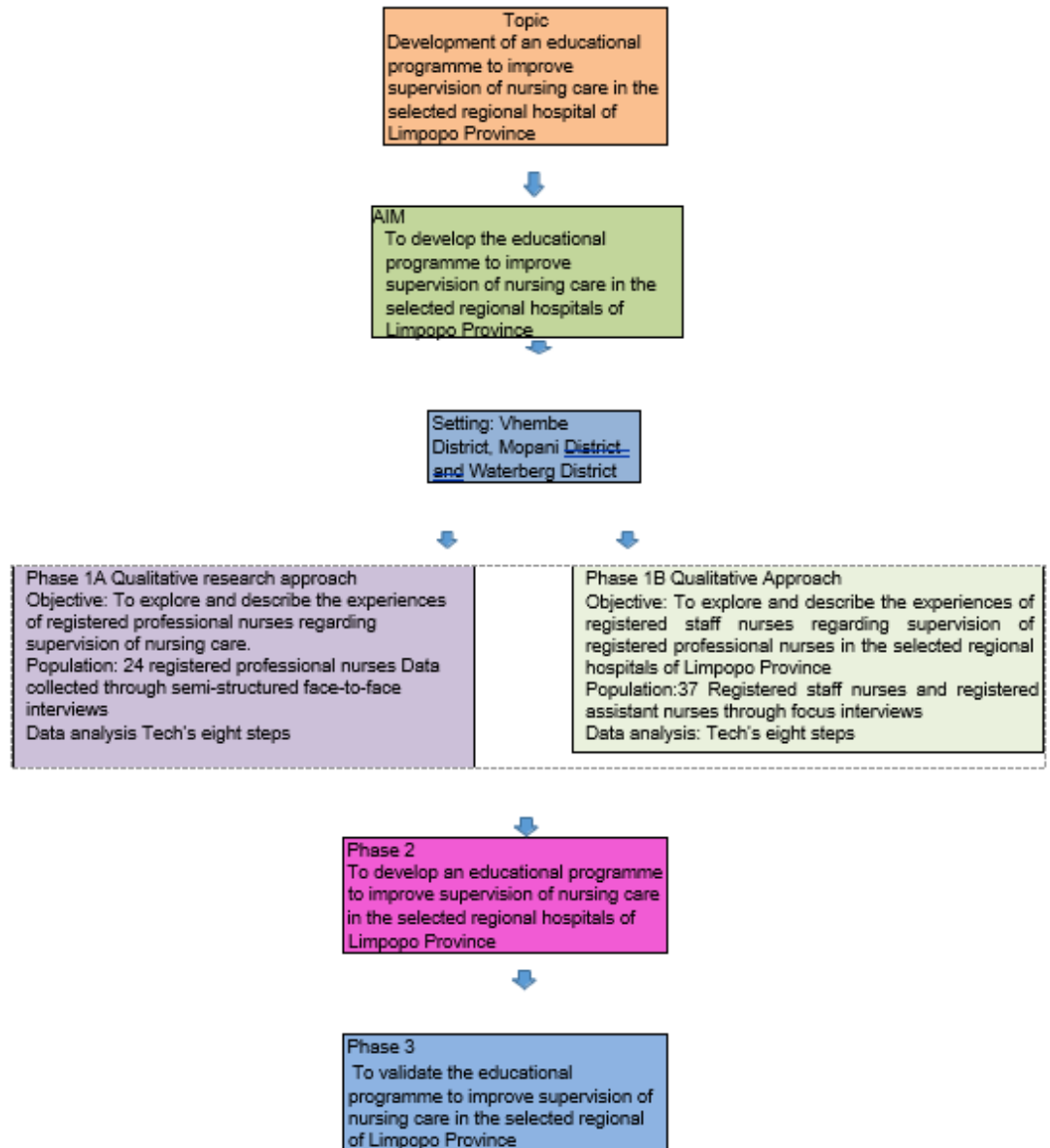


Figure 3.3. SUMMARY OF THE STUDY

3.6. PHASE 1A

3.6.1. OBJECTIVES

The objective of this phase was:

1a. To explore and describe the experiences of registered professional nurses in the supervision of nursing care.

3.6.2. RESEARCH METHODOLOGY

Research methodology refers to a specific way chosen by the researcher to conduct a study within the chosen design, which includes study setting, population, sampling, sample, data collection, data analysis, data quality, and ethical consideration (Gray, Grove & Sutherland 2017:193). In this study the research methodology which was chosen was the qualitative approach because the researcher wanted to get an in-depth information from the registered professional nurses the regarding supervision of nursing care in the selected regional hospitals of Limpopo Province, meanwhile the registered staff nurses and assistant nurses gave their experiences regarding being supervised by registered professional nurses. The study was conducted in Phases, namely Phase 1A for registered professional nurses and Phase 1B for registered staff nurses and registered assistant nurses.

3.6.3. QUALITATIVE APPROACH

The approach used in this study phase was qualitative, focusing mainly on contextual, descriptive, explorative, and collecting data using the Appreciative inquiry approach. The study was contextual. A qualitative approach was chosen because the researcher wanted to get more information about the views or the experiences of registered professional nurses on the supervision of nursing care.

Table 3.1 Outline of the research process

Study phases	Method	Objective	Participants	Data collection method	Data analysis
Phase 1A	Qualitative approach	To explore and discuss the experiences of registered professional nurses in the supervision of nursing care	24 Registered professional nurses	Semi-structured face-to-face interviews	Tesch's eight steps
Phase 1B	Qualitative approach	To explore and describe the experiences of registered staff and assistant nurses on being supervised in nursing care by registered professional nurses	37 Registered staff and assistant nurses	Focus group interviews	Tesch's eight steps
Phase 2	Qualitative approach	To develop an educational programme to improve supervision of nursing care by registered professional nurses in the selected regional hospitals	30 Registered professional, staff and assistant nurses	Focus group	NGT

Phase 3	Qualitative approach	To validate an educational programme that will improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province.	12 managers 7 experts	Focus group Focus group	NGT Checklist
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Roadmap of the research study

3.6.4. RESEARCH DESIGN

Descriptive Design

The researcher gave the participants the opportunity to describe their experiences regarding supervision of nursing care as it occurs in their working environment without judging them. The researcher documented the experiences of the participants, including their informal behaviour. This design was applicable in both Phase 1A and Phase 1 B.

Exploratory Design

The researcher gave the participants an opportunity to explain their views regarding the supervision of nursing care and what can be done to improve the supervision of nursing care. Semi-structured interviews were used to collect the data in Phase 1 A, whereas Focus group interviews were used to collect data in Phase 1 B.

Contextual Design

The data was collected from the three selected regional hospitals of Limpopo Province. The data was collected from the Paediatric unit, Maternity unit and Casualty unit of those selected regional hospitals. (Duda, Warburton, and Black 2020:1)

3.6.5. STUDY POPULATION

The target population was all registered professional nurses, including managers. By virtue of their training and qualification, the registered professional nurses are required to supervise the nursing care rendered. The researcher selected the registered professional nurses as well as managers because they would give in-depth information about their experiences regarding the supervision of nursing care.

3.6.6. SAMPLING

According to Brink et al. (2018:115), sampling is the process of selecting a sample from a population to obtain information regarding a phenomenon in a way that represents the population of interest. Polit and Beck (2017:250) also described sampling as selecting cases to represent an entire population, to permit inferences about the population.

In this study, a non-probability purposive sampling method was used. Non-probability sampling is usually more convenient and economical (Brink et al., 2018:124). Purposive sampling is a technique in which the researcher selects participants or objects for a study based on their expertise or relevance to the phenomenon (Brink et al., 2018:126). The researcher opted for purposive sampling because the selected participants possess knowledge of the phenomenon and were chosen based on the researcher's judgement (Brink et al., 2018:126). Non-probability sampling method was used to select the participants for the study, as well as the districts and hospitals.

Sampling of Districts

There are five (5) regional hospitals in Limpopo Province, which are Mokopane, Tshilidzini, Philadelphia, St Ritas, and Letaba Regional hospitals. The researcher purposively selected three (3) regional hospitals because they receive patients referred from district hospitals who are very sick and whose acuity level is high. The nursing care rendered in these hospitals needs to be highly supervised so that there are improved patient outcomes and fewer complaints, as patients admitted were very sick.

The researcher had purposively selected three out of five (5) districts in Limpopo province, which were Vhembe, Mopani, and Waterberg districts, because of the high number of litigation cases.

Vhembe district had 500 cases, Mopani district had 322 cases, and Waterberg district had 118 cases (Molefe 2022, News 24).

Sampling of Institutions and Units

Participants in this study were purposively selected from Paediatric units, Casualty, and Maternity wards of the selected regional hospitals in Limpopo Province. The researcher had purposively selected three regional hospitals out of five regional hospitals because they receive patients referred from district hospitals who are very sick and whose acuity level is high. The researcher purposively selected Paediatric units, Casualty, and Maternity wards of the selected regional hospitals of Limpopo Province. The above-mentioned units were selected because of the workload that they face with, and nurses in the selected wards need continuous and direct supervision of nursing care so that quality nursing care is rendered as referred patients received need are very sick, which can result in improved patient safety and patient outcomes.

Sampling of Participants

The participants purposively selected were registered professional nurses, including managers. The registered professional nurses were selected because they can supply in-depth information about the supervision of nursing care, and they are the ones responsible for the supervision of nursing care. The selected participants were registered professional nurses with 5 years or more experience in the nursing practice because they fully understand the supervision of nursing care.

The abovementioned participants addressed the Phase 1a objective of exploring and describing the experiences of registered professional nurses in the supervision of nursing care in the selected hospitals in Limpopo Province.

Sample Size

The sample size is the number of people who participate in a study: an important factor in the power of analysis and statistical conclusion validity (Polit & Beck, 2017:743). Brink et al. (2018:128) indicated that in a qualitative study, the sample size is adequate when the meanings are clear and data is saturated, meaning it has been fully explored (Brink et al., 2018:128). The sample size is also the number of participants recruited and who give consent to participate in the study (Gray, Grove & Sutherland 2017: 691).

In this study, the number of registered professional nurses who were reached was twenty-four (24) because in other facilities, the registered professional nurses were not interested in participating in the study. Data saturation was reached in participant number fifteen (15), but the researcher continued with data collection in order to ensure the authenticity of the data.

3.6.7. INCLUSION CRITERIA

Inclusion criteria refer to the characteristics a subject or element must possess to be part of the target population (Gray, Grove & Sutherland 2017:331). Polit and Beck (2017: 250) outlined that the researcher must consider the exact criteria by which it could be classified as a member of a population. In this study, the inclusion criteria were registered professional nurses with 5 years of experience, including managers in the Paediatric units, Casualty units, and maternity wards of the selected regional hospitals in Limpopo Province. The inclusion criteria were chosen because their experiences and qualifications allowed them to give more information concerning the supervision of nursing care. These nurses were selected because they would give the researcher their experiences of the supervision of nursing care by registered professional nurses.

3.6.8. EXCLUSION CRITERIA

Exclusion criteria refer to the process of eliminating the participants who do not meet the inclusion criteria (Polit & Beck, 2017:306). Registered professional nurses who were not working in the wards that have been selected, which are Casualty, Paediatric ward, and Maternity wards, were not part of the study. As well as those who had been working in the selected wards but for less than 5 years, were not part of the study. Registered professional nurses who were in the selected wards but were not interested in participating in the study were also excluded.

3.6.9. PRE-TESTING

Polit and Beck (2017:624) defined a pre-test as an investigation intended to assess feasibility and support refinements to the protocols, methods, and procedures that will be used in a larger-scale trial of an intervention. The pre-test aims to identify potential flaws in the tools being used, such as unclear instructions or wording, insufficient time limits, and whether the variables defined in operational terms are observable and measurable (Brink et al., 2018:161). The primary purpose of a pre-test is to evaluate the feasibility of the proposed study and to uncover any methodological

flaws. In this study, pre-testing was conducted to determine whether the semi-structured interview guide questions could be improved. It also aimed to identify any potential issues that could affect the trustworthiness of the research during the actual interviews, ensuring the schedule remained user-friendly.

In this study, pre-testing was done using both Phase 1A and Phase 1B interview guides to check whether the data collection tools could be refined. One focus group interview was held, followed by three semi-structured face-to-face interviews. Registered professional nurses as from a selected regional hospital, who were not part of the research sample, were interviewed during this phase.

This was done to identify possible problems for the real-situation interviews. The pre-testing was done at Tshilidzini Hospital, which is the regional hospital in the Vhembe District. It was conducted in the non-participating unit, which was the male surgical ward. Three registered professional nurses who met the inclusion criteria were interviewed to assess the semi-structured interview guide. The registered professional nurses who were interviewed for the pre-test were not included in the research sample. The pre-testing identified that there was a challenge with the tool where some statements were not clear, whereas some were ambiguous, and questions were not giving the required responses. Appropriate adjustments to the data collection tool were made. The results from the pretesting were not included in the main findings since the units involved were not part of the wards selected for the main study.

3.6.10. DATA COLLECTION

Data collection describes the way in which the researcher approaches answering the research questions (Brink & van Rensburg, 2022:155). Data collection was done in the setting where the participants were working, which was the Casualty department, Paediatric ward, and Maternity unit of the selected regional hospitals, because individuals are best understood in the settings where they live. Data was collected from registered professional nurses, including managers, who met the criteria from the selected regional hospitals.

- **Recruitment of Participants**

The nursing manager is the one who handed the researcher to the area manager and instructed them to communicate with operational managers of the respective selected units to release the registered professional nurses. The area manager also prepared the venue where the interviews were to be conducted, which was the boardrooms, offices and the dining halls. The registered professional nurses were recruited from the selected units of the selected regional hospitals by the operational manager of the units. The researcher had communicated the time to the area manager for conducting the interviews during tea and lunch breaks to avoid interruption of service delivery.

- **Data Collection Process**

In this study, data was collected by the researcher as the sole data collector. Data was collected after the researcher sought approval from the provincial office, following approval by the research ethics division of the University of Venda. The researcher further sought approval from the district offices as well as the CEOs of the selected regional hospitals in Limpopo province. The interviews were conducted in the manager's offices, which were identified by the ward in charge, and the area was quiet, free from noise and interruptions. The researcher greeted the participants and introduced herself to them.

The participants were given the information about the study, starting from the topic, objectives and data collection method. The participants' rights and responsibilities were then explained, and thereafter they were requested to sign the consent form to participate in the study if they were willing to participate in the study (See annexure P).

In this study, semi-structured interviews were conducted to collect data from participants using an interview guide (See Annexure Q). Semi-structured interviews are said to be interviews in which the researcher has a list of topics to cover with specific questions (Polit & Beck, 2017:744). The purpose of the semi-structured interview is that the researcher has an interest in understanding the experiences of other people and the meaning that they make of those experiences. Gray, Grove, and Sutherland (2017:510) indicated that a semi-structured interview is an in-depth method that provides higher quality data. However, the researcher sought information from some individuals. The benefit of a semi-structured interview is that it is focused and discursive and allows the researcher and participants to explore an issue. In this study, individual face-to-face and focus group interviews were employed.

A voice recorder was used during data collection after permission was sought from the participants. The researcher explained the reason for its use to prevent losing some information during the interviews and requested the participants to ask questions for clarity. All this was done before the start of the interviews to gain the participants' cooperation. The individual interviews took 30-45 minutes. The names of the professional nurses who participated in the interviews were not documented; instead, codes were used for Participant 1 and Participant 2, referring to semi-structured interview participants one and two. The researcher took notes during interviews, where the informal behaviour of participants was documented. Data was collected from the participants over four (4) months. Data saturation was reached in participant number fifteen (15), but the researcher continued with data collection in order to ensure the authenticity of the data.

- **The Role of The Researcher During Data Collection**

To be able to conduct an interview, the researcher should have interpersonal as well as interviewing skills. These communication skills and interpersonal skills include various attitudes that may contribute to the researcher's ability to create an atmosphere in which the participants provide the required information freely and honestly. The researcher used facilitative techniques that were based on a keen interest in the phenomenon under investigation. This enabled the researcher to recognise each participant's unique contribution, to listen carefully, and to allow an open and free expression of thoughts and feelings during each interview.

- **Use of Communication Techniques**

The following communication techniques were used by the researcher to ensure that participants expressed their ideas freely during discussions.

- **Language Use**

The researcher used language and terminology that were simple and understandable to facilitate the interviews for participants' understanding. The language used was simple English.

- **Probing**

The researcher probed to follow up with subsequent questions based on the participant's responses. Brink et al. (2018:144) described probing as a facilitation skill that is utilised by the researcher during an interview to obtain more useful information from participants. A probe in the form of a question or comment seeks clarification on something that has already been said. It is

done to deepen the responses and enrich data from the participants by giving clues to the participants about the level of responses that were expected of them, while encouraging the participants to pursue a line of thought.

- **Silence should be Used Judiciously.**

The utterance “I see” can sometimes be combined with nodding the head. “Yes, yes” is a good alternative. During this study, the researcher asked for more details and clarification to stimulate the participants to provide detailed exploration and clarification of their experiences and to enable the participants to understand what was not coherently described.

- **Paraphrasing**

Paraphrasing is a skill whereby the researcher clearly expresses an idea by repeating the participant’s response to ensure that the researcher clearly understood the response in the same way the participant explained it (Creswell et al., 2018:94).

Paraphrasing the participant’s words was done when the researcher re-stated a statement in another format whilst retaining the same meaning to enhance the participant’s meaning and understanding.

- **Reflection**

Reflection was demonstrated by repeating statements as mentioned by the participants in a question form for participants to expand more on the specified points. The researcher then reflected on the participants in her own words. The researcher repeated some information as given by the participants to confirm what they meant with their statements.

- **Listening**

Lavee and Itzchakov (2023:619) conceptualised good listening as a genuine presence and effort to help others understand what the person is saying, being empathetic and non-judgmental while regarding the other with respect and curiosity. Listening means that you listen to understand genuinely and unreservedly the participants' point of view. The researcher showed good listening skills without judging the participants and with respect in order to capture all the information that was being said by the participants (Fouche', Strydom & Roestenburg 2021: 375). The researcher allowed the participants to speak freely.

□ Clarification

The researcher used clarification whenever statements by the participants were not clear and understandable, and more elaboration was needed. Clarification was also used to check whether the provided information was correct. The clarification also helped the researcher to translate what the participants said into a more familiar language so that it could be more understandable and helped the participants to restructure their perceptual field.

• Minimal Verbal Response

The researcher used minimal verbal responses by saying “yes” and “mm” while nodding to allow a smooth flow of information and encouraging participants to talk while relaxed.

3.6.11. DATA ANALYSIS

The researcher examined data for completeness and accuracy by listing individually each piece of data collected. Data was not reported in a raw form. The researcher chose the methods of exploring and organising raw data and interpreted it to answer the research question meaningfully. The data was processed and analysed in an orderly, coherent fashion so that patterns and relationships could be discerned.

Data was analysed using Tesch's eight steps (in Creswell, 2014:198). These were:

□ Get a sense of the whole.

Ideas were written down in the margin after a thorough reading of the data material. The researcher read and re-read the transcripts to make sense of the whole. The researcher also listened to the voice notes to make sense of the whole data. The researcher's intention was to get acquainted with the information.

- Pick a document in a pile, read it thoroughly, ask oneself what it is about, and read.
- The researcher continued to read the transcripts and voice-recorded information.
- Continue to read the data of the participants and make a list of all topics that come to mind, such as major topics, unique topics, and leftovers. The researcher selected the shortest and most interesting transcripts, re-read each one, differentiated them into units, and documented ideas that re-emerged.

- Take the list of sources back to data and abbreviate topics as codes. Codes were written next to segments to see if new codes and categories emerged.
- Categorise the most descriptive wording for the topic. Similar topics were grouped together, and those that did not have an association were clustered separately.
- Make a final decision on the abbreviation for each category and alphabetise codes.
- Assemble data materials belonging to each category in one place and perform a preliminary analysis.
- Record the existing data if necessary.

Data was transcribed verbatim, and transcripts were coded using an independent coder.

The researcher made a summary of the themes and sub-themes developed, and then the raw data was sent to the supervisor and an independent coder for coding. An experienced independent coder in qualitative research was approached to analyse the verbatim transcripts. The consensus was reached between the researcher, supervisor, and independent coder concerning the themes and sub-themes that were identified independently.

3.6.12. DATA MANAGEMENT

Data management in qualitative research involves converting masses into smaller manageable segments (Polit & Beck 2017:535). The transcripts were coded using numbers, e.g., Participant no. 1 or Participant no 2 for semi-structured individual face-to-face interviews and FGP no. 1 or FGP no 2 for Focus group interviews. The names of the participants were not attached to ensure confidentiality, anonymity, and privacy. Data was transcribed verbatim, and transcripts were also coded by an independent coder.

Paper-based data was stored in the lockable cabinet in the office of the researcher, where no one can access. The electronic data was kept in the researcher's computer using the password, which is only known to the researcher. Data will be kept for five years as required. This is also applicable to the data of Phase 1 B.

3.6.13. TRUSTWORTHINESS OF THE STUDY

Trustworthiness of the study is a way of ensuring data quality or rigor in qualitative research (Brink et al., 2018:157). Ensuring trustworthiness entails taking measures to make sure that the research

findings are worth paying attention to and taken into consideration; Lincoln and Guba's model of trustworthiness, as discussed in Polit and Beck (2017:572), encompasses credibility, transferability, confirmability, and dependability to ensure trustworthiness.

Credibility

The goal of credibility was to demonstrate that a study was conducted in a manner that the participants were accurately identified and described (Fouche, Strydom, Van Rensburg 2021:394). Credibility was also increased by using the following strategies:

- **Triangulation.**

The researcher used multiple research methods for data collection, such as semi-structured individual face-to-face interviews and field notes.

- **Prolonged Engagement.**

The researcher was in the field for a prolonged period until data saturation had been reached. Data was collected over a period of time; the researcher spent 30-45 minutes with each participant.

- **Performing a Member Check.**

Member checking was done by constantly checking data with the participants. This was done immediately after the interview by summarising the responses to ascertain if there was a true reflection of their responses, to determine the accuracy of the findings. The participants were given a chance to validate and verify the interpretations, which were done to ensure no facts were misconstrued.

- **Peer Debriefing.**

The intentionality of participants to provide additional information was assessed. At the end of the interview, the participants were asked if there was any other information they wanted to share that pertained to the supervision of nursing care.

- **Referential Adequacy.**

The face-to-face semi-structured individual interviews and focus group interviews were transcribed verbatim. The transcribed data represented the response from the participants and not the researcher's viewpoint. The supervisor and co-supervisor also reviewed

transcriptions against the developed themes to assess whether the researcher's interpretations truly represent the realities of the participants (Brink et al., 2018:110).

Transferability

Transferability of research refers to the extent to which a study's findings can be applied in other contexts and studies (Fourie, Strydom & Roestenburg 2021:393). Transferability is concerned with the extent to which the results of qualitative research are not exclusively dependent upon the original research setting, groups, or circumstances, but their applicability in other contexts or to other groups (Grove & Gray 2019:593). Polit and Beck (2017:560) described transferability as the potential for extrapolation, that is, the extent to which it can be transferred to or has applicability in other settings or groups.

In this study, transferability was maintained through defining observation within the context of the study and also through data saturation, where twenty-four (24) registered professional nurses, including managers, were interviewed. Transferability was maintained through the following strategies:

□ Purposive Sampling:

The researcher purposively selected participants who are registered professional nurses from the selected regional hospitals

□ Thick Description:

The researcher thoroughly described the research setting, study participants, and research process

□ Data Saturation:

Face-to-face semi-structured individual interviews were conducted with twenty-four (24) registered professional nurses, including managers and operational managers, even though data saturation was reached at participant number fifteen (15).

Dependability

Grove and Gray (2019:449) described dependability as the documentation of steps taken and decisions made during analysis. Polit and Beck (2017:559) refer to dependability as the stability of data over time and conditions. In this study, dependability was maintained through the in-depth

description of the research methodology that was used, with all steps clearly stated. The research process and procedures were adhered to. Pre-testing of the interview guide for semi-structured face-to-face individual interviews was done. The researcher stayed focused on the research problem and the objectives of the study. The comprehensive transcribed interviews would be presented in this study. The researcher sourced assistance from other independent researchers who are conversant with qualitative research during the process of coding themes and sub-themes. This independent researcher examined the documentation of the critical incidents and the process of investigation, which included data, findings, interpretation, and recommendations.

Confirmability

Confirmability refers to how well the data collected supports the findings and interpretation of the researcher (Brink 2018:173). Confirmability is explained by (Polit and Beck, 2017:559) as the potential for congruency of data in terms of accuracy, relevance, or meaning. In this study, confirmability was ensured by constructing the findings directly on the data collected. This was achieved because the literature reviewed on supervision of nursing care reflected the perspectives of the participants rather than the biases or perceptions of the researcher.

Authenticity

Authenticity refers to the extent to which the researcher fairly and faithfully shows a range of different realities (Polit & Beck 2017:560). The researcher's study should invite readers as the report conveys the feeling tone of participants' lives as they lived them (Polit and Beck 2017:572). This research study conveyed the experiences and feelings of the participants and not the researcher's own view. The researcher was fair to the participants throughout the study. Informed consent was obtained from each participant before the study was conducted, and the study was conducted in the context where the participants work.

The researcher also respected the participants' views, values, and beliefs. The researcher ensured that the participants felt satisfied that they could make themselves clear during the interviews.

Table 3.2. Measures to Ensure Trustworthiness of the Study

STRATEGY	CRITERIA	APPLICABILITY

Credibility	Prolonged engagement	☐ Maintained through semi-structured and focus group interviews until data saturation occurs. ☐ The researcher collected data for four months from May until August 2024. Each interview session lasted for about 30 to 45 minutes, whereas the focus group lasted for 40 to 45 minutes
	Triangulation	☐ The researcher used triangulation in the data collection by using a voice recorder, observation of non-verbal cues, and taking field notes. The researcher used different methods of data collection, namely semi-structured interviews, field notes, and focus groups. ☐ Data analysis was done by the researcher, supervisor, and independent coder
	Referential adequacy	☐ Made extensive field notes ☐ Transcribed semi-structured interview and focus group data verbatim
	Peer briefing session	☐ ☐ Analysed data confirmed by participants ☐ ☐ Discussed data with friends ☐ ☐ The researcher visited the participants before the real interview session to make prearrangements briefing session.
	Member checking	☐ ☐ A follow-up interview was held with participants after themes had been identified ☐ ☐ Literature control was undertaken

		☐ ☐ Use of an independent coder ☐ ☐ Used an expert supervisor
	Reflexivity	☐ ☐ Made extensive field notes
	Peer review	☐ ☐ Analysis by the independent coder (lecturer) and assisted with data analysis
Transferability	Purposive sampling	☐ ☐ A purposive sampling method was used in this study.
	Thick description	☐ ☐ Provided rich, comprehensive description of research setting, study participants and research process ☐ ☐ Detailed in-depth methodology and data collection techniques were outlined.
	Data saturation	☐ ☐ The researcher interviewed 24 registered professional nurses and conducted six focus group interviews to 37 registered staff and registered assistant nurses until data is saturated.
Dependability	Thick description of research methods.	☐ ☐ Thick description of research methods A detailed methodology was outlined.
	Triangulation	☐ ☐ The researcher used a voice recorder and field notes in the collection of data
	Audit trail	☐ ☐ The recordings, field notes kept safe under lock and key, and recording transferred to a laptop which is password protected.
	Independent coding	☐ ☐ Themes identified by the researcher during data analysis, and an agreement was reached with an independent coder on identified themes and sub-themes.

Confirmability	Thick description of research method	☐ ☐ The researcher provided an in-depth methodological description of the methodology used.
	Triangulation	☐ ☐ The researcher prevented the involvement of their own perceptions, background views and perceptions by applying ethical guidelines and bracketing ☐ ☐ The researcher used bracketing to minimise bias throughout the research project.
	Independent coding	☐ ☐ An independent coder with experience in qualitative data analysis was used.
Authenticity	Fairness	☐ ☐ The Researcher was fair to the participants
	Catalytic authenticity	☐ ☐ The researcher respected the views' of the participants
		☐ ☐ The researcher ensured that the participants felt satisfied that they could make themselves clear during interviews

3.7. PHASE 1B

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3.7.1. OBJECTIVES OF THE STUDY

The objectives are set as follows:

Phase 1B: Discovery phase (Situational Analysis)

To explore and describe the experiences of registered staff nurses and registered assistant nurses on supervision of nursing care by registered professional nurses

3.7.2. QUALITATIVE APPROACH

The approach used in this study of Phase 1B was qualitative, as discussed in Phase 1A, focusing mainly on contextual, descriptive, explorative, and collecting data using the Appreciative Inquiry

3.7.3. STUDY POPULATION

The target population in this phase is all registered staff nurses and registered assistant nurses. The researcher selected the registered staff nurses and registered assistant nurses because they can provide the researcher with in-depth information about their experiences regarding being supervised by professional nurses.

3.7.4. SAMPLING

The non-probability sampling method was used to select districts, hospitals, units, and participants.

Sampling of Districts

This has been discussed under Phase 1A.

Sampling of Institutions and Units

This has been discussed under Phase 1A.

Sampling of Participants

Registered staff and assistant nurses were purposively selected for this study. The registered staff nurses and registered assistant nurses were selected because, by virtue of being sub-professional nurses, they are to be supervised by professional nurses; therefore, they can give the researcher in-depth information about their opinion regarding being supervised by the registered professional nurses. The abovementioned participants addressed Phase 1B's objective of exploring and describing the experiences of registered staff nurses and registered assistant nurses in the supervision of nursing care in the selected hospitals of Limpopo Province.

3.7.5. SAMPLE SIZE

The sample in Phase 1B was the registered staff and assistant nurses from the selected regional hospitals. The number that was reached was thirty-seven (37), with eighteen (18) registered staff nurses and nineteen (19) registered assistant nurses. The number of participants per focus group was six (6), with one regional hospital having seven (7). Data saturation was reached with a focus group interview number four (4); however, the researcher continued to collect data in order to ensure authenticity.

3.7.6. INCLUSION CRITERIA

The eligible participants were registered staff and assistant nurses who were working in the units and hospitals that were part of the study. The registered staff nurses and registered assistant nurses who participated were from the Paediatric units, Casualty units, and maternity units of the selected regional hospitals in Limpopo Province. These categories of registered staff nurses and registered assistant nurses were selected because their experiences and qualifications allowed them to give more information concerning how the supervision of nursing care was done by registered professional nurses.

3.7.7. EXCLUSION CRITERIA

The researcher excluded any participants who were not part of the study. Registered staff nurses and registered assistant nurses who were not working in the wards that had been selected, which were Casualty, Paediatric ward, and Maternity wards, were not part of the study. Those who were working in the ward that had been selected but did not meet the criteria, or those who were not interested, were also not part of the study

3.7.8. PRE-TESTING

In this study, pre-testing was done the same as in Phase 1A; nevertheless, one 1 of the focus group interviews was conducted in the selected regional hospital, Tshilidzini hospital, in the surgical ward, which was not part of the selected wards/units. The participants were the registered staff nurses and registered assistant nurses. The results from the pretesting were not included in the main findings since the units involved were not part of the wards selected for the main study.

3.7.9 DATA COLLECTION

Data was collected from registered staff nurses and registered assistant nurses who met the criteria from the selected regional hospitals. Data was collected in the setting where the participants were working, which was the Casualty department, Paediatric ward, and Maternity unit of the selected regional hospitals, because individuals are best understood in the settings where they live. Data was collected from registered staff nurses and registered assistant nurses who met the criteria to participate in the study from the selected regional hospitals and selected wards, which are Paediatric, Casualty, and Maternity.

- **Recruitment of Participants**

The operational managers of the respective selected units recruited and released the registered staff and assistant nurses. The area manager also prepared the venue where the focus group interviews were to be conducted, which was the boardrooms and the dining halls. The researcher had communicated the time to the operational managers for conducting the study, including tea and lunch breaks, to avoid interruption of service delivery.

- **Data Collection Process**

The researcher was the moderator and facilitator of the process of focus group interviews. The focus group interviews were conducted in the boardrooms and also the dining halls, which were places that were quiet and free from noise and interruptions, which were identified by the area managers. The researcher greeted the participants and introduced herself to them, and they also introduced themselves to the researcher. The participants were given the information about the study including the topic, objectives and data collection method. Ground rules were set by the researcher and the participants. The participants' rights and responsibilities were then explained, and thereafter, they were requested to sign the consent form to participate in the study if they were willing to participate in the study (See Annexure O). Those who were not interested were allowed not to participate. The researcher also explained the need to use the voice recorder to each participant in order to get permission from the participants.

The focus group interviews were also conducted using the interview guide (See Annexure R). Focus group interviews are interviews with groups of about 5 to 10 people whose opinions and experiences are solicited simultaneously. The interviewer (or moderator) guides the discussion according to a topic guide (Polit & Beck 2017:511). Gray, Grove and Sutherland (2017:678)

indicate that focus group interviews are groups constituted to collect data on a specific topic from more than one research participant simultaneously.

Focus group interviews were used because they produced rich data from the different groups of participants. Besides, focus group interviews of registered staff nurses and registered assistant nurses, focus group interview was used as a data collection tool during the process of development of conceptual framework for development of educational programme from the same registered professional nurses, registered staff nurses and registered assistant nurses who participated in sharing their experiences during supervision of nursing care and being supervised by professional nurses.

The researcher collected data from registered staff nurses and registered assistant nurses through focus group interviews, which took 40-45 minutes. During the focus group interview, the researcher was the facilitator and moderator of the interview.). Data saturation was reached with a focus group interview number four (4); however, the researcher continued to collect data in order to ensure authenticity.

The researcher also took field notes, which were explained to the participants before starting the interview in order to get permission. The researcher also noted the informal and formal behaviour of each participant. In the end, the researcher summarised all that was discussed, and participants agreed on the information given.

- **The Role of The Researcher During Data Collection**

This was discussed in detail under Phase 1A

3.7.10. DATA ANALYSIS

This was discussed in detail under Phase 1A

3.7.11. TRUSTWORTHINESS OF THE STUDY

This was discussed in detail under Phase 1A

3.8. ETHICAL CONSIDERATIONS

Brink et al. (2018:28) indicate that the researcher involved in research with human participants is responsible for the protection of human rights and the social well-being of participants from the conceptualisation and planning phase through the implementation phase to the dissemination

phase. Brink et al. (2018:29) indicated that the three fundamental ethical principles that guide the research process which is respect for persons, beneficence, and justice. The principles are based on the human rights that need to be protected in research, namely the right to self-determination, privacy, anonymity, and confidentiality.

Permission to Conduct Research

Permission to conduct the study was sought from the University of Venda Higher Degree Ethics Committee for ethical clearance no FHS/23/PDC/01/1409 (see attached ethical clearance Annexure A) and the Limpopo Department of Health Ethics Committee (see attached letter for approval from Limpopo Department of health Annexure B). Permission was also sought from the district health offices of selected regional hospitals where the data was collected, which are Vhembe (Annexure G), Waterberg (Annexure F) and Mopani District offices (see Annexure H). The permission was further sought from the selected regional hospitals (Tshilidzini Hospital Annexure M), Mokopane Hospital Annexure N, and Letaba Hospital Annexure L.

3.9. PRINCIPLES OF HUMAN RIGHTS

3.9.1. Informed Consent

According to Brink et al. (2018:31), the ethical principles of voluntary participation and protecting the participants from harm are formalised in the concept of informed consent. The researcher provided the participants with comprehensive and clear information (Brink et al., 2018:32). In this study, full information about the research study was given to the participants. The participants signed the consent before participating, and voice recording in the study was used, and the participants were also given full information about the use of voice recorders before the study commenced (see the attached information sheet (Annexure O and informed consent Annexure P). The participants who wished not to participate were not victimised. Polit and Beck (2017:140) indicated that participants should at all times withdraw from participating if they so wish.

3.9.2. Voluntary Participation

Polit and Beck (2017:140) indicated that participation should at all times be voluntary, and no one should be forced to participate in the project. In this study, the researcher informed the participants that participation was voluntary, and the researcher did not punish or force the

participants to participate. The participants who wished to withdraw from the study had their wishes respected. In this study, the participants were informed about voluntary participation and their choices were respected.

3.9.3. Avoidance of Harm

Polit and Beck (2017:139) indicated that the researcher has an obligation to avoid, prevent or minimise harm in the study with humans. Protecting human beings from physical harm is straightforward, but the psychological consequences of study participation are subtle and require sensitivity. The respondents were thoroughly informed beforehand about the potential impact of the investigation, and such information was offered to the respondents the opportunity to withdraw from the study if they so wished (Polit & Beck 2017:140). In this study, the participants were given information about the study as a whole and the opportunity to withdraw if they so wished.

□ Principle of Justice

Brink et al (2018: 36) indicated that the principle of justice refers to participants' right to fair selection and treatment. The researcher selected the participants fairly from the study population in general. In this study, the researcher selected the participants using purposive sampling because the participants who were purposively selected gave the researcher the required information.

The researcher respected the participants' rights to privacy by ensuring that participants' private information would not be recorded or shared with others. The researcher gave full information about the use of the voice recorder before the interview in order to first obtain consent before its use, and should the participants not consent to its use, the participants' choices were respected.

The participants who agreed to participate in the study have the right to expect that the information collected will remain anonymous and confidential. The names of participants were not attached to any transcripts; however, the codes were used in that instant.

□ Confidentiality, Anonymity, and Privacy

Confidentiality refers to how others manage your confidential information, whereas anonymity refers to not being asked to give personal information that will enable others to recognise you (Fouche', Strydom and Roestenburg 2021:124). Confidentiality entails that the identity of participants is not to be linked to the information they have provided. Confidentiality and

anonymity were ensured because no information was disclosed to anyone who was not directly involved in the study. The participants' names were not used in interviews, both face-to-face and focus group, but they were allocated codes, wherein the focus group were allocated FGP 1, and face-to-face interviews were allocated participant 1 and participant 2.

Privacy refers to the physical setting in which data is collected (Fouche', Strydom and Roestenburg 2021:124). A secluded setting was utilised during interviews to ensure privacy. The researcher carefully assessed the risks and benefits that could be incurred. The researcher briefed the participants to clarify issues that might have arisen during the course of the study, and they were informed that the information obtained would not be linked to them.

Fouche', Strydom and Roestenburg 2021:118 described privacy as referring to the physical setting in which data is collected. In this study, data for face-to-face semi-structured interviews were collected in the office of the operational manager, which was prepared in advance and was very quiet and private, whereas the focus group interviews were conducted in the dining hall.

3.10. PHASE 2: DEVELOPMENT OF EDUCATIONAL PROGRAMME

This phase is about the road map taken for the development of an educational programme of supervision of nursing care.

- **Objectives of the study**

The objectives of this study were set in phases and aligned to four stages of Appreciative Inquiry. The objectives were set as follows:

Phase 2 Dream and Design Phase

To develop the educational programme to improve the supervision of nursing care by registered professional nurses.

3.11. DEVELOPMENT OF EDUCATIONAL PROGRAMME

This phase is about designing and developing an educational programme, which is the core of this study. The population of this phase were those participants who participated during situational analysis in Phase 1A and Phase 1 B. The participants were all included in the development of an

educational programme to ensure that they all own up to the developed programme. The method used was a focus group interview where all participants were gathered and findings were discussed. The Nominal group technique was selected to guide the participants towards designing the educational programme.

3.11.1. Population of Dream and Design Phase

In this phase the research used the same population that participated during the Phase 1A and Phase 1B. The participants here are all registered professional nurses and managers and also the registered staff nurse as well as the registered assistant nurses.

3.11.2. The nominal group technique

The Nominal Group technique was used to guide the participants to draft and rank the findings. The nominal group technique is a structured variation of a small-group discussion to reach a consensus. NGT gathers information by asking individuals to respond to questions posed by a moderator and then asking them to prioritise the ideas or suggestions of all group members. The process prevents the domination of the discussion by a single person, encourages all group members to participate, and results in a set of prioritised solutions or recommendations that represent the group's preferences (Vahedian-Shahroodi, Mansourzadeh, Shariat Moghani, Saeidi 2023:838). The researcher used the findings from Phase 1A and Phase 1B to develop an educational programme to improve supervision of nursing care. The following NGT Process was followed:

3.11.2.1. Generating ideas

The moderator presented the findings from Phase 1A and Phase 1B in written form. The researcher directed everyone to write ideas in brief phrases or statements and to work silently and independently. Each person silently generates ideas and writes them down.

3.11.2.2. Recording ideas

Group members engaged in a round-robin feedback session to record each idea concisely (without debate at this point). The researcher wrote the ideas from a group member on a flipchart visible to the entire group and proceeded to ask for another idea from the next group member, and so on. The process continues until all members' ideas have been documented.

3.11.2.3. Discussing ideas:

Each recorded idea is then discussed to determine its clarity and importance. For each idea, the moderator asks. Are there any questions or comments that the group members would like to make? This step provides an opportunity for members to express their understanding of logic and the relative importance of items. The creator of ideas does not have to clarify or explain the item, and any member of the group can play that role.

3.11.2.4. Voting on ideas

The group members voted on the presented ideas

During this phase, the findings of Phases 1A and 1B were combined, and those that were similar were merged. The researcher then conducted the nominal group technique workshop in one of the regional hospitals in order to rank and prioritise the findings from the most ranked to the least ranked. The ranking ended with ten (10) findings that were ranked according to priority after voting by the participants.

The researcher merged the themes that were similar and remained with five themes, which were addressing the shortage of resources, addressing organisational challenges, addressing professional growth and development, addressing staff attitude and the need for role modelling. These findings were the once used in the development of an educational programme to improve supervision of nursing care.

3.12. VALIDATION OF EDUCATIONAL PROGRAMME

This is the phase that deals with the validation of the developed educational programme. The objective of this phase is:

- **Phase 3 Destiny**

To validate the developed educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo province.

In this phase, the researcher conducted a nominal group technique to validate the developed educational programme. The population for validation of the educational programme were managers because of their expertise and knowledge on supervision of nursing care and experts

in nursing education. The number of managers who validated the educational programme was twelve (12). The content of the developed educational programme was presented to the group of managers for validation following the process of NGT. The participants discussed the content of the educational programme using the round robin technique and were recorded in a flip chart. The listed educational programme was then voted on independently. From the findings of voting, the participants were required to rank the findings according to order of priority. The participants ranked findings and prioritised them.

The researcher also developed the checklist to validate the developed educational programme. The checklist was developed for experts in nursing education, and the number of experts used was seven (7). The checklist used was rated according to the objectives, content, teaching strategies, applicability and user-friendliness.

3.13. SUMMARY

The current chapter described the research methodology and research design, which included the population, study setting, sample and sampling method, data collection methods, and data analysis. Measures to ensure the trustworthiness of the study and ethical considerations were also discussed in this chapter. The chapter also outlined the development and validation of an educational programme.

CHAPTER 4

THE DATA ANALYSIS AND INTERPRETATION OF THE FINDINGS (PHASE 1A AND 1B)

4.1. INTRODUCTION

The previous chapter discussed the study methodology and research design that guided the study. This chapter presents data analysis, interpretations of findings and literature control. The purpose of the study was to develop an educational programme to improve supervision of nursing care in the selected regional hospitals of Limpopo Province. Data was discussed according to phases: Phase 1A and Phase 1B, as per the study objectives. Data was collected from the registered professional nurses through semi-structured interviews as well as from registered staff and assistant nurses through focus group interviews. Findings from Phase 1A and Phase 1B were presented separately, with quotes from participants. Codes were allocated for participants who participated in the semi-structured interviews and the focus groups, and these codes were allocated to distinguish participants' quotes.

4.2. PHASE 1A (DISCOVERY PHASE) SITUATIONAL ANALYSIS

The objective of this phase was to explore and describe the experiences of registered professional nurses in the supervision of nursing care using Appreciative Inquiry. The researcher wanted to get more information regarding the experiences of registered professional nurses regarding supervision of nursing care in the selected regional hospitals in Limpopo Province. In this phase, the researcher conducted situational analysis regarding what is working well and what is not working well regarding supervision of nursing care by registered professional nurses and how they want to see supervision of nursing care in future.

4.2.1. DATA COLLECTION

Data was collected from twenty-four (24) registered professional nurses from selected regional hospitals of Limpopo Province. The participants responded to the following four questions:

1. What are your best aspects regarding the supervision of nursing care in your hospitals?

2. What are the challenges that you are encountering when supervising nursing care in your ward and hospital?
3. What do you think needs to be improved when it comes to the supervision of nursing care in your ward and hospital?
4. How best do you think you can inspire other registered professional nurses to improve the supervision of nursing care in your ward and hospital?

4.2.2. DATA ANALYSIS

Data analysis was done following Tesch's eight steps as discussed in detail in Chapter 3. The findings were presented in a narrative format. Hence, a prior description of the findings was presented. Verbatim excerpts of the participants were presented. Four (4) main themes and thirteen (11) sub-themes emerged.

4.2.3. DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

This section presents the report of the demographic information of the registered professional nurses who participated in the semi-structured interviews. This demographic information comprises the gender, age, highest educational qualification, and period of employment. The sample of Phase 1A comprised of twenty-four (24) registered professional nurses from selected regional hospitals in the Limpopo Province, South Africa. Table 4.1. Illustrates the demographic data of participants.

Table 4.1. Demographic Data of Phase 1A Participants

NO	RANK	AGE	GENDER	HIGHEST QUALIFICATION	PERIOD OF EMPLOYMENT AS
1.	Acting OPM	52years	Female	Masters in nursing	30years
2.	Acting OPM	45years	Female	Diploma in Nursing	28years
3.	RPN	42years	Female	Diploma in Nursing Science	12years
4.	Acting OPM	53years	Male	BCur	27years
5.	RPN	52years	Male	Diploma in Nursing Science	20years
6.	OPM	46years	Female	Diploma in Renal Nursing	12years
7.	Acting OPM	60years	Female	Diploma in Critical Care Nursing	40years
8.	RPN	42years	Female	Diploma in Nursing	25years
9.	OPM	58years	Female	Diploma in Trauma Nursing	30years
10.	RPN	46years	Female	Diploma in Nursing Science	25years
11.	OPM	53years	Male	Diploma in Renal Nursing	29years
12.	RPN	61years	Female	Diploma in Nursing	34years
13.	Acting OPM	58years	Female	Diploma in Nursing	20years
14.	OPM	44 years	Female	Diploma in Nursing	10years
15.	Acting OPM	58years	Female	Diploma in Nursing	20years
16.	RPN	36years	Female	Diploma in Nursing	6years
17.	RPN	54years	Male	Diploma in Nursing	22years

18.	RPN	51years	Female	Diploma in Nursing	10years
19.	RPN	63years	Female	Diploma in Nursing	30years
20.	RPN	39years	Female	Diploma in Nursing	6years
21.	RPN	56years	Female	Diploma in Nursing	9years
22.	RPN	48years	Female	Diploma in Nursing	10years
23.	RPN	56years	Female	Diploma in Nursing	15years
24.	RPN	60years	Female	Diploma in Nursing	40years

4.2.3.1. Gender

There were four (4) males and twenty (20) females that were interviewed. 83% of female participants were reached as compared to 17% of males, and this illustrated that there are more females than males who participated in this study because the nursing profession is female-dominated. The table below shows the gender of the Participants:

Table 4.2. Phase 1A participants gender

Gender	Males	Females
Number	4	20

4.2.3.2. Age

The age category of participants ranged from 36 years to 61 years. The ages of participants were as follows 40 years and below were two (2), 41 years to 45 years were four (4), 46 years to 50 years were three (3), 51 years to 55 years were six (6), 56 years to 60 years were five (5), and lastly 61 years and above were four (4). There were fifteen (15) who were above 50 years and nine (9) who were below 50 years. Conclusively, these numbers showed that the majority of participants were 51 years and above. The table below depicts the age distribution of participants.

Table 4.3. Phase 1A Participants' age group

Age	41 years and below	41 years to 45 years	46 years to 50 years	51 years to 55 years	56 years to 60 years	61 years and above
Numbers	2	4	3	6	5	4

4.2.3.3. Years of experience

The years of experience of the registered professional nurses who participated in the study vary from six (6) years to thirty (30) years. The participants' experiences were all above 5 years, most of them had more than twenty (20) years. Six (6) participants had 6 years to 10 years of experience, 11 years to 20 years were four (4), 21 years to 30 years were nine (9), 31 years to 40 years were five (5). Conclusively, the participants with 21 years of experience and above responded more than those with less than 21 years of experience. The table below illustrates the participants' years of experience.

Table 4.4. Phase 1A Participant's years of experience

Years of experience	6 years to 10 years	11 years to 20 years	21 to 30 years	31 to 40 years
Number	6	4	9	5

4.3. FINDINGS OF THE STUDY

In this study, four (4) main themes and eleven (11) sub-themes emerged following the process of data analysis. Each theme was presented, discussed, and interpreted with relevant quotations from the participants, and the relevant literature was also cited as a control to the findings of this research. The supplementary data (verbatim transcripts) was interpreted without any attempt by the researcher to correct the grammatical errors and were coded to facilitate the audit trail. Table 4.5 below summarises the themes and sub-themes that emerged from the study.

THEMES	SUB-THEMES
1. Administrative challenges	1.1. Shortage of staff
	1.2. Shortage of resources
	1.3. Lack of management support
	1.4. Staff attitude and lack of passion
2. Education and training challenges	2.1. Lack of supervisory skill and competency
	2.2. Lack of staff training
3. Organisational challenges	3.1. Poor working conditions
	3.2. Poor infrastructure
4. Suggested attributes of a good supervisor	4.1. Role modelling
	4.2. Motivation of staff and team building
	4.3. Involving staff in decision-making

Table 4.5. Themes and Sub-Themes that Emerged During Phase 1A Data Analysis

4.3.1. Theme 1. Administrative Challenges

It is understood that for supervision of nursing care to be effective there should be no challenges that are experienced during the actual execution of work. However, there are sometimes administrative challenges that impede the supervision of nursing care. All participants from all selected regional hospitals reported administrative challenges such as a shortage of staff, shortage of resources, Lack of management support and staff attitude and lack of passion for work. Achempim-Ansong, Kwashie, and Ofei (2021:18) confirmed that supervision is challenged by many factors, of which administrative challenges such as miscommunication, limited time, and interpersonal conflict with colleagues, increased workload, fatigue, inadequate staff, lack of interest among supervisees, and lack of trust.

The registered professional nurses were asked to give their experiences regarding the supervision of nursing care in their hospital. The participants then gave the researcher the challenges that they were experiencing during the supervision of nursing care, which were shortage of staff, shortage of resources, heavy workload, lack of support and staff attitude, and lack of passion.

□ Sub-theme 1.1 Shortage of Staff

All participants in this study expressed that the shortage of staff was the major challenge in the department. This creates a challenge to the supervision of nursing care. Shortage of all categories of nursing personnel was causing a challenge to the supervision of nursing care, leading to increased workload, fatigue, burnout, and absenteeism. The following are participants' quotes indicating the shortage of staff and its impact on patient care.

Participant no. 1

Umm, the way I see it, nurses are supervised effectively, but the challenge is when they are short-staffed, the manager must take over and be hands-on, making it difficult for the supervisor to supervise and do the actual work.

Participant no. 10

Okay, nowadays supervision itself is difficult even for a professional nurse because of the shortage of staff, and it really affects our patient care, and sometimes nurses don't cover all delegated tasks.

Participant no. 12

Eish, my experience regarding supervision, according to me, is difficult because of the shortage of staff referring to all categories of nursing personnel, starting from registered professional nurses, registered staff nurses, and registered assistant nurses, as well as general workers. I am now working alone as a registered professional nurse; when doctors are taking rounds, I will not be with them because I will be busy with other responsibilities and later, I will read the orders from the patients' files after doctors have left.

Participant no. 19

Eish, supervision of patient care in this current dispensation is very difficult and it is posing a challenge to the nursing fraternity because of serious shortage of staff which is due to the department not employing following the difficult reasons of when the nurses leaving the nursing profession due to retirement, death, leaving for greener pastures and others.

Participant no. 23

Supervision is now very difficult nowadays because nursing is experiencing a serious shortage of staff of categories, because supervisors are always busy with their operational work of rendering patient care.

Shortage of staff was a concern in all hospitals and is contributing to compromise of supervision of nursing care. The shortage of staff was very glaring in all hospitals, and participants expressed that from the depths of their hearts. Shortage of staff contributes to absenteeism due to fatigue and burnout, thus increasing workload on the few staff who are working. Fatigue increases burnout, which leads to absenteeism, which in turn results in a shortage of staff. Increased workload also results in staff becoming fatigued, and fatigue leads to errors. Increased workload also results in operational managers relinquishing their supervisory role and rendering patient care, thus compromising supervision of nursing care.

Atashi, Najafabadi, Afshari and Ghafari (2024:59) concurred with the findings that shortage of supervisors and nurses is one of the main barriers to implementation of supervision of nursing care. Rothwell, Kehoe, Frook and Illing (2021:5) also agreed with participants that insufficient staff numbers put a demand on the service delivery which makes supervisor to abandon supervision in busy environment. Waweru, Oluchina and Mwangi (2024: 84) argued that staff

shortages contribute to a lack of time and supervision of nursing care is compromised since the managers had to take on patient workload. Nyamhangaa, Frumencea, and Hurtig (2021:6) reported that the shortage of healthcare staff at the health facility level constrain supportive supervision because of constraints on mentoring and coaching of health professionals.

□ Sub-theme 1. 2. Shortage of Resources

Resources are tools needed to execute nursing care, and the lack thereof compromises nursing care. Lack of resources was expressed as the second challenge that is negatively impacting the supervision of nursing care. Most participants expressed the shortage of resources as a challenge that they are experiencing during the supervision of nursing care. The resources were expressed as equipment, stationery, linen, and pharmaceuticals. The following quotations from participants verify this finding:

Participant no.5

I can say that supervision is difficult because we do not have enough resources that we need to utilize when we render nursing care. Resources that we don't have that are very critical are equipment such as monitors, thermometers, incubators, and beds. These challenges lead to very ill patients not being given care as required.

Participant no. 11

Eish, according to me to be honest supervision is poor because we have serious challenges with resources most of the time patients are not getting their treatment as they are not available at the pharmacy and when you try to intervene you find that that medication is not available even from the department and other hospitals of which if it was available the hospital was going to go and collect them.

Participant no.18

As far as I am concerned, supervision is difficult because of the challenge of the shortage of resources we are experiencing, and the resources that are very challenging are the shortage of beds, monitors, and thermometers. The other challenge is the shortage of equipment because there is a delay in servicing of equipment, leading to the unavailability of such equipment to assist the patient at the bedside.

Participant no. 20

I think nowadays, supervision of nursing care is very difficult, yo! We do not have all the essential resources that we require to assist us in rendering quality patient care, like real tools of trade such as equipment, medications, and stationeries to record the patient care that we have rendered. As a nurse in Casualty, you find that there are no triaging forms, whereas nurses have to draw the forms on a blank paper and cannot draw well with all the information required, and once you miss something, it is a challenge.

Participant no. 22

Eishhh! Currently, supervision of nursing care nowadays is not easy at all; because of the shortage of resources, it is a big challenge that we are experiencing, missing things such as equipment and medications. A maternity ward without functional equipment like ultrasound and Blood pressure machines is a disaster as it poses a challenge in the supervision of nursing care because, as nursing professionals, we are required to monitor our patients constantly using those appliances.

Participant no. 24

What I can say is that the standard of supervision has gone down because, from the era that we are coming from, the issue of resources was allocated fairly within all wards, but now we are experiencing the challenges of shortage of resources which stem from the equipment, supplies, and medication. All these resources are very vital when it comes to managing patient care, but the unit is running without these vital resources. Sometimes, it is because there are delays in servicing vital equipment such as ventilators and others.

Resources like pharmaceuticals, equipment, supplies, beds, linen, and stationery should be made available for effective supervision of nursing care. Shortage of resources also plays a major role in compromising the supervision of nursing care. Participants in all regional hospitals expressed that a shortage of resources is the other factor that challenges nursing care. Shortage of resources contributed to burn-out of staff which led to challenges of nursing care. Rothwell, Kehoe, Farook, and Illing (2021:4) agreed with participants that a shortage of adequate resources could lead to the workforce being over-stretched and not being able to supervise effectively leading to a decline in supervision due to pressures. Hill and Abhayasinghe (2022:4) furthermore outlined that lack of resources had a negative impact on the supervision of nursing care because

registered professional nurses had limited time for supervision due to over-crowded wards, staff shortages, and high clinical and administrative workloads.

Equipment are necessary for the quality of patient care. Shortage of medical equipment, either due to unavailability or non-functioning, is a barrier to the ability of the health system to deliver quality health services. Shortage of equipment was reported to be a challenge to rendering supervision of nursing care; therefore, the unavailability of equipment results in patients not being managed according to their conditions. Poor patient care can lead to patient complications and litigation; in essence, the shortage of equipment compromises the supervision of care. Akpor, Akingbade, and Olorunfemi (2023: 9) supported what the participants had said about shortages of medical equipment having a negative impact on patient care, the hospital, and the nursing profession, hence acting as a barrier to effective supervision of nursing care. Gajewski, Monzer, Pittalis, Bijlmakers, Cheelo, Kachimba, and Brugha (2020:5) highlighted that the lack of functioning essential equipment was reported as a barrier to effective supervision, in that patients could not receive quality care as expected. Shortage of or malfunctioning equipment and the lack of a smooth process to order and receive the needed equipment left them feeling unsupported and powerless, as well as frustrating both patients and staff.

Essential, tracer medications and supplies are an important commodity in the health sector and must be made available in stock as per drug availability standard guidelines. Every patient needs to be given medication according to their conditions because unavailability of medication and delay in getting treatment may result in the patient's condition worsening or death. The unavailability of medicines poses a challenge to the supervision of nursing care; hence, there should always be enough supply. Reddy, Thomas, Karachiwala, Sadhu, Iyer, Sen, Mehrtashl and Tuncalp (2022:14) concurred with participants apart from the shortage of space and beds, shortages of medicines, equipment, and supplies were clearly found to constrain providers, making it difficult for them to do their job or work effectively, and ensure quality therefore these conditions ranged from not having crucial medicines including anaesthetics (resulting in women having to endure episiotomy and suturing without pain relief), coping with poorly maintained equipment such as blunt episiotomy scissors, and lacking basic protective gear, among other shortages. Bwanga and Sichone (2020:26) alluded that the scarcity of medical supplies was reported to negatively impact the experiences of nursing clinical supervisors during supervision of nursing care.

Nursing professionals use stationery to document nursing care rendered, and documentation is a necessary continuity of nursing care. However, a shortage of stationery amounts to a challenge of record keeping, which is core to the management of patient care. Challenges of poor recordkeeping result in poor patient care and litigation. Some of the participants cited that the shortage of stationery creates a challenge in the supervision of nursing care.

□ **Sub-theme no 1. 3: Lack of Support**

Management support plays a major role in improving supervision of nursing care. The management must visit all functional areas to hear about the staff's challenges and intervene appropriately. The participants expressed the challenge of lack of support by management from the institutional, district, and provincial levels. The following are the quotes from the participants regarding the lack of support from management.

Participant no. 4

Eish, the supervision of nursing care is also challenged because there is a lack of support from management from local, district, and provincially.

Participant no.7

The other challenge in the supervision of nursing care is that the supervisors are not supporting the staff; instead, when there is a challenge, they are quick to blame.

Participant no.10

The management is not supporting the staff; therefore, they are not aware of the challenges that the staff are coming across, and this hampers the effectiveness of supervision.

Participant no.14

Eish, the management nowadays is not moving around and supporting us, and this demotivates nurses to do quality work as there is no one who is overseeing the work

□ **Sub-theme no 1.4: Staff Attitude and Lack of Passion for Work**

Positive staff attitude and passion for work contributed to effective supervision of nursing care and led to the speedy recovery of patients and good outcomes. The participants expressed that staff attitude and a lack of passion for work are some of the challenges of supervision in nursing care. The following are actual quotes of participants.

Participant no.2

The nursing staff currently has a negative attitude toward the patients, each other, and managers, ranging from registered assistant nurses to assistant managers. They go to the extent of not being able to talk to patients well, towards each other, and towards managers. Some of the nurses show the issue of a lack of passion for caring for patients, and this act contributes to patients raising more complaints of poor patient care. The negative attitude that nurses are showing also compromises the effective supervision of nursing care.

Participant no.5

The nurses nowadays display negative attitudes towards the patients, each other, and managers. Things have shifted drastically from how they were before because the nurses are no longer showing passion for work, as they really show the attitude of not caring.

Participant no.8

Supervision of nursing care is very difficult because the nurses of this dispensation lack passion, which results in them showing negative attitudes towards patients, other nurses as well and managers. Nurses nowadays don't want to work, and they have negative attitudes.

Participant no.10

Nurses are showing a very bad attitude of not wanting to work, and this poses a challenge to the supervision of nursing care. They also verbalized that it is their democratic right not to overwork. They also show negative attitudes towards the patients, managers, and each other. They are always showing bitterness.

Participant no.14

Hey, nowadays, nurses don't want to work, and you will find that when a patient calls for help, they respond in a rude way that shows a negative attitude towards the patient. They also show negative attitudes towards the managers and towards each other.

Management is the highest authority of the hospital that oversees the smooth running of the institution. Management support is very important as it encourages staff to vent the challenges that they are facing during nursing care, and on the other hand, the management develops first-hand information on the patient and staff complaints. Management support also offers encouragement to staff to perform their work with joy and thus ensure job satisfaction. Lack of management support poses a challenge to the supervision of nursing care. Some of the participants cited a lack of management support and how it compromises the supervision of nursing care. Thapa, Subedi, Ekström-Bergström, and Krettek (2022:8) concurred with participants that a lack of management support from managers and senior-level staff is a challenge to the staff and results in burnout and a lack of passion to work, and this results in supervision challenges. Rothwell Kehoe, Farook, and Illing (2021:5) further reported that a lack of management support was noted by supervisors when they were discussing poor work performance. Saaba, Kiltya, Meehana, Goodwina, Connaire, Buckleyc, Walshb, O'Mahonya, McCarthy, and Horgana (2021:366) also agreed that lack of support from line management and unfamiliarity with clinical supervision can impede the purpose of supervision and result in changes in clinical practice.

4.3.2. Theme 2: Education and Training Challenges

The participants cited a lack of education and training as another challenge to effective supervision of nursing care. Lack of education and training had two sub-themes, which are as follows: lack of staff training and lack of supervisory skills and competency.

Education and training are one of the strategies that are necessary in the health system, let alone the nursing service, because they result in the impartation of knowledge and skills. Challenges of education and training compromise the supervision of nursing care. Challenges of education and training account for the lack of supervisory skill and competency, lack of staff training, and lack of exposure and empowerment of supervisors.

□ Sub-theme 2.1. Lack of Staff Training

Training of nursing staff is critical towards imparting knowledge and skills to staff, especially in medical and clinical care. The training referred to here can be either formal or informal training, including in-service training. However, lack of staff training was cited by many participants as a negative factor for supervision of nursing care. The participants expressed that the issue of a lack of training negatively affected the junior nurses, resulting in poor performance and attitude.

The following are the direct quotes from participants.

Participant no. 2

The department must bring back the training of nurses because, without training, it is difficult to supervise nurses, as they always show no compassion for their work, because they lack the knowledge and skills to render quality nursing care.

Participant no.4

Nurses are showing a lack of knowledge and skills in their work, which contributes to their inability to be supervised. The status of hospitals now is that there is no in-service training that is conducted just to capacitate nursing personnel. However, the challenge of supervision is more glaring because nurses are not trained as knowledgeable staff reduces malpractices.

Participant no. 14

The hospital is no longer conducting in-service training for nurses, and this is posing a challenge because it contributes to nurses not having knowledge and skills; hence, nursing care and supervision are hampered. Supervision of nursing care is also compromised because nurses are not knowledgeable.

Participant no. 20

The other challenge that the nursing department is facing is the lack of training of nurses, thus contributes to the increased standards of poor supervision of nursing care

Participant no.23

The challenge that the nursing department is facing currently is the lack of training of nurses; nurses are staying for too long without progressing to the next level, just because there is no training. The training is a challenge because a nurse cannot stay / one level for more than ten years.

Training of supervisors is very crucial in staff development and capacity building; hence, it is important to expose the staff to training, either formal or non-formal. Lack of staff training poses a challenge to the supervision of nursing care because supervisors become unknowledgeable about how to supervise. Some of the participants cited that the lack of training is a challenge to the supervision of nursing, which is evident when staff are not showing interest in work anymore, as they are always complaining about not being trained. Some of the participants indicated that it has been a long time since they have been waiting for training, and nothing is happening, which leaves the highly specialized stations being managed by unspecialized registered professional nurses.

Some of the participants also indicated that even in-service trainings are not conducted to capacitate them. Rothwell et al. (2021:5) reported that a lack of training for supervisors was a barrier and resulted in ineffective supervision. Abujaber, Vallières, McBride, Sheaf, Blum, Wiedermann and Travers (2022: 9) argued that limited training and support for supervisors: when supervisors receive no formal training in supervision and that this limited knowledge impinged on their ability to optimally supervise and guide the development and performance of staff and this impact negatively to the supervision of nursing care. Terry, Nguyen, Perkins, and Peck (2020:7) further added that there is the challenge of taking on the role of supervision by supervisors with little or no training regarding effective supervision, which results in challenges in effective supervision of nursing care.

□ Sub-theme 2.2. Lack of Supervisory Skills and Competency

Nurses are trained at different levels of the nursing profession. Registered professional nurses, after completion of training, are required to supervise nursing care. Supervision competency is a vital skill that is required for supervision. Lack of supervision skills has a negative impact on the supervision of nursing care. Some registered professional nurses are not able to supervise because they lack supervisory competency. The following are the direct quotes of Participants.

Participant no.6

The challenge the nursing profession is facing is the nursing cadres who do not know how to supervise where else they are registered professional nurses. This is challenging supervision of patient care because the supervisors are found to not know what to supervise.

Participant no. 9

The nursing staff of nowadays are no longer trained like before as they lack the supervisory skill and competency, leading them not know what is to be supervised.

Participant no.14

Nursing nowadays is challenged by registered professional nurses who lack supervision competency, and they end up not supervising, which leads to challenges in the supervision of nursing care.

Participant no. 22

Supervision of this current nursing is challenged by more registered professional nurses who are not conversant with supervision because they seem not to be fully aware of what to supervise. They seem to lack the skills of supervising as they always find themselves lingering from one unit to another.

Supervisory skill and competency are crucial in the management and execution of nursing care supervision. These are requirements for every registered professional nurse and are necessary for effective supervision in nursing care. Lack of supervisory skills and competency are a challenge in the supervision of nursing care. Participants exposed the lack of supervisory skills and competency of some registered professional nurses, and it is evidenced by registered professional nurses not knowing what to do. Rothwell et al (2021: 5) concurred with participants that a lack of supervisor competence and skills was a barrier to effective clinical supervision and can be noted when supervisors do not tolerate the supervision task in front of them, become intolerant, blameful and inflexible, and manage differing personality types. Rothwell et al. (2021:5) further indicated that a lack of supervisory skills and competence was also reported when supervisors are unfamiliar with professional guidelines (i.e. standards set by regulators), their

role and responsibilities as a supervisor, ethical standards set in place by employers and inadequate educational preparation. All this results in a lack of quality supervision of nursing care.

4.3.3. Theme 3: Organisational Challenge

Every organisation needs to function like a system for it to function optimally. Should there be any challenges in an organisation, then it cannot function to the fullest. Organisational challenges may cause issues in the supervision of nursing care. The following are the sub-themes of organisational challenges, such as poor working environment/conditions and poor infrastructure. A positive practice environment is a necessity for quality nursing care and promotes effective supervision of care. Organisational challenges such as poor working conditions, poor infrastructure, and poor security systems compromise the supervision of nursing care, resulting in the demotivation of staff, which in turn is a challenge in the supervision of nursing care. Some of the participants reported that the organisational challenges pose a challenge to the supervision of nursing care.

□ Sub-theme 3.1. Poor Working Conditions

A good working environment is one of the motivating factors for nursing staff, which also leads to improved staff performance and job satisfaction. Improved job satisfaction and staff performance contribute to improved supervision of nursing care. Participants expressed that poor working conditions were one of the challenges of supervision of nursing care. The following are the direct quotes of participants.

Participant no. 5

In the current dispensation, nursing personnel are finding themselves working under poor working conditions. These working conditions challenge the supervision of nursing care.

Participant no. 8

The poor working conditions that we as nurses find ourselves in compromise the supervision that we are to provide. Supervision of nursing care is being challenged by the environment in which we work, where sometimes, you find yourself working under difficult conditions.

Participant no.12

The working conditions that we find ourselves working under challenge the supervision of nursing care so bad. Nurses nowadays do not want to work under conditions that are not good. We want to work in favourable conditions. Therefore, these act as a challenge to the supervision of care.

Working conditions need to be welcoming to encourage staff to perform their work to their satisfaction. Poor working conditions compromise the supervision of nursing care and can result in putting the lives of both patients and staff in danger. Participants cited that poor working conditions are a challenge to the supervision of nursing care, and this results in the demotivation of staff. Gheshlagh, Nemati, Negarandeh, Bahramnezhad, Saqqezi and Mahmoodi (2024:7) concurred with participants that a lack of comfortable and supportive work environments may hinder nurses' well-being and, subsequently, their communication skills, thus impeding supervision of nursing care. Tenza, Blignaut, Ellis and Coetzee (2024:11) indicated that a negative practice environment contributes to increased staff turnover and mental health challenges due to a stressful environment.

□ **Sub-theme 3.2. Poor Infrastructure**

Good infrastructure is the pillar of good patient care and staff job satisfaction, which leads to good supervision of nursing care. Poor infrastructure compromises the supervision of nursing care. Several participants have expressed that poor infrastructure was a challenge to the supervision of nursing care. Good infrastructure is the vessel where supervision of nursing care is carried out. The following are the personal quotes of the participants,

Participant no.20

The condition that we are working under is not pleasing because there are great challenges of security and dilapidated infrastructure, where ceilings are falling in some of the cubicles. When it rains, it also rains because of the leaking roofs.

Participant no. 3

The poor infrastructure is one of the aspects that challenge the supervision of nursing care. The other challenge of supervision of nursing care is the poor infrastructure

Participant no.7

The poor infrastructure is a challenge to the supervision of nursing care. Sometimes the infrastructure is so dilapidated in such a way that supervision of nursing care cannot be done under those conditions.

Participant no.14

The infrastructure that we find ourselves working under challenges us when it comes to the supervision of nursing care.

Participant no.22

The condition that we are working under is not pleasing because there is a great challenge of dilapidated infrastructure, where the ceiling is falling in some of the cubicles, and when it is raining, it also rains because of the leaking roofs.

Nursing care needs to be rendered in an infrastructure that is good and not dilapidated. The poor infrastructure is a challenge to patient care and supervision of nursing care. Some of the participants reported that poor infrastructure is a challenge to the supervision of nursing care, and participants further said that broken windows and ceilings and leaking roofs are some of the challenges of poor infrastructure. Atashi, Najafabadi, Afshari & Ghafari (2024: 6) argued that high-quality supervision cannot be expected when infrastructure is not in place or when the workforce is not properly trained, and rules and regulations and job descriptions are not properly written.

4.4. PHASE 2A. (DREAM PHASE)

This is the second phase of Appreciative Inquiry, which is the dream phase. Participants were still registered professional nurses from the units, namely Casualty, Paediatric and Maternity of selected regional hospitals. In this phase, the participants responded to the following five (5) questions:

1. In the coming years, what positive changes would you like to see being introduced in your hospital to improve supervision of nursing care?

2. What pleased you most in the supervision of nursing care in the past, and now in the current situation, what would you do to encourage other registered professional nurses in future?
3. What four things would you do that would yield good results in the supervision of nursing care in your hospital?
4. What four wishes would you implement to improve the supervision of nursing care and other registered professional nurses?
5. What do you think is the effective way of supervising nursing care that you could use in future?

In this phase, the researcher wanted the participants to dream about how they wanted to see supervision in the coming years. Then, they can design what needs to be done for better supervision of nursing care. Participants co-constructed what they wanted to prevail during the supervision of nursing care.

In this dreaming phase, the discussion was more of what the future would look like and how it would be achieved. Here, the participants responded to the above questions, and various ideas came about. The findings were new positive changes expected by participants. Two (2) themes and six (6) sub-themes, emerged.

Table 4.6. Themes and Sub-Themes that Emerged During the Dream Phase of Phase 1 Data Analysis

Theme	Sub-theme
Suggested attributes of a good supervisor	Role Modelling
	Motivating others and team-building
	Involvement of staff in decision-making
Need for professional growth and development	Need for mentoring and coaching
	Need for debriefing
	Need for teamwork
	Staff meetings and training



4.4.2. THEME 4: SUGGESTED ATTRIBUTES OF A GOOD SUPERVISOR

The first theme that emerged during interviews was the new and positive changes proposed by the participants. The three sub-themes that emerged are described, discussed and supported by verbatim quotes from participants.

Apart from challenges cited during interviews, participants also mentioned the suggested attributes of a good supervisor. For supervision to be effective, there should be a good supervisor who has good attributes. The participants expressed good attributes that facilitate effective supervision of nursing care. Participants not only reported challenges of supervision of nursing care but also highlighted good attributes that the supervisor should possess to improve supervision of nursing care. Suggested attributes of good supervisors mentioned were role modelling, involvement of staff in decision-making, motivating others, and team building.

□ Sub-theme 4.1: Role Modelling

Role modelling encourages the staff to work smarter and more effectively, and makes staff want to copy this good attribute. Role modelling was expressed by participants as the vehicle that one should use to make supervision of nursing care as effective as possible. Role modelling stimulates the subordinates to carry out their task diligently and facilitates effective supervision of nursing care. The following are the quotes of participants.

Participant no. 5

The supervisor should possess good attributes of role modelling by example to be able to supervise effectively

Participant no.9

One of the attributes that the supervisor should possess to have effective supervision is role modelling

Participant No. 11

The attribute that the supervisor should possess to supervise effectively is role modelling.

Participant no.14

Registered professional nurses, for them to effectively supervise, should be role models so that they can inspire others.

Participant no. 21

The good attribute that the supervisor should possess is role modelling.

Role modelling is one of the strategies to encourage the staff to increase performance, hence improving the supervision of nursing care. Supervisors should act as role models so that the staff will copy good behaviour, which will cause them to improve their performance. Participants indicated that role modelling improves job performance, thereby improving supervision of nursing care because they will be copying good practices from the supervisors. However, Ayu Eka, Rumerung and Tahulending (2024:10) indicated that a nurse as an educator and clinician should be able to serve as a role model in the academic and clinical environment by actively fostering a culture of professionalism and facilitating the professional development of other nurses, which will result in improvement of work performance. Doherty (2016), as stated by Mofokeng, Du Plessis, and Froneman (2021: 6), indicated that role modelling is a strategy that enables nurse educators to demonstrate their knowledge, skills, and attitudes, thus establishing their role as expert professionals and gaining the respect of the nursing student. Terry, Nguyen, Perkins, and Peck (2020:9) further indicated that the positive role model of a supervisor assists in developing professionalism among supervisees, shapes who they will become as health professionals and impacts career choices. They furthermore argued that positive role modelling should be a focus for supervisors to raise the need to learn to recognise positive behaviours.

□ Sub-theme 4.2: Motivation and Team Building

Motivation and team building encourage staff performance to improve, and supervision of nursing care improves. Participants expressed that the supervisors need to motivate them. Participants want to be recognised and feel appreciated while being supervised in nursing care to be effective and yield good results. Motivation can inspire a person to achieve the organisational goal. Participants have cited that motivation can encourage job satisfaction, thereby leading to an improvement in the supervision of nursing care. The following are the quotes from the participants.

Participant no.3

The supervisor should possess good attributes of motivating others so that the supervisees can do the work effectively.

Participant no.9

The supervisor should possess good attributes of being able to motivate others to improve patient care, thus improving supervision of nursing care.

Participant no.11

The attribute that the supervisor should possess is the ability to motivate others and improve supervision of nursing care.

Participant no.19

The registered professional nurses, for them to effectively supervise, should be able to motivate others more, especially the sub-professionals, so that they can be inspired.

Participant no.22

The good attribute that the supervisor should possess is to motivate others so that supervision of nursing care can be effective.

Supervisors are to motivate the staff to have positive outcomes and to encourage team building so that the staff can develop a positive attitude towards their work. Some of the participants have reported that the supervisors should motivate them so they can feel motivated, and this will improve their performance, hence improved supervision of nursing care. Team building is another strategy for debriefing, which will also motivate staff to do more and improve their performance. According to Stroller (2021), as cited by Jooste (2025:180), team building is the process of deliberately creating and unifying a group into a functioning work unit so that specific goals are accomplished. Martin, Lizarondo, Kumar and Snowdon (2021:20) supported the participants that supervision kept workers motivated, interested, and engaged in their roles of delivering healthcare services. Hemakumara (2020), as cited by Alase and Akinbo (2021:17), expressed the view that motivation is a factor that induces an individual to expend effort toward achieving a particular task. Kalogiannidis (2021:992) concurred with participants that there is a relationship between motivation and job satisfaction and revealed that motivation has a positive and

significant effect on an employee's level of job satisfaction, which later enhances organisational performance. However, most workers are motivated by extrinsic rewards as compared to intrinsic rewards. This indicates that higher nurse motivation tends to be associated with better performance. Zeng et al. (2020), as cited by Delima, Dioso, Aljaberi, Anggreiniboti, Raymond, Devitra, and Elghannam (2024: 25), further indicated that intrinsic and extrinsic motivation have a positive influence on nurse performance in hospitals. Intrinsic motivation, such as a sense of job satisfaction and professional commitment, can increase nurse satisfaction and performance, while extrinsic motivation, such as management support and financial incentives, also plays an important role.

□ **Sub-theme no 4.3: Involvement of Staff in Decision-Making**

The involvement of staff in decision-making is one of the strategies that can motivate staff to improve their performance and improve supervision of nursing care. When staff members are involved in decision-making, they feel a sense of belonging, and their performance becomes optimal. The following are the participants' quotes.

Participant no.1

The involvement of staff in decision-making is a strategy that the supervisors can employ to improve the work performance of staff and supervision of nursing care.

Participantno.11

Supervisors need to motivate subordinates to work hard and encourage the involvement of staff in decision-making, as this improves staff performance and supervision of nursing care.

Participant no.19

The supervisors (Operational managers) should also involve staff in decision-making, wherein we are involved in decision-making, because it shows that we belong to that ward rather than just deciding everything for ourselves. This strategy makes us work happily and will improve the supervision of nursing care.

Participant no.24

The supervisors do not involve us in decision-making; therefore, we strongly feel that supervision is their thing. The supervisors need to involve us in all things that involve us.

Supervisors are expected to involve staff during decision-making as this will result in them developing a sense of belonging and thereby encourage cooperation. Some of the Participants cited that the involvement of staff in decision-making can be one of the keys to making staff develop ownership of work, and this will result in improvement of supervision of nursing care. Mambula, Francis, and Zirra (2021: 33) cited that employee involvement in decision-making increases work performance and is an effective tool to enhance productivity. It also revealed that allowing all employees to be involved in decision-making is the best and helps to increase the commitment of workers as well as promote creativity and innovation in the organisation.

4.4.3. THEME 5: NEED FOR PROFESSIONAL GROWTH AND DEVELOPMENT

Participants reported that they need supervisors to meet their needs for professional growth and development through teaching and training. This need for professional growth and development shall ensure that the staff becomes professionally mature and understands the principles of quality patient care. The participants indicated that there is a need for professional growth and development amongst them as professional nurses because this will improve nursing care.

The nursing personnel are required to climb the ladder of professional growth and development, which starts from the level of a beginner until maturity. Registered professional nurses need to mature and develop professionally so that they can be able to carry out their responsibilities with passion and dedication. The professionally matured registered professional nurses function independently and render quality patient care. Professional nurses must be role models in their path of growth and development because this will improve patient care. Participants have reported that there is a need for professional growth and development so that they can become professionally mature and independent.

□ Sub-theme 5.1. Mentoring and Coaching

Mentoring and coaching are important in imparting knowledge and skills from the supervisor to the supervisees. Participants indicated that mentoring and coaching as a means of teaching them the required skills can improve patient care. They have indicated that if they can be mentored

and coached effectively, they can become independent and be able to work diligently, thus improving the supervision of nursing care. The following are the quotes from the participants.

Participant no.10

Eishh!! There is a need for us to be mentored and coached. This will assist us to develop professionally and become mature, so that we can render quality patient care, resulting in fewer complaints. We are to be coached and mentored by a supervisor so that we become skilled. It will help us, especially when the supervisors are not there during emergencies, when we need to attend to the patients. I will try to help rather than leave the patient to suffer.

Participant no. 15

As professional nurses, we need to be empowered through mentoring and coaching so that we can be of benefit to the patients. The supervisors should always give a lecture on any condition so that when we are nursing the patients, we will not have any challenges.

Participant no. 21

The other thing that can make us productive is when the supervisors can teach us some of the activities that we can assist the patients. Sometimes, you can find that we are not engaging in other activities because we don't know what to do, but if we can be taught, I think it will be of great help. Therefore, the supervisors need to mentor and coach us. So that we can become skilful

Participant no. 24

There is a need for us to be mentored and coached by speciality-trained nurses in speciality areas because their numbers are reduced daily as nurses are leaving the profession, and there is no replacement. When this category is not there, we remain in their space to fill the gap. The training will be of great benefit to the patients and this training can either be formally of short course just to capacitate us.

Mentoring and coaching are strategies that can be used to capacitate and empower nurses to be able to work independently and according to the required prescripts. According to AL Hilali,

Mughairi, Kian and Karim (2020: 42) refers to coaching is an "internal organised practice" that focuses mainly on improving the employee's performance and eventually benefiting the organisation and mentoring can be defined as professional learning related to transfer knowledge and professionalism between an experienced, knowledgeable employee and less experienced, knowledgeable employee (AL Hilali, Mughairi, Kian & Karim 2020:49). Dirks (2021:15) indicated that mentoring is important to nursing care in that it helps to recruit and retain staff, promotes continued professional growth, and preserves the precious commodity of expertise in caring for critically ill patients. This confirms the importance of mentoring in nursing because, with mentoring, nurses become professionally experienced and able to work according to the standards of the profession, thus improving patient outcomes. Alfonso, Baluyot- Hipona & Quijencio (2021: 20) have argued that responsive coaching has a positive impact on nurse retention, the transition of newly hired nurses, nurse satisfaction, and engagement. Through increased nurse satisfaction and engagement, coaching may also support the improvement of patient satisfaction and outcomes. Mentoring and coaching are very important keys to the development of nurses towards professional maturity and improving staff performance.

□ Sub-theme 5.2. Debriefing

The participants reported that they need a debriefing because the work can be stressful. The participants indicated that they feel that debriefing helps them to get feedback, both negative and positive, from supervisors. They will also be able to share their challenges with the supervisors. Feedback going both ways can make the supervision more effective as both sides will feel heard. The following are the participants' quotes.

Participant no.9

YO! The work is stressful; therefore, if we can be taken for a debriefing, I think that can assist. The staff is developing burnout due to a shortage of staff and too much workload. If the management can arrange for a debriefing for us just to encourage us, I think it will help us improve our performance.

Participant no. 13

The management needs to encourage us to do our best by taking us for debriefing, because the work is very strenuous, as there is a serious shortage of staff. We no longer

feel interested in working; therefore, we can be debriefed. I think it will boost our morale and improve our work performance.

Participant no. 18

I wish that the staff could be taken for debriefing because the situation that we are working under is not conducive, as there is a serious shortage of staff, which makes a person become exhausted. The staff needs to be encouraged to do the work. Some of the nurses are now suffering from painful legs because of the shortage of staff.

Participant no. 23

What I wish is to have a debriefing done for us as staff on a regular basis, just to motivate us to do the work. Things are not like before because currently there is a shortage of staff, and we are always tired.

Participant no.24

Eishh! We need to be motivated to do our work because we are tired of the increased workload, which results in fatigue. Managers need to motivate us to continue to do the work, even though there is improvement in the supervision of nursing care.

Debriefing has been described as a conversational session that revolves around sharing and examining information after a specific event has taken place (Ugwu, Meadows, Don-Pedro & Chan 2020:2). Debriefing was further described as a process that allows for discussion of both individual and team-level performance. The process allows medical teams to analyse performance, develop processes to improve subsequent patient experiences, and minimise the risk of future adverse outcomes (Gilmartin, Martin, Kenny, Callanan, & Salter, 2020:1).

Debriefing in the nursing profession is mandatory to motivate nursing personnel to improve work performance because, from the participants' engagement, it was found that there are challenges of fatigue experienced by registered professional nurses, registered staff nurses, and registered assistant nurses because of a shortage of staff and increased workload. Therefore, for supervision of nursing care to improve, nurses should be exposed to debriefing regularly.

Motivation is mandatory for strengthening job satisfaction. According to Klopota, Mjeda, and

Kurešić (2018), as cited by Abdul Mohammed, Al Jaffane, and Al Qahtani (2024:1), referred to motivation as an inherent process in management that initiates, provides guidance, and aids in maintaining behaviour that is goal-oriented and aligned with organisation goals and objectives. Furthermore, other authors argued that motivation has been discussed. Ramdan, Abd Elrhman, and Abdel-ELRahman (2021: 66) stated that motivation is a concept used to describe an external state inspiring a special behaviour and internal responses revealing that behaviour. In the organisational context, motivation is explained as the stimulus of work behaviour, which channels the worker's effort to accomplish the organisation's goals. Worker motivation is the result of the interactions between individuals (an internal psychological process) and their work environment (a transactional process).

Participants have also reported that they need to be motivated in any way to perform their tasks better because the work itself is exhausting because of a shortage of staff due to increased workload and absenteeism. However, nurse motivation is a prerequisite for improved patient outcomes, performance, improved medical errors, and job satisfaction, which are illustrated by the persistence, direction, and intention to realise an objective (Mohammed, Al Jaffane & Al Qahtani 2024:1). Motivation encourages nurses' satisfaction and high quality of nursing care which reflects on patients' satisfaction and healthcare worker satisfaction has a significant impact on patient satisfaction (Ramdan, Abd Elrhman & Abdel-ELRahman (2021: 66).

Sub-theme 5.3 Teamwork

Teamwork is one strategy that can help staff improve work performance. The participants reported that teamwork can make them work together and achieve departmental goals. They further indicated that teamwork, if practiced well, can improve patient care because the environment will be conducive and encourage them to work harmoniously. The following are the quotes from the participants.

Participant no. 3

I wish we could encourage teamwork amongst each other because where there is teamwork, work becomes easy. This will encourage us to assist each other as the work is too much. Teamwork will make everyone share the workload, thereby assisting the patients on time.

Participant no. 12

The thing that I noticed before was that people were working as a team and were assisting each other. Therefore, I wish we could continue with teamwork nowadays.

Participant no. 18

I am also introducing teamwork so that they can work hand in hand and not in isolation. If we can work together as a team, we can do more.

Participant no.21

The thing that I feel I can inspire others with is to work as a team; therefore, it will encourage work performance. I think teamwork is more important than any other strategy that can motivate us to do the work.

Teamwork is understood as collective action having one common goal that should be achieved collectively by contributing all components (Alkhaqani 2023:48). Teamwork has been seen as one of the strategies to strengthen cohesion and togetherness, thereby strengthening job satisfaction. Participants reported that there is a need to strengthen teamwork so that there is improvement in the supervision of nursing care, which then improves patient care. Teamwork has always been important in nursing. Husarek, Loborec, Čunović, Ilić, Krajačić, and Martina Smrekar 2023:60) concurred with participants that effective teamwork is key to ensuring the quality of care, better healthcare outcomes, and patient and healthcare worker safety.

□ Sub-theme 5.4. Staff Meeting and Training

Staff meetings are necessary for sharing best practices and knowledge from one person to the other. The staff should dedicate time to discuss issues that affect the ward for the purpose of addressing those challenges in the meeting. Some participants revealed that the staff meetings are necessary to give staff information and knowledge. The training was also indicated by participants as a need for professional growth and development. Most of the participants reported that they had waited for training for too long, and it hindered their progress as they remained at one level for too long. The following are the participants' quotes.

Participant no. 5

I am confident that staff meetings are necessary to share information among staff members. In the meetings, that is a place where we have a robust discussion of issues affecting the ward.

Participant no. 11

We, as professional nurses, need to hold ward meetings to discuss the ward issues. During the meetings where the staff share information and knowledge.

Participant no. 18

In this current situation, professional nurses need to be encouraged to further their studies so that they can be abreast with current knowledge, so that we can supervise better. The department is not training anymore; therefore, if they are not updating themselves, they will become redundant. Training, to me, I see it being necessary for all of us, be it formal or informal, and just to keep ourselves up to date.

Participant no. 22

Training of nurses for specialists and lower categories needed to be brought back so that there would be more Paediatric nurses to render quality patient care. Apart from the formal training, we also need to be exposed to in-service training so that we can be updated with the new developments in nursing.

Staff meetings were indicated as tools that are important in sharing information, thereby capacitating staff. Participants have reported that supervisors must continue with ward meetings because they get information about patient care, and it helps them to improve patient care.

The key findings related to the experiences of registered professional nurses regarding supervision of nursing care were discussed. The key challenges of registered professional nurses regarding the supervision of nursing care were administrative challenges, education and training challenges, organisational challenges, as well as suggested attributes of a good supervisor and supervisory roles of registered professional nurses, as expressed by participants.

4.6. PHASE 1B (DISCOVERY PHASE: SITUATIONAL ANALYSIS)

In this phase, the objective of the study was to explore and describe the experiences of the registered staff and assistant nurses regarding being supervised by registered professional nurses. The researcher wanted to get more information regarding the experiences of the nurses receiving supervision.

4.6.1. Data Collection

Data was collected from the selected units, such as Paediatric, Maternity, and Casualty, of selected registered regional hospitals of Limpopo Province. Thirty-seven (37) registered staff and assistant nurses were interviewed. The participants responded to the following four questions:

1. What are your experiences regarding the supervision of nursing care by registered professional nurses in your hospitals?
2. What do you think needs to be improved when it comes to the supervision of nursing care by registered professional nurses in your ward and hospital?
3. How best do you think registered professional nurses should supervise the nursing care in your ward and hospital?

4.6.2. Data Analysis Presentation and Interpretation of Findings

The findings were presented in a narrative format. Hence, a prior description of the findings was presented. Verbatim excerpts of the participants are presented. The findings of this study were from the focus group interviews which were collected from registered staff and assistant nurses.

4.6.3. Demographic Profile of the Participants

This section presents the report of the demographic information of the registered staff and assistant nurses who participated in focus group interviews. This demographic information comprises gender, age, and period of employment. The population of the study comprised of thirty-seven (37) registered staff and assistant nurses from the selected regional hospitals in the Limpopo Province, South Africa. Table 4.1. Illustrates the demographic data of participants.

Table 4.7. Demographic Data of Phase 1B Participants

NO	AGE	GENDER	PERIOD OF EMPLOYMENT
1.	52years	Female	30years
2.	45years	Female	28years
3.	42years	Female	22years
4.	53years	Male	27years
5.	52years	Male	20years
6.	46years	Female	32years
7.	60years	Female	40years
8.	42years	Female	25years
9.	58years	Female	30years
10.	46years	Female	25years
11.	53years	Male	29years
12.	62years	Female	34years
13.	58years	Female	20years
14.	44years	Female	22years
15.	58years	Female	20years
16.	56years	Female	26years
17.	54years	Male	22years
18.	51years	Female	20years
19.	63years	Female	30years
20.	49years	Female	26years
21.	56years	Female	19years
22.	48years	Female	24years
23.	56years	Female	28years
24.	60years	Female	40years
25.	43years	Male	10years
26.	40years	Male	11years
27.	40years	Female	15years
28.	40years	Female	19years

29.	45years	Female	18years
30.	50years	Female	20years
31.	52years	Female	22years
32.	56years	Female	33years
33.	43years	Female	20years
34.	60years	Female	38years
35.	56years	Female	20years
36.	50years	Female	18years
37.	55years	Female	20years

4.6.4.1. Gender

There were six (6) males and thirty-one (31) females who were interviewed. 84% of female participants were reached as compared to 16% of males, and this illustrated that there are more females than males who participated in this study. The table below shows the gender of the participants.

Table 4.8 Phase 1b Participants' Gender

Gender	Males	Females
Numbers	6	31

4.6.4.2. Age

The age category of participants ranged from 40 to 60 years. The age of participants was as follows: 40 years and below were four (4), 41 years to 45 years were six (6), 46 years to 50 years were eight (8) 51 years to 55 years were seven (7), 55 years to 60 years were ten (10) and lastly

61 years and above were two (2). There were nineteen (19) who were above 50 years and eighteen (18) who were below 50 years. The table below depicts the age distribution of the participants.

Table 4.9. Phase 1b Participants' Age Group

Age	40 years and below	41 years to 45 years	46 years to 50 years	51 years to 55 years	56 years to 60 years	61 years and above
Numbers	4	6	8	7	10	2

4.6.4.3. Years of Experience

The years of experience of the registered professional nurses who participated in the study vary from ten (10) years to forty (40) years. The participants who participated in the study were all above 5 years, and most of them had more than 20 years. One (1) participant had 6 years to 10 years of experience, 11 years to 20 years were fifteen (15), 21 years to 30 years were sixteen (16), and 31 years to 40 years were five (5). Conclusively, many participants who were within 11 years and 30 years of experience and above responded more than those with less than 21 years of experience. The table below illustrates the participants' years of experience.

Table 4.10. Phase 1b Participants' Years of Experience

Years of experience	6 years to 10 years	11 years to 20 years	21 to 30 years	31 years to 40 years
Numbers	1	15	16	5

4.6.4.4. Findings of the Study

Four (4) main themes and ten (11) sub-themes emerged following the process of data analysis.

Each theme was presented, discussed, and interpreted with relevant quotations from the participants, and the relevant literature was also cited as a control to the findings of this research. The supplementary data (verbatim transcripts) were interpreted without any attempt by me to correct the grammatical errors and were coded to facilitate the audit trail. Table 4.11. Below are the themes and sub-themes that emerged from the study.

Table: 4.11. Themes and Sub-Themes that Emerged During Phase 1B Data Analysis

Themes	Sub-themes
1. Shortage of staff	1.1. Increased load of work
	1.2. Absenteeism
	1.3. Fatigue and Burn-out
2. Training and development challenges	2.1. Lack of staff training
	2.2. Lack of training of supervisors
3. Suggested attributes of a good supervisor	3.1. Approachability
	3.2. Good communication skills
	3.3. Mentoring and coaching
4. Supervisory role of registered professional nurses	5.1. Delegation of staff
	5.2. Direct supervision of staff
	5.3. Rewarding good performance

4.6.4.1. Theme 1. Shortage of Staff

Registered staff nurses were asked to give their experiences regarding being supervised by registered professional nurses. The participants then gave the researcher the challenges that they were experiencing during the supervision of nursing care, which were shortage of staff, shortage of resources, heavy workload, and lack of training and development.

Shortage of staff has been observed by the researcher as a challenge in most hospitals and this challenge is due to unfilled posts after exiting by the management. Most of the participants have reported that the shortage of staff is negatively impacting the supervision of nursing care because the supervisors must leave supervision to assist with the unfilled positions. It is understood that for supervision of nursing care to be effective there should be no challenges that are experienced during the actual execution of work. However, sometimes there are administrative challenges that impede the supervision of nursing care. All participants from all selected regional hospitals reported administrative challenges such as a shortage of staff, shortage of resources, lack of management support and staff attitude, and lack of passion for work. Achempim-Ansong, Kwashie, and Ofei (2021:18) confirmed that supervision is challenged by many factors of administrative challenges, such as miscommunication, limited time, and interpersonal conflict with colleagues, increased workload, fatigue, inadequate staff, lack of interest among supervisees, and lack of trust.

□ **Sub-theme 1.1 Increased Workload**

This sub-theme discusses the effects of a shortage of staff as revealed by participants. All participants in this study expressed that the shortage of staff is the major challenge in the department, which is a challenge to the supervision of nursing care. Shortage in all categories of nursing personnel is causing a challenge to the supervision of nursing care, leading to increased workload, fatigue, burnout, and absenteeism. All these compromises the supervision of nursing care. The following are participants' quotes indicating the increased workload because of the shortage of staff.

FGP no. 2

Uhh eish, now we have a challenge of sometimes you find one enrolled nurse for the whole day so what we must improve on is to have more nurses and have more hands because during the day find that you must do dressings, give oral medications, give injections, admitting and discharging the patients at the same time. And really, there is a lot of work because of a shortage of staff.

FGP no. 7

Nowadays, supervision itself is difficult because of a shortage of staff, and sometimes nurses don't cover all delegated tasks.

FGP no.12

Supervision to me, I can say it is difficult because of the shortage of staff, as one can find that there is only one registered assistant nurse and one registered enrolled nurse, together with one registered professional nurse who should attend to the whole ward routine. This makes it difficult for us to do all the tasks because there is an increased workload that makes us fatigued.

FGP no. 22

I see that what the other colleagues are indicating is true, that supervision is difficult because our ward is busy, there is a shortage of staff, and there is too much work that needs to be done by very few nurses who are at work. To me, the load is too much; the department must consider hiring more staff, really, and this is impacting our lives negatively.

FGP no. 35

Supervision of nursing care is a challenge because we are facing a serious shortage of staff. Sometimes, you find that there is one registered professional nurse on duty for the whole day; therefore, there will be a challenge of supervising us as she would be the only registered nurse on duty against many activities that she has to do.

Increased workload negatively impacts the supervision of nursing care because when the work is too much and the hands are few, the task remains done ineffectively, and this affects the quality of nursing care. Most of the participants reported that they are experiencing increased workload because of a shortage of staff, and this can lead to increased job dissatisfaction. The participants have reported that they sometimes attend to the patients' basic needs only and leave some other tasks not done. The study conducted by Bautista, Lauria, Contreras, Maranion, Villanueva, Sumaguingsing, and Abeleda (2020:7) supports that heavy workload was rated as the most frequent stressor because the results suggest that the workload can cause poor job satisfaction. Achempim-Ansong et al. (2021:19) cited that increased workload was one of the challenges that supervisors complained about, which resulted in them being unable to supervise and led to fatigue and inability to accomplish tasks well. All this is due to a shortage of staff.

Rothwell et al. (2022:4) argued that supervisors were unable to find time for supervision due to busy work environments, which ultimately restricted supervisor flexibility and quality when they did find the time.

□ Sub-theme 1. 2. Absenteeism

Absenteeism was reported by participants as a major challenge to the supervision of nursing care because this contributes more to the shortage of staff. Khateeb (2024: 528) defined absenteeism as the act of a worker not showing up for work in a period assigned to them. The more the staff are absent from work, the more there is a shortage of staff, which negatively affects patient care, hence challenging supervision of nursing care. The participants reported that most of the time, one will find that it is only very few personnel on duty who are to render patient care. The following quotations from participants verify this finding:

FGP no. 3

There is a challenge of absenteeism, which is very common amongst nurses. They must also find out the reason for this absenteeism because it may be due to illness or a person might be having problems, and therefore, they can address those challenges. The challenge of absenteeism is very rife because people end up not knowing where they are allocated due to the rotation

FGP no. 9

Supervision of nursing care is very challenging because we are having a serious challenge of shortage of staff due to absenteeism which is caused by the new off duties and this is due to current off duties that we are using, and this results in only a skeleton of one category of nurses remaining on duty with all activities to be done.

FGP no. 15

As far as I am concerned, supervision is difficult because of the challenges that we are experiencing. Absenteeism is very challenging because it causes a shortage of staff, making the available staff, and leading to burnout.

FGP no. 30

The other that we are experiencing is the challenge of absenteeism, which makes the care to be rendered compromised because of a shortage of staff. The employer should try to address this challenge as it is negatively impacting nursing care. Therefore, the management should try to find out what could be the cause, as it is believed to be due to new duties that have been implemented recently.

FGP no.33

Eishhh! Currently, supervision of nursing care is not easy at all because nurses nowadays do not regularly come on duty as they are always absent without a concrete reason. They do not prioritise their work over their personal things, and this creates a shortage of staff.

FGP no.37

What I can say is that the standard of supervision has gone down because, from the era that we are coming from, the issue of resources was allocated fairly within all wards, but now we are experiencing the challenges of a shortage of resources, which stem from the equipment, supplies, and medication. All these resources are very vital when it comes to managing patient care, but the unit is running without these vital resources. Sometimes, it is because there are delays in servicing vital equipment such as ventilators and others.

Many participants reported the challenge of absenteeism that is impacting the supervision of nursing care. Some participants also indicated that the shortage of staff resulted in an increased workload, which encouraged the staff to be absent from work. Absenteeism is a challenge to the supervision of nursing care, and this is also negatively impacting the quality of nursing care because of the constant shortage of staff due to absenteeism.

☐ **Sub-theme no 1. 3. Fatigue**

Most of the staff reported that they are becoming more tired because they are short-staffed; therefore, they only attend to the basics. This compromised the quality of patient care, hence a challenge to the supervision of nursing care. The fatigue is affecting everyone in the system, starting from professional nurses up to the lowest rank of registered assistant nurses. The

participants expressed the issue of fatigue as it increases the shortage of staff, leading to more staff being absent from work. The following are the quotes from the participants:

FGP no.5

Eish, the supervision of nursing care is also challenged because the nurses are fatigued due to a shortage of staff and overload. They feel they can't take it anymore as they are overwhelmed with work.

FGP no. 8

The other challenge in the supervision of nursing care is that the supervisors are not supporting the staff, and the nurses are fatigued because of too much load of work. The staff shortage is contributing to the nurses' fatigue because there are too many patients and too few nursing staff.

FGP no. 12

The nurses are fatigued by too much work they are faced with due to overworking, as the ward is full of patients, but very few staff. Eish, it is painful because we are always tired and there is no time to rest. We don't have time for tea or lunch breaks.

FGP no.18

Eish, the other issue that is challenging is nurses' fatigue and exhaustion; it is because of staff being overworked due to a shortage of staff, which makes them burn out. I strongly feel that it needs to be addressed to revive their morale

Fatigue and burnout syndrome are very common amongst nursing personnel because of the issue of a shortage of staff. Some of the participants reported that fatigue and burnout syndrome are very rife due to a shortage of staff and absenteeism. Some participants also reported that they experienced fatigue and burnout due to an increased workload caused by a shortage of staff. The workload may be quite high to the extent that supervisors are unable to cope. Often,

they break down and ultimately experience burnout. According to Razai, Kooner, and Majeed (2023:1) outlined that burnout can be caused by several factors, including increasing workload, inadequate support, lack of control and autonomy, a stressful work environment, and moral injury from the inability to meet patient needs and demands. Achempim-Ansong et al (2021:22) concurred with participants that fatigue is a challenge that confronts supervision and being supervised. This results in low productivity and poor patient outcomes.

□ **Sub-theme no 1.4. Staff Attitude**

The researcher, during interviews, found out that the registered staff and assistant nurses reported that the staff's attitude is a challenge to the supervision of nursing care. The participants cited that most staff nowadays lack interest in their work, resulting in a negative attitude towards the patients and other staff members. The following are actual quotes from the participants

FGP no.6

The nursing staff currently has a negative attitude toward the patients, each other, and managers. They go to the extent of not being able to talk to patients well, towards each other, and towards managers. Some of the nurses show the issue of a lack of passion for caring for patients, and this act contributes to patients raising more complaints of poor patient care. The negative attitude that nurses are showing also compromises the effective supervision of nursing care.

FGP no.11

The nurses nowadays display negative attitudes towards the patients, each other, and managers. Things have shifted drastically from how they were before because the nurses are no longer showing passion for their work, as they really show the attitude of not caring.

FGP no.4

Supervision of nursing care is very difficult because the nurses of this dispensation lack passion, which results in them showing negative attitudes towards patients, other nurses

as well and managers. Nurses nowadays don't want to work, and they have negative attitudes.

FGP no.20

Nurses are showing a very bad attitude of not wanting to work, and this poses a challenge to the supervision of nursing care. They also verbalized that it is their democratic right not to overwork. They also show negative attitudes towards the patients, managers, and each other. They are always showing bitterness.

FGP no.33

Hey, nowadays, nurses don't want to work, and you will find that when a patient calls for help, they respond in a rude way that shows a negative attitude towards the patient. They also show a negative attitude towards the managers and each other.

Staff attitude and lack of passion are very critical in influencing a manager in how to motivate her staff to perform. Most of the participants indicated that the supervisees display negative attitudes towards patients and other staff members. This is evidenced by the fact that supervisees refuse to do the work as allocated; furthermore, on the patient's side, they display poor communication. Achempim-Ansong, Kwashie, and Ofei (2021: 23) purported that a lack of appropriate values, attitudes, and behaviours on the part of both supervisors and supervisees may render supervision ineffective. Clinical supervisors of nursing students complained that students lack respect and exhibit unprofessional behaviour. The study conducted by Setati and Nkosi, as cited by Bwanga & Sichone (2020:26), reported that nursing students were reported to be disrespectful to staff and absent from the workplace. This constituted negative attitudes, which have a negative impact on the supervision of nursing care.

Lack of passion for work is another challenge in the supervision of nursing care. Some of the supervisees are said to display ignorance of their work because even if they are allocated the tasks, they end up not doing them. Some of the participants reported that other staff members show negative attitudes when working, and this negative attitude is also displayed towards their managers.

4.6.4.2. Theme 2: Education and Training Challenges

The participants cited a lack of education and training as another challenge to effective supervision of nursing care. Education and training of staff are one of the strategies that are necessary for staff development and capacity building. Lack of education and training gives rise to challenges in the supervision of nursing care. Some of the participants reported the lack of education and training as contributing to low work performance because the staff is not equipped. The sub-themes that emerged were a lack of staff training and a lack of supervisor training.

□ **Sub-theme 2.1. Lack of Staff Training**

Training of nursing staff is important as it allows the transfer of knowledge and skills, especially in medical and clinical care. A majority of participants cited not being trained for too long as a contributory factor to fatigue and a lack of passion for work. They felt they had become stagnant and uninspired. They reported that they had been last trained in 2019, and since then, there has been no further training. They further reported that not even in-service training is being conducted to capacitate them. The following are the direct quotes from participants.

FGP no. 2

The department must ensure that we are trained because, without training, it is difficult for us to render patient care. There is also a challenge of poor monitoring of patients as a result of not being in-service or being updated. This is also seen when nurses no longer have the passion for work, thus making supervision very difficult because of a lack of knowledge and skills to render quality nursing care.

FGP no.11

Registered staff nurses and registered assistant nurses really want the training to come back so that they can be trained and progress from one level to the other. But because of a lack of training, we find ourselves being stagnant and also lacking knowledge of some of the procedures that are within our scope, and this makes the registered professional nurses have a challenge when supervising nursing care, as most of the work is not done to the fullest.

FGP no.15

All the hospitals here in our province have no longer conducted the formal training of nurses, and this brings about so many challenges in our profession, leading to nurses not having the knowledge and skills for the work. The majority of us need to be continually trained, as during our training, we train at old age homes, and we lack practice. This poses a challenge to patient care and supervision because some of us do not know what to do, but maybe if we are in-service, it can be better.

FGP no.18

There is a challenge of the lack of training of nurses, and this contributes to the increased sub-standard care provided to patients and threatens patient safety.

FGP no.22

The challenge that we registered assistant nurses and registered staff nurses are facing currently is that we are not being trained, and this makes us not grow professionally as we become bored and develop negative defences and display a lack of interest in the work. This is mostly seen by high absenteeism because work is no longer challenging.

Training of staff is mandatory, and training can either be formal or informal. The staff has the responsibility of attending training as planned, whereas the management has the responsibility of training the employees so that they can be competent and highly knowledgeable. Some participants reported the challenge of a lack of training opportunities, which are making them stagnant and preventing them from progressing from one level to the next. They also reported that the hospitals are no longer conducting in-service training, which leaves them without an opportunity to be trained and updated on the new developments.

□ Sub-theme 2.2. Lack of Training of Supervisors

Participants reported that many supervisors, it seems they are not trained properly on how to supervise, and this was evident when the supervisors seemed not to know what to supervise. They indicated that the supervisors are not always willing to supervise them because they don't know what to supervise. The following are the direct quotes of participants.

FGP no. 8

The challenge that nursing faces is that there are some registered nurses who are lazy and do not know what to do when on duty, and they tend to harass other nurses and patients. It seems they are not sure of what to do when on duty and hide behind a negative attitude. Some of the registered professional nurses are not well trained, which is why they are unsure of what they are doing, as they lack the skills to supervise.

FGP no.12

The nursing staff are no longer trained like before; therefore, they lack the supervisory skills and competency, leading them to not know how to effectively supervise.

FGP no. 23

This profession is challenged by registered professional nurses who lack professionalism and competency in supervising nursing care, and they end up not supervising; this has led to challenges in the supervision of nursing care.

Some participants reported that some of the supervisors were not trained, leaving them unskilled in supervision. The participants further indicated that many of the supervisors lack supervisory skills. Rothwell et al. (2021:5) supported the participants that a lack of training for supervisors was a barrier and resulted in ineffective supervision. They further indicated that there was a lack of quality in supervision when supervisors were unfamiliar with professional guidelines (i.e., standards set by regulators), their role and responsibilities as a supervisor, ethical standards set in place by employers, and inadequate educational preparation.

4.7. PHASE 2B DREAM PHASE

In this phase, the participants responded to the following five (5) questions, which were:

1. In the coming years, what changes would you like to see introduced in your hospital to improve the supervision of nursing care by registered professional nurses?
2. What encouraged you most in the supervision of nursing care by registered professional nurses, and what would you like registered professional nurses to do differently in the future?
3. If you had four wishes that registered professional nurses need to consider when Supervising nursing care in the ward and hospital, what would they be?

4. From the four wishes that you would like registered professional nurses to consider, Which ones are the top two that you think should be implemented to improve the Supervision of nursing care?

In this phase, the researcher wanted the participants to dream about what they wanted to see supervision in the coming years, and out of that, they then designed what they wanted from the supervision of nursing care. Participants co-constructed what they want to prevail during the supervision of nursing care by registered professional nurses.

4.7.1. DREAM PHASE (PHASE 1B)

4.7.1.1 Theme no 3: Suggested Attributes of a Good Supervisor

The participants cited that for the supervisor to supervise well, they should possess certain attributes that are good and that can encourage the staff to continue to work irrespective of all challenges. The good attributes cited were key to the supervision of nursing care. The participants cited the following as the suggested good attributes of a good supervisor, such as approachability, avoiding favouritism and possessing good communication skills. The following are quotes from participants.

□ Sub-theme 3.1. Approachable and Avoid Favouritism

An approachable person is a person who is lovely, cheerful and reachable. Approachability is the skill that the supervisors should possess to make supervision effective. Supervisors who are not approachable are a challenge to supervision because when nurses and patients want to reach out to them, it will not be possible. An approachable supervisor is vital to the supervision of nursing care. These are some of the quotes of the participants.

FGP no. 2

The supervisor should possess good attributes of being approachable and avoid favouritism so that we can be able to approach them whenever we are facing challenges.

FGP no. 5

The supervisor should possess good attributes of being approachable and polite, as this will make them our resource person in times of need. They must also not have favouritism.

FGP no.11

Supervisors must treat us the same without having any favourites. They must also be approachable.

FGP no.14

Registered professional nurses should possess the attitude of being approachable and should not have any favourites as they are to treat us the same.

FGP no.22

A good attribute that the supervisor should possess is to motivate others so that supervision of nursing care can be effective.

FGP no.32

I see that the professional nurse should also treat us the same and not practice favouritism. By this, I see that their supervision of nursing care was best as the task allocation will be the same throughout the same categories of nurses. There will be no one who will not be given tasks that are not the same as others because we will be treated in the same way.

The participants reported that to supervise effectively, a person should be approachable by both the patients and staff. Some participants indicated that supervisors should be accessible and friendly to all so that the staff can feel free and be able to do their work without any reservations. The supervisor who is not approachable makes it difficult for the staff to approach them for any help or clarity needed, thus hampering the rendering of nursing care. The supervisor should always avoid criticism when dealing with supervisees. Some of the participants indicated that the supervisors should treat them the same and avoid favouritism.

☐ **Sub-theme no 3.2. Good Communication Skills**

A supervisor should be able to communicate with the patients and staff to make the environment conducive to the supervision of nursing care. The environment where the supervisor has poor communication results in the impediment of supervision, as the poor communication becomes an obstacle to the patients and the staff. The following are the participants' quotes

FGP no. 6

The supervisors should have good communication skills so that they can communicate with us well, because some of the supervisors are not able to talk well with us.

FGP no.15

A good manager is confirmed by the way he/she talk to the subordinates; therefore, they should have good communication skills.

FGP no. 28

The supervisors (Operational managers) should have good communication skills so that they can communicate well with us. This will also create an environment of trust wherein we can discuss with them whenever we have any challenge.

FGP no. 32

The supervisor should possess the qualities of being able to communicate well with us.

FGP no.35

The supervisor should also improve on the way they speak to us as junior nurses because you will find that the patient has requested a bed and the professional nurses respond by saying the once for the bedpan shall come and attend to them or telling the patients that they are assistants and not nurses because the patients do not know their ranks, they only know them as nurses.

Supervisors are to have good communication skills so that they can communicate with the staff effectively to improve the supervision of nursing care. Some of the participants reported that the supervisors should have good communication skills to communicate with both patients and staff, thus improving the supervision of nursing care. Sharkiya (2023:1) concurred with participants that communication is a cornerstone of improved patient care outcomes. Effective communication is also associated with enhanced patient satisfaction, regulating emotions, and increasing compliance, leading to improved health and better outcomes.

4.7.1.2. Theme 4.4 Supervisory Role and Responsibility of Professional Nurses

The supervisor has responsibilities that must be carried out to ensure that the nursing tasks are executed accurately and timeously. The supervisor has a very critical role in ensuring that nursing care is being supervised. Supervisors have specific roles that they must undertake when on duty to improve staff performance and encourage staff to do their work to the maximum. Participants reported that some of the roles that the supervisors must display are delegation of staff, direct supervision and rewarding good performance.

□ Sub-theme 4.1. Delegation of Staff

Jooste (2025: 175) defined delegation as the transfer of responsibility for the performance of a task from one person to another. Supervisors must ensure that the person delegated is competent to carry out the delegated responsibility. Delegation of staff is one of the important activities that ensures that the patients receive the care required, thus contributing to effective supervision of nursing care. The participants expressed the delegation of staff as the supervisory responsibility of registered professional nurses. The following are the quotes of the participants:

FGP no.13

What I see is that the supervision that goes well is when they have delegated us the responsibilities, because when you have been delegated, you know the tasks that you have to do for the day, even if there are some tasks that can be added, you know your expectations for the day. Delegation also assists them because some of the important tasks cannot remain unattended.

FGP no.18

The supervisor in charge of the unit has a crucial role to play in the delegation of tasks to all her supervisees and allows the supervisees to acknowledge tasks delegated by signing before and after the task completion. The delegation will solve the challenges of supervision of nursing care.

FGP no. 22

The staff delegation should be done daily because that is the way to improve the delegation of nursing care. Without delegation, the staff will not carry out responsibilities; therefore, everyone needs to be delegated. Delegation improves supervision of nursing care.

FGP no.30

I think the registered professional nurses should also continue with task delegation for every nurse who is on duty because this is the best way to ensure that every task is covered and there will be no nurses who will find themselves jobless.

FGP no.36

I also think that the supervisors should not practice favouritism: there, they should treat us the same because there are some supervisors who, when they love a person, do it in such a way that the others can feel that there is a person who is loved. When delegating the tasks, you will find that the person is not delegated tasks that are the same as others. Therefore, we are of the opinion that favouritism should not be exercised in our unit; let them treat us the same

Delegation is defined as the transfer of responsibility for the performance of a task from one person to another (Jooste 2025: 175). Delegation of staff is mandatory for the supervisor to ensure that work is done on time and to ensure quality patient care. The participants have cited delegation of staff as one of the activities that improve staff work performance, as all the work will be done on time, and everyone will be seen as engaged in their work. Walker, Ball, Cleary,

Bell, and Pisani (2021: 2) indicated that delegation and supervision are important leadership skills for effective nursing care; hence, the improvement in the supervision of nursing care.

□ **Sub-theme 4.2. Direct Supervision**

Participants believe that direct supervision leads to effective supervision of nursing care. Therefore, registered professional nurses should always be there for their subordinates. The registered staff and assistant nurses felt that direct supervision ensured that their work performance was increased, thus addressing the challenge of supervision of nursing care. Direct supervision was cited as one of the strategies to improve supervision of nursing care. The following are the quotes of the participants.

FGP no. 5

Managers must always be there in the ward to check on the work of subordinates. This strategy addresses the challenge of supervision of nursing care. The managers must practice direct supervision of nursing care; without direct supervision, staff members always end up not doing their responsibilities

FGP no. 7

Operational managers in charge must always be there for the subordinates because their presence means a lot to patients, as work will be done and done diligently. Direct supervision addresses the challenge of supervision of nursing care.

FGP no. 13

The registered professional nurses are also responsible for direct supervision of patient care; therefore, the challenges of supervision will be solved. Direct supervision of nursing care improves staff performance, thus addressing the challenges of supervision of nursing care.

SANC position statement of 2021 (SANC 2021) stated that direct supervision means the provision of guidance and oversight to supervisees by a physically present and experienced registered nurse practitioner. Some participants indicated that the supervisor should be physically present, overseeing their work, as this encouraged them to correct any challenges there and there.

□ **Sub-theme 4.3. Rewarding Good Performance**

The staff members felt that they needed to be motivated to perform the work. Sometimes motivation comes from outside, such as rewarding good performance. Nurses also need to be motivated to do their best by being rewarded for their performance. Rewarding performance was cited by participants as a strategy to improve supervision of nursing care. The following are the participants' quotations.

FGP no.4

The managers must really motivate us to do the work to the best of our ability so that there will be improved supervision of nursing care. The managers must also reward good performance to boost the staff morale.

FGP no.15

The manager must always take care of the workers so that they can render quality patient care. The manager can reward good performance. The staff will become effective, and supervision of nursing care shall improve.

Rewarding staff for good work performance is one of the motivating factors that encourages one to do the work. Staff members are to be motivated to get the best out of themselves; therefore, the supervisor must motivate them further to improve work performance. Some of the participants have reported that supervisors are to motivate staff who are working to encourage them to do more. Waltz, Muñoz, Johnson, and Rodriguez (2020: 679) concurred with the participants that rewards such as verbal and written praise were highly valued by millennials and contributed to motivation and satisfaction, and in turn, this can contribute to the improvement of patient care.

4.9. SUMMARY

This chapter outlined the research findings and discussions of findings in line with the literature review. In this study, the presentation of data analysis of Phase 1A (qualitative study) and Phase 1B (qualitative study) themes and sub-themes was presented and analysed. In phase 1A, the participants said that the registered professional nurses' experiences in the supervision of nurses. In phase 1B, the registered staff nurses and registered assistant nurses shared their experiences in the supervision of nursing care by registered professional nurses. In Phase 2A and Phase 2B,



in the dream phase, both participants were dreaming about the future and came up with positive themes that they envisioned for the future. In Phase 3, the design phase, both the findings from Phase 1A and Phase 2(Dream stage) were combined, and common themes were merged, leading to the points that were the building blocks of the educational programme.

CHAPTER 5

DEVELOPMENT OF THE EDUCATIONAL PROGRAMME

5.1. INTRODUCTION

This chapter is about developing an educational programme emanating from Phase 1A and Phase 1B findings. The researcher combined the findings from Phase 1A and Phase 1B, and similar findings were merged. The educational programme focused on the supervision of nursing care by registered professional nurses because the registered professional nurses would be empowered with skills to be competent as the proctor supervision model emphasises the normative dimension of knowledge development (Oktavia, Minanton, Herman, & Jayadi, 2023:8) The researcher implemented the Appreciative Inquiry approach to bring about positive changes that build from the best ideas already existing in the selected regional hospitals. The participants were engaged in the conversation, pointing out their strengths based on what they were doing well, what skills could be enhanced, and what was driving them to continue with the supervision of nursing care in their hospitals.

This study aimed to develop an educational programme to improve the supervision of nursing care by registered professional nurses in the regional hospitals in Limpopo Province.

The objectives of this study were as follows:

□ Phase 2: Dream and Design Phase

1. To develop an educational programme to improve supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province.

5.2. DESIGN PHASE

The researcher presented the findings based on the responses from the participants from Phase 1A and Phase 1B after the dream phase, which encompasses envisioning the future. The researcher combined the findings from Phase 1A and Phase 1B, and those that were similar were merged together. The participants were to work together in drafting the factors that must be included in the development of the educational programme. Working towards the development

of the educational programme, the participants had to brainstorm about all the combined findings to determine what could be used in the programme. The researcher understood that there were good practices already being done during the supervision of nursing care and wanted to shape those positive practices as the building blocks for the development of the educational programme. This act was based on the questions formulated using Appreciative Inquiry. This served as an indication that supervision was being done and not insinuating that it was not happening at all. What was already being done well was appreciated and was reshaped towards the development of an educational programme. The researcher conducted the nominal group technique (NGT) because it was the method that was reliable when coming to validating the findings, without participants dominating each other, ensuring that everyone's voice was being heard. Vahedian-Shahroodi, Mansourzadeh, Moghani, and Saeidi (2023: 838) described the nominal group technique (NGT) as a group process involving problem identification, solution generation, and decision-making. The nominal group technique was further described by Smith, Cartwright, Dyson, and Aitken (2023:58) as a method that involved the use of structured activities within groups comprised of purposefully selected stakeholders (nominal groups), with the broad aim of achieving a level of consensus and prioritising information. It can be used in groups of various sizes to make decisions quickly, such as by a vote, but taking everyone's opinions into account (as opposed to traditional voting, where only the largest group is considered).

5.3. NOMINAL GROUP TECHNIQUE

5.3.1. PROCEDURE OF RECRUITMENT OF PARTICIPANTS

The researcher wrote the letter to request permission to conduct a workshop to vote and rank the findings through the nominal group technique. The researcher was prepared to go and conduct the planned workshop. The researcher arrived at the office of the Chief Executive Officer (CEO) to report and was taken to the office of the Nurse Manager. The participants were recruited by the area manager, who was delegated from the office of the Nurse Manager. The researcher and two research assistants were taken to the nursing school by the nurse manager, where the workshop was conducted. The venue was conducive for discussions because there was no noise or interruptions.

The researcher planned to conduct the workshop over 2 days because of not wanting to take participants out of service points for too long. There were five (5) focus groups that participated

in the nominal group technique, making a total of 30 participants. The groups were as follows: Group 1 was seven (7) managers, Group 2 was six (6) managers, Group 3 was five (5) registered professional nurses, Group 4 was six (6) registered professional nurses and Group 5 was six (6) combined registered staff nurses and registered assistant nurses.

5.3.2. PROCESS OF CONDUCTING NOMINAL GROUP TECHNIQUE

The researcher introduced herself and the team members. The team members were experienced researchers and had been trained before on the nominal group technique. All participants were warmly welcomed. The roll call was signed. The purpose, objectives, and process of the workshop were explained to the participants. Informed consent was sought and granted. The use of a voice recorder was explained, and permission was granted. Then, the ground rules were laid.

The researcher presented the findings to the participants. The themes were written on a flipchart for the participants to see. Then the participants were given time to discuss the findings. All five (5) groups were given the same themes to discuss. Participants were made to vote and rank the findings after discussions. The ranking was according to the sequence of what the participants considered to be most important and then the least important. To ensure that the researcher could not influence the participants, the researcher, after the presentation of the findings, did not participate in the process of voting and ranking. The processes were handed over to the other team members. The teams were allocated the acronym NGTFG 1 or NGTFG 2 for easy identification. The following table shows themes that emerged during the ranking and voting process and how the voting went. Ranking and voting found the following themes:

Table 5.1. Table Showing the Findings from NGT Voting and Ranking

	OF SHORTAGE STAFF	OF SHORTAGE RESOURCES	EDUCATION AND TRAINING	GROWTH AND DEVELOPMENT	STAFF ATTITUDE	LACK OF MANAGEMENT	ORGANISATIONAL CHALLENGE	PARTICIPATION IN DECISION-MAKING	DEBRIEFING AND MOTIVATION	ROLE MODELING
NGTFG 1	7/7	6/7	6/7	5/7	5/7	5/7	6/7	5/7	6/7	5/7
NGTFG 2	6/6	6/6	6/6	5/6	5/6	5/6	5/6	5/6	4/6	5/6
NGTFG 3	5/5	5/5	5/5	4/5	4/5	3/5	3/5	3/5	3/5	3/5
NGTFG 4	6/6	5/6	4/6	4/6	4/6	4/6	3/6	2/6	2/6	2/6
NGTFG 5	6/6	6/6	5/6	6/6	5/6	5/6	4/6	5/6	4/6	5/6
Total votes	30	28	26	24	23	22	21	20	19	17
No of participants	30	30	30	30	30	30	30	30	30	30
Percent age	100%	93%	87%	80%	77%	73%	70%	67%	63%	57%

The above table depicts the findings of the nominal group technique. After voting, the participants came out with ten (10) themes that were to be addressed. They have been ranked according to their order of priority because number one has 100 of % votes. Below is the list of factors according to their priority as per participants.

Table 5.2. Table Showing NGT Findings According to Priority

FINDINGS	NUMBER	PERCENTAGE
Need to address shortage of staff	1	100%
Need to address shortage of resources	2	93%
Need to address education and training challenges	3	87%
Need for professional growth and development	4	80%
Need to address staff attitude	5	77%
Need to address organisational challenges	6	73%
Need to address lack of management support	7	70%
Need for participation in decision-making	8	67%
Need for debriefing and motivation	9	63%
Need for role modelling	10	57%

5.3.3. DISCUSSION OF FINDINGS OF NOMINAL GROUP TECHNIQUE

Results of the nominal group technique are discussed below, starting from the highest ranked theme to the lowest ranked theme as expressed by the participants:

5.3.3.1. Need to Address Shortage of Staff

Out of the thirty (30) participants in the nominal group technique, all the participants voted for addressing the shortage of staff as first, the top priority, resulting in an undisputed 100%.

Shortage of staff was mentioned by every participant from Phase 1A and Phase 1 B. Participants expressed that the shortage of staff is very serious, and it needs to be addressed, as it is crippling the health care services. Management must take the initiative in tackling this challenge. The participants suggested the following activities to help with the staff shortage.

- Workload management guidelines to be developed:
 - The shortage of staff must be addressed through the recruitment of new staff
 - Nursing human resource planning guidelines must be developed
 - Full implementation of the Labour Relations Act
 - Implementing occupational health and safety guidelines
 - Implementation of debriefing services for all staff members
 - Timely referral of staff for the Employee Assistance Programme

5.3.3.2. Need to Address the Shortage of Resources

Out of the thirty (30) participants in the nominal group technique, in Group 1, six (6) out of seven (7) participants voted in support of the finding of challenges with a shortage of resources and the need for it to be addressed. In Groups 2, 3, and 5, all supported the findings, and in Group 4, only five (5) out of six (6) supported them. These results made the shortage of resources second, with a percentage of 98%.

Resources are necessary for patient care, making their availability crucial in the delivery of quality patient care. Therefore, their availability is of great importance in the process of rendering quality nursing care. Availability of enough resources is core to the determinants of good patient

outcomes. The findings of the nominal group technique, out of thirty (30) participants from all groups, twenty-eight (28) reached a consensus to prioritise the shortage of resources as number two (2), and only two (2) participants disagreed. The participants came with the following activities to address the shortage of resources:

- Proper monitoring and control of resources
- Procurement of adequate resources that are necessary for patient care
- Management must borrow resources from sister hospitals
- The management must share resources within the districts so that all hospitals have the same resources
- Operational managers must conduct equipment, medicines, and supplies audits regularly
- Operational managers/ registered professional nurses must keep proper records

5.3.3.3. Need to Address Education and Training Challenges

Out of thirty (30) participants in the NGT, the voting results were as follows in Group 1: six (6) out of seven (7) participants voted in support of the finding of addressing educational and training challenges. In Group 2, all six (6) participants supported this finding. In Group 3, all five (5) participants also supported the finding. In Group 4, only four (4) out of six (6) participants voted in favour of the finding, and in Group 5, five (5) out of six (6) supported the findings. Overall, these results indicate that addressing educational and training challenges ranked third, with a percentage of 87%.

Addressing education and training challenges is essential for ensuring effective supervision in nursing care. It is important to consider both the knowledge and skills of supervisors and their supervisees. The participants proposed the following activities to tackle these education and training challenges.

- To educate, train, and share information on supervisory roles and responsibilities of the registered professional nurses
- There should be training of registered professional nurses on supervision models
- The supervisees should be educated on their roles and responsibilities as supervisees.

- In-service training should be conducted by management about the need for continuous supervision
- The supervisors should conduct performance management to identify any gaps that need to be addressed
- The newly qualified nurses must be mentored, whilst other nurses are coached, so that they can have the required knowledge and skills

5.3.3.4. Need for Professional Growth and Development

Out of the thirty (30) participants in the nominal groups technique voting, in Group 1, five (5) out of seven (7) participants voted in support of the finding of the need to address professional growth and development. In Group 2, five (5) out of six (6) participants supported the findings; in Group 3, four (4) out of five (5) supported the finding; in Group 4, only four (4) out of six (6) supported and in Group 5 all six (6) supported the finding. These results indicate the need to prioritise professional growth and development as fourth with a percentage of 80%.

Nursing staff need to continuously strive for professional development towards professional maturity so that they become independent and advance in their careers. As nursing is not static but evolving, nursing staff also need to be capacitated so that they can grow professionally. The participants came up with the following to address the need for professional growth and development:

- The newly qualified registered professional nurses must be mentored and coached towards professional maturity
- There should be adequate training, either formally or informally, for registered professional nurses on their supervisory roles and responsibilities
- Registered professional nurses should be exposed to the office of nurse managers or operational nurses for capacity building
- The need to address the training of supervisees should be prioritised
- Morning reports should be followed by staff training
- When nursing students are allocated, registered professional nurses must teach and delegate them according to their level of training
- Nursing ward rounds should be a teachable moment.

5.3.3.5. Need to Address Staff Attitude

Out of the thirty (30) participants in the nominal group technique voting, in Group 1, five (5) out of seven (7) participants voted in support of the finding of the need to address staff attitude. In Group 2, five (5) out of six (6), participants supported the findings, in Group 3, four (4) out of five (5) participants supported and in Group 4 only four (4) out of six (6) participants supported the finding and Group 5, five (5) out of six (6) participants supported findings. Overall, these results indicate a need to address staff attitude challenges, which were ranked fifth with a support percentage of 77%.

Negative staff is not acceptable to the organisation; therefore, nursing staff must always display a positive attitude when on duty. The nursing personnel must show empathy and sympathy to patients and not negative attitudes. There is a need to address the negative attitude of staff to improve supervision of nursing care. The participants came up with the following to address the negative attitudes of nursing personnel:

- The management must conduct customer care for each employee
- The registered professional nurses must encourage the nursing personnel to display a positive attitude
- The patients must report any attitude that they experience in the ward/unit using quality assurance standards.
- Staff must be referred for debriefing continuously to always address the challenges of fatigue
- Staff must be supported by management

5.3.3.6. Need to Address Lack of Management Support

Out of the thirty (30) participants in the NGT, in Group 1, six (6) out of seven (7) participants voted in support of the finding of need to address the lack of management support. In Group 2, five (5) out of six (6) participants supported the findings, and in Group 3, three (3) out of five (5) participants supported the findings. In Group 4, only four (4) out of six (6) participants supported the finding, and in Group 5, five (5) out of six (6) supported the findings. Overall, these results

indicate a need to address the lack of management support challenges, which was ranked sixth with a support percentage of 73%.

Management support plays a crucial role in promoting effective nursing supervision. It is essential for management to regularly visit various departments and check in on staff for issues that can impact patient care and overall supervision of nursing activities. The participants proposed several activities to address the lack of management support:

- Management must develop the management by walking around guidelines and adhere to them
- Management must always be visible in the wards and not only when there are crises
- Management must address all the findings of management by walking around
- Management must conduct a staff satisfaction survey twice a year.
- Management must conduct staff meetings with staff members
- Management must ensure that all tools of the trade are made available for the nursing personnel

5.3.3.7. Need to Address Organisational Challenges

Out of the thirty (30) participants in the NGT, the following results were observed: in Group 1, six (6) out of seven (7) participants voted in support of the finding of the need to address organisational challenges. In Group 2, five (5) out of six (6) participants supported the findings, in Group 3, three (3) out of five (5) participants supported the findings, in Group 4, only three (3) out of six (6) participants supported and in Group 5, four (4) out of six (6) participants supported. Overall, these results indicate a need to address the organisational challenges, which were ranked seventh with a support percentage of 70%.

A conducive and hazard-free environment is necessary for patient care. An environment which is dilapidated and has poor working conditions negatively impacts the quality of patient care, thus affecting the supervision of nursing care. It is essential to address these organisational challenges to ensure that patient care meets high standards. The participants proposed the following activities to address the organisational challenges:

- The poor infrastructure must be addressed by hospitals' management teams in collaboration with district and provincial management

- The facility management must attend to the minor works that need to be attended to
- Facilities must also develop and implement the maintenance plan
- The supervisors must report all defects in the facility
- The supervisor must ensure that the equipment is monitored, maintained and utilised for the purpose for which they are meant.

5.3.3.8. Need to Address Participation in Decision-Making

Out of the thirty (30) participants in the NGT voting, in Group 1, five (5) out of seven (7) participants voted in support of the finding to address the need for participation in decision-making. In Group 2, five (5) out of six (6) participants supported the findings, in Group 3, four (4) out of five (5) participants supported the findings, in Group 4, only four (4) out of six (6) participants and in Group 5, (4) out of (6) participants supported the findings. Overall, these results indicate a need to address participation in decision making, which was ranked eighth with a support percentage of 67%.

Participatory management is of great importance in health care organisations where it is essential for staff to be involved in decision-making. The operational managers collaborate with their supervisees and include them in decision-making on all issues that impact both their work and patient care. Involving the staff in decision-making fosters a sense of ownership in patient care. The participants highlighted the following as the need as the need to be involved in decision making as follows:

- Allow the supervisees to be involved in decision-making related to patient care and supervision of nursing care
- Engage the staff in consultative meetings concerning the improvement of patient care and supervision of nursing care.
- The operational managers must ensure that transparency is exercised in the unit.
- To implement a participative management approach in all spheres

5.3.3.9. Need to Address Debriefing and Motivation

Out of the thirty (30) participants in NGT voting, Group 1, six (6) out of seven (7) participants voted in support of the finding of the need for debriefing and motivation. In Group 2, five (5) out

of six (6) participants supported the findings, in Group 3, four (4) out of five (5) participants supported the findings, in Group 4, only four (4) out of six (6) participants supported the findings and in Group 5, four (4) out of six (6) participants supported the findings. Overall, these results indicate a need to address debriefing and motivation challenges, which were ranked ninth with a support percentage of 63%.

Debriefing and motivation play a crucial role in enhancing the supervision of nursing care. Debriefing and motivation are also necessary for improving the quality of patient care as well as the oversight of the nursing practice. The participants proposed several activities to address the need for debriefing and motivation:

- The operational managers must schedule the debriefing sessions for the staff and teams based on the situations nurses are experiencing
- The operational managers must motivate the staff to improve patient outcomes
- The registered professional nurses must ensure that staff behaviours are monitored and actions are taken to correct them
- The operational managers must reward the good performers to motivate them
- The supervisees must cooperate when it comes to debriefing

5.3.3.10. Need for Role Modelling

Out of the thirty (30) participants in NGT voting, in Group 1, five (5) out of seven (7) participants voted in support of the finding of the need for role modelling. In Group 2, five (5) out of six (6) participants supported the findings, in Group 3, three (3) out of five (5) participants supported, in Group 4 only two (2) out of six (6) participants supported and in Group 5, five (5) out of six (6) participants supported the findings. Overall, these results indicate a need to address the need for role modelling, which was ranked tenth with a support percentage of 57%.

Role modelling is one of the strategies that encourage the less experienced nurses to emulate the best practises from the more experienced nurses. The registered professional nurses must always serve as a role model, demonstrating the nursing profession for others to emulate in the execution of nursing care and supervising patient care. The participants expressed the following activities to address the need for role modelling:

The registered professional nurses must be knowledgeable and have expertise in rendering patient care

- The registered professional nurses must be punctual
- The registered professional nurses must ensure good and proper recordkeeping
- The registered professional nurses must be approachable
- The registered professional nurses must have good communication skills
- The registered professional nurses must lead by example and avoid favouritism

5.4. PHASE 2: DESIGN (DEVELOPMENT OF EDUCATIONAL PROGRAMME TO IMPROVE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES)

In this study, the researcher analysed ten ranked findings and selected the most significant ones for the development of an educational programme. The researcher consolidated similar findings and identified the key needs, such as the need to address the shortage of resources, the need to address professional growth and development, the need to address the lack of management support, the need to participate in decision-making, and the need for role modelling. The ranked findings are from Phase 1A and Phase 1 B.

The target group to be trained are the managers, supervisors and registered professional nurses as they are the once entrusted with supervision responsibility by the South African Nursing Council according to the Scope of Practice (R2127) as promulgated by Nursing Act, Act 33 of 2005, (SANC 2022:18).

5.5. EDUCATIONAL PROGRAMME

The programme is titled: **“An Educational Programme to Improve Supervision of Nursing Care by Registered Professional Nurses”**.

5.5.1 The NQF level

The National Qualification Framework (NQF) in South Africa categorises qualifications into levels based on learning complexity. An informal educational programme like a supervision programme can be recognised and assessed for value and relevancy, typically aligning with NQF levels 4 to 6 hence the researcher in this study decided to select NQF level 4 and depths of learning and the programme is not the formal training; however, the researcher decided on informal training

on supervision. The participants who would be trained would have been trained formally before; hence, NQF level 4, because the above training would be done for the already trained personnel.

This programme will be offered at NQF Level 4.

5.5.2 The credits

The programme will be awarded 4 credits.

5.5.3 The Duration of the Programme

The programme would be offered over 5 days (40 hours). This number of days also covers the training of trainers to ensure the sustainability of the supervision of nursing care. Training for upskilling will be two days, and training for trainers will be three (3) days, making a total of five (5) days. After training, the trained managers, supervisors and registered professional nurses (trainers) will be responsible for ongoing training of other professional nurses.

5.5.4. The Aim of the Educational Programme on Supervision of Nursing Care

The aim of the programme is:

- To improve professional supervision skills
- To enhance patient care quality
- To increase nurse confidence and competence in supervision of nursing care

5.5.5. The Objectives of the Programme

This module sets out to assist students with the following:

- To understand the importance of effective supervision of care
- To develop leadership and communication skills
- To apply critical thinking and problem-solving in supervision of nursing care
- To foster a supportive and inclusive work environment



5.5.6. Learning Outcomes

On successful completion of the educational training programme, the participants should be able to:

5.5.6.1. Cognitive Learning Outcomes

- **Understand the principles of supervision:** Demonstrate an understanding of the principles and concepts of supervision of nursing care
- **Knowledge of regulatory requirements:** Familiarise with regulatory requirements and standards related to supervision of nursing care
- **Evidence-based practice:** Understand the importance of evidence-based practice in supervision and how to apply it in nursing care
- **Supervision frameworks and models:** Understand various supervision frameworks and models, and their application in nursing practice

5.5.6.2. Affective Learning Outcomes

- **Professionalism:** Develop a professional attitude towards supervision of nursing care, recognising its importance in ensuring high-quality patient care
- **Accountability:** Understand the importance of accountability in the supervision of nursing care and take responsibility for nursing care
- **Empathy and compassion:** Demonstrate empathy and compassion in the supervision of nursing care, recognising the needs and concerns of nursing staff and patients
- **Collaboration:** Foster a collaborative attitude, working effectively with nursing staff, patients, and other healthcare professionals

5.5.6.3. Psychomotor Learning Outcomes

- **Effective communication:** Develop effective communication skills to supervise and support nursing staff
- **Leadership and management:** Enhance leadership and management skills to promote a positive work environment and support staff development

- **Performance management:** Develop skills in performance management, including monitoring, evaluating, and providing feedback
- **Conflict resolution:** Learn conflict resolution strategies to manage conflicts and difficult situations

5.5.6.4. Interpersonal Learning Outcome

- **Teamwork and collaboration:** Develop teamwork and collaboration skills effectively with nursing staff, patients, and other healthcare professionals
- **Mentoring and coaching:** Develop mentoring and coaching skills to support the professional development of nursing staff
- **Effective feedback:** Develop skills in providing effective feedback to nursing staff, promoting growth and development
- **Negotiation and conflict resolution:** Develop negotiation and conflict resolution skills to manage conflicts and difficult situations

5.5.6.5. Application Learning Outcomes

- **Demonstrate an understanding of supervision:** Describe the concept of supervision
- **Apply supervision principles:** Apply supervision principles and concepts in nursing practice
- **Develop supervision plans:** Develop supervision plans to support the professional development of nursing staff
- **Evaluate supervision effectiveness:** Evaluate the supervision effectiveness of supervision strategies and plans

5.5.7. Selection of Content

5.5.7.1. Module 1: Foundations of Supervision and resource management

- **Definition and principles of supervision:** Overview of supervision concepts, including definitions, roles, and responsibilities of supervisors
- **Theories and models of supervision:** Overview of various theories such as transformational leadership, situational leadership, and ethical leadership

- **Role and responsibilities of supervisors:** Overview of roles and responsibilities of supervisors, including key roles and responsibilities of supervisors
- **Supervision Skills and Strategies:** Overview of effective supervision skills and strategies, including key components of effective supervision skills
- **Resource management:** Overview of human resource management including managing nursing staff, staffing ratios, and skill mix; material resources, including managing equipment, supplies, and technology
- **Financial management:** Overview of financial management including managing budgets and purchasing, allocating, servicing and maintenance of resources as well as inventory management

5.5.7.2. Professional Growth and Development

- **Professional development planning:** Strategies for professional development planning, including goal setting
- **Coaching and mentoring:** Strategies for coaching and mentoring, including goal setting, role modelling, and feedback
- **Effective communication:** Strategies for effective communication, including active listening, clear messaging, and conflict resolution
- **Support for junior staff:** Strategies for supporting junior staff and building a support system for professional growth
- **Professional Networking:** Overview of professional networking, including building professional networks
- **Skills development:** Strategies for skills development and how to conduct a skills development plan

5.5.7.3. Leadership management

- **Leadership development planning and leadership styles:** Overview of leadership development planning and leadership styles, including effective leadership strategies and their benefits.

- **Leadership development programmes:** Overview of leadership programmes and types of leadership programmes
- **Leadership and management:** Overview of leadership and management principles, including active listening, clear messaging, and conflict resolution
- **Conflict resolution and negotiation skills:** Overview of conflict resolution and negotiation skills including strategies for effective conflict resolution and negotiation skills
- **Delegation and prioritisation:** Strategies for delegation and prioritisation, including task assignment, resource allocation, and time management
- **Performance management:** Strategies for performance management, including monitoring, evaluation, and providing feedback
- **Team management:** Overview of team management including key aspects of team management and strategies for effective team supervising and management

5.5.7.4. Decision-making

- **Rational decision-making models:** Overview of structured approach to decision-making and steps of the rational decision-making model.
- **Clinical decision-making and critical thinking:** Strategies for clinical decision-making, including critical thinking, problem-solving, and evidence-based practice
- **Involving team members in decision-making:** Overview and strategies of involving others in decision-making

5.5.7.5. Role modelling

- **Professionalism:** Overview of professionalism, including professional ethos and practice, and role modelling
- Showcase critical skills and knowledge
- **Patient-centred care:** Overview of patient-centred care principles, including respect, empathy, and individualised care
- **Professional standards and guidelines:** Overview of professional standards and guidelines, including nursing practice standards, ethics, and position statements

- **Risk management and patient safety:** Overview of risk management and patient safety principles, including error prevention, reporting, and disclosure
- **Effective communication:** Strategies for effective communication, including active listening, clear messaging, and conflict resolution
- **Quality care standards:** Strategies for maintenance of quality care standards, quality indicators, error management, and development of quality improvement plans.

5.5.7.6. Policy and Regulatory Frameworks

- **Healthcare policy and legislation:** Overview of healthcare policy and legislation, including regulatory frameworks, accreditation standards, and licensure requirements
- **Professional standards and guidelines:** Overview of professional standards and guidelines, including nursing practice standards, ethics, and position statements
- **Regulatory compliance:** Overview of regulatory compliance principles, including accreditation standards, licensure standards, licensure requirements, and policy implementation

5.5.8. Facilitation Strategies

- **Real-life scenarios:** Use real-life scenarios to illustrate supervision challenges and opportunities
- **Case studies:** Analysis of case studies to develop critical thinking and problem-solving skills
- **Role-playing:** Use of role-playing to practice supervision, coaching, and conflict resolution
- **Group discussions:** Facilitation for group discussions to prompt critical thinking, problem-solving, and collaboration.
- **Quizzes and games:** Use of quizzes and games to reinforce learning and promote engagement.

Table 5.3 Outline of educational programme Content

Units	Content	Teaching strategies	Notional hours	Assessment criteria	Sources
Module 1: Foundations of supervision, supervision skills and strategies Resource management	- Definition and principles of supervision - Roles and responsibilities of nursing supervisors - Supervision theories and models - Supervision skills and strategies - Resource management-human - Material - Financial management	Lecture: PowerPoint slides Group discussion, Case Studies	8hours	- Explain types and principles of supervision - Discuss resource management - Discuss financial management	Jooste, 2025. Leadership in Health Services Management. 4 th Edition. Juta & Co. South Africa
Module 2: Professional growth and development	- Professional development, planning and goal setting - Coaching and mentoring - Support for junior staff - Continuous development - Networking	Lecture: Demonstration PowerPoint slides Group discussions, Case studies	8hours	- Discuss professional growth and development - Design mentoring and coaching plan	Jooste, 2025. Leadership in Health Services Management. 4 th Edition. Juta & Co. South Africa
Module 3: Leadership management	- Leadership development planning and leadership styles and management support - Performance management and evaluation - Delegation and prioritisation technique - Conflict resolution and negotiation skills - Team management	Lectures: PowerPoint slides, Group discussions, Case Study	8hours	Discuss different leadership styles Design a plan for management support Demonstrate conflict resolution and negotiation skills	Jooste, 2025. Leadership in Health Services Management. 4 th Edition. Juta & Co. South Africa

Units	Content	Teaching strategies	Notional hours	Assessment criteria	Sources
Module 4: Decision making	- Rational decision-making models - Clinical decision-making and critical thinking - Involving team members in decision-making	Lectures, demonstrations, group discussions, case scenarios	8hours	Explain rational decision-making models Demonstrate clinical judgment and critical thinking process	Jooste, 2025. Leadership in Health Services Management. 4 th Edition. Juta & Co. South Africa
Module 5: Role modelling	- Professionalism - Showcase critical skills and knowledge - Communication - Safety and quality	Lectures, demonstrations, Procedure Manual Video clips	6hours	Demonstrate professionalism Interpret case quality data Develop improvement plans	Jooste 2025. Leadership in Health Services Management. 4 th Edition. Juta & Co. South Africa

5.6. SUMMARY

This chapter discussed nominal group technique workshop conducted to rank and prioritise the findings. An educational programme was developed based on these ranked findings. The next chapter will address the validation of the developed educational program.

CHAPTER 6

VALIDATION OF THE PROGRAMME

6.1 INTRODUCTION

The previous chapter focused on the development of an educational programme aimed at enhancing the supervision of nursing care by registered professional nurses in selected regional hospitals in Limpopo Province. The researcher adopted a qualitative approach, conducting semi-structured interviews with registered professional nurses in Phase 1A and facilitating focus group interviews with both registered staff and assistant nurses in Phase 1B using interview guides. The purpose of these methods was to gather insights into their experiences in order to inform the development of the educational programme on supervision. The questions were designed using an Appreciative Inquiry framework. The educational programme was shaped by five key themes that emerged from the collected data. This chapter addresses the validation of the developed educational programme, which was intended for use by registered professional nurses, supervisors and managers to improve the quality of patient care. This process represents Phase 3: Destiny of the AI, focusing on the validation of the educational programme. The programme validation was conducted in two-fold A, using the nominal group technique and B using checklist. The checklist developed was using Yes or No responses to assess the authenticity of the educational programme.

6.2. THE AIM OF THE STUDY

The aim of this study was to develop an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province.

6.3. OBJECTIVES OF THE STUDY

The objectives of this study were set in phases, but in this chapter of validation of the educational programme, the objective was outlined as follows:

Phase 3 Destiny

- To validate the developed educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo province.

6.4. PHASE 3: VALIDATION OF EDUCATIONAL PROGRAMME

Validation is an essential component of quality assurance; it entails systematically examining systems, facilities, and processes to determine whether they fulfil their intended functions sufficiently and consistently as defined. Validation was further described in this phase. The developed educational programme was validated using the nominal group technique.

6.5. POPULATION FOR VALIDATION OF EDUCATIONAL PROGRAMME AND SAMPLING PROCEDURE

The population for validation of the educational programme to improve supervision of nursing care by registered professional nurses in Limpopo Province was managers. These managers were gathered from the selected regional hospital in the Vhembe District. Managers were chosen using purposive sampling. Both managers and operational managers were selected because the researcher recognised that these categories of nursing personnel possess valuable knowledge about the supervision of nursing care and have significant experience. Their expertise was crucial in validating the educational programme. There was no limitation on the sample size or the number of participants. A total of twelve (12) managers without nursing education attended the workshop.

6.6. NOMINAL GROUP TECHNIQUE

The NGT is a structured method of small-group discussion to reach a consensus, prevents the domination of the discussion by a single person, encourages all group members to participate, and results in a set of prioritised solutions or recommendations that represent the group's preferences (Vahedian-Shahroodi, Mansourzadeh, Shariat Moghani, Saeidi, 2023: 838). The nominal group technique is a structured method for group brainstorming that encourages contributions from everyone and helps prioritise the ideas (Zhai, Ridwan, and Abd Razak 2024:12).

NGT unfolded as follows:

The researcher presented the findings that led to the development of an educational programme to participants and gave them time to brainstorm, discuss, and work on ranking the findings based on the following steps:

- **Silent Generation of Ideas:** The participants were asked to write down their ideas independently after the presentation.
- **Round-Robin Sharing:** Each participant then shared one idea at a time while the researcher's assistants were recording. The participants shared their ideas without prior discussion.
- **Clarification:** The groups were then given a chance to discuss each idea for gaining understanding, without debating their merits. During the discussions, the assistants checked if there was any dominance and encouraged participation by all.
- **Voting and Ranking:** Participants voted on the ideas by ranking them. Voting was secret, and the votes were tallied to identify the most favoured solutions. During the process of voting, the researcher was not part of a team to avoid influencing the voting.

6.7. ROLE OF MANAGERS AS EXPERTS

- **Expertise Utilisation:** Managers were used as experts in the validation of the educational programme because they had valuable insights and practical experience in the supervision of nursing care, thereby enhancing the quality of the ideas that were generated during deliberations.
- **Balanced Participation:** NGT ensures that all participants, including managers, have an equal opportunity to contribute, preventing any individual from dominating the discussion. During the deliberation process, the managers, having a clear understanding of the situation, remained objective and were eager to see the process unfold smoothly

6.8. IMPLEMENTATION STEPS

- **Preparation:** The researcher clearly explained the process of the nominal group technique, what was to be done, and the purpose thereof. The researcher indicated to the participants that the purpose of the workshop was to validate the findings that were used to develop the educational programme, which defined the problems or questions to be addressed.
- **Facilitation:** The researcher guided the process, ensuring that it remained focused and respectful. The researcher also ensured that all participants were participating without any domination from anyone.
- **Idea Generation and Sharing:** Participants generated and shared ideas in a structured manner as the researcher ensured the workflow without any disturbances or interruptions.
- **Discussion and Clarification:** The researcher ensured that the ideas were discussed and clarified misconceptions and misunderstandings.
- **Ranking and Prioritisation:** The assistants made the participants rank ideas based on their feasibility and impact.

6.9. BENEFITS OF USING NGT

- **Equal Participation:** NGT ensures that all team members, including managers, have an equal opportunity to contribute without any domination.
- **Efficient Prioritisation:** NGT helps to identify the most popular or feasible ideas quickly.
- **Enhanced Decision-Making:** NGT combines individual idea generation with group discussion and prioritisation, leading to well-rounded decisions.

6.10. NGT FINDINGS

NGT was the method used to validate the educational programme. The population used in the validation of the programme were managers. There were twelve (12) managers who participated. The findings of twelve (12) managers who participated agreed that the programme objectives were clearly outlined, with a percentage of 100%. When assessing the programme content, all twelve (12) managers reached a consensus on the content, that the content was clearly outlined. The content also covered all areas of supervision and leadership, making the percentage 100%. On the teaching approaches, eleven (11) out of twelve (12) managers agreed

with the teaching approach. One participant did not support the teaching approach; therefore, the percentage of ranking is 92%. Out of twelve (12) managers. All of them reached a consensus on the assessment methods, which were clear. This validation was also done using the checklist (See Annexure T). The researcher also used the checklist to authenticate the findings.

Table 6.1 Educational Programme validation findings

Number	Finding	Number of participants	Percentage
1.	Content	12	100%
2.	Teaching approach	11	92%
3.	Assessment method	12	100%

6.11. EDUCATIONAL PROGRAMME VALIDATION CHECKLIST

6.11.1. PROGRAMME VALIDATION CHECKLIST

The researcher also developed the checklist to validate the educational programme on the supervision of nursing care by registered professional nurses. The participants in the validation of the educational programme using the checklist were the experts who are managers with nursing education working in the clinical education and training units, who understand nursing education. The number of experts used was seven (7). The checklist was developed based on the Proctor's Integrative model. The researcher invited the managers through the office of the nursing services manager. The researcher first laid out the ground rules, which were agreed upon. Then the researcher distributed the checklists to the respondents. The developed educational programme was presented, and the respondents were required to rate the checklist using yes and no. Below is the checklist developed?

Checklist to validate the developed Educational Programme

Title of the programme:

Educational programme to improve supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province.

Programme objectives

To enhance the supervision of nursing care by registered professional nurses

Answer the following questions

Table 6.2. Checklist for validating an educational programme

PROGRAMME OBJECTIVES	Yes	No
Has the programme been aligned with SAQA Standards?		
Are the programme objectives clearly stated and measurable?		
Are learning outcomes identified and in line with programme objectives?		
Do learning outcomes align with the programme's goals?		
Is the content based on the latest research and best practices in nursing and healthcare?		
PROGRAMME CONTENT		
Does the programme content cover all aspects of supervision?		
Supervision skills and strategies, and Resource management		
Professional Growth and Development		
Leadership		
Decision-making and critical thinking skills		
Role modelling		
Is the programme based on current evidence?		

TEACHING APPROACH		
Are the teaching methods clearly indicated?		
Is the teaching approach interactive and engaging?		
Are methods of evaluating and assessing the learner clearly stated?		
ASSESSMENT METHODS:		
Are a variety of assessment methods used (e.g., quizzes, case studies, presentations, practical exams)?		
Are assessment methods aligned with learning outcomes?		
APPLICABILITY		
Does the programme lead to improved patient care?		
Can the programme be applied to different settings?		
FEASIBILITY		
Can the programme be implemented in various healthcare settings?		
USER-FRIENDLY		
Is the programme easy to understand?		

After rating, the researcher collected the rated checklist and analysed the findings. The findings of the rating were:

All the respondents agreed on the programme objectives, programme content, teaching approaches, assessment methods, applicability, feasibility and user-friendliness as in line with educational programme.

6.12. EDUCATIONAL PROGRAMME IMPLEMENTATION

This section focuses on the implementation and evaluation of the educational programme to improve supervision of nursing care in selected regional hospitals of Limpopo Province. This section is divided into two phases. The first phase deals with implementation of the educational programme whilst the second phase deals with the evaluation of the outcome of programme implementation

The developed educational programme will be implemented post-doctoral as it could not be implemented during the period of research process. To achieve effective implementation of

educational programme that leads to the achievement of desired goals and objectives the researcher developed a detailed implementation plan

6.12.1. CONTEXT

A two-day workshop will be conducted to train the managers, supervisors and registered professional nurses, and also training will be conducted to trainers to continue with training.

6.12.2. POPULATION OF THE IMPLEMENTATION PHASE OF THE EDUCATIONAL PROGRAMME

The workshop will be attended by the managers, supervisors and registered professional nurses from all sections/units of hospitals and primary health care facilities. The recruitment of participants will be requested from the nurse managers of different hospitals before the training. The total number of participants will be determined by ward coverage.

6.12.3. ADVANCED ARRANGEMENTS FOR EDUCATIONAL PROGRAMME IMPLEMENTATION

For successful implementation of developed educational programme, certain activities will be carried out beforehand in order to achieve the aims and objectives of the programme. The methodology of implementation will be supported by Proctor integrative supervision model which cited that the developed educational programme will be aimed at guiding and the managers, supervisors and registered professional nurses in the enhancement of supervisory knowledge and skills during their role supervision of nursing practice (Snowdon, Sargent, Williams, Maloney, Casper, and Taylor 2020:2). The following preparations will be done in order to have an effective comprehensive implementation plan. The plan will be in phases:

PHASE 1 PREPARATION (1-4 WEEKS BEFORE)

- **BUDGET**

Budget will be requested to fund the training from the Limpopo Province Health Department, university research directorate and other stakeholders like business people to cover all training expenses

- **SCHEDULE TRAINING SESSION**

The training date and time will be chosen and communicated in time. The venue will also be secured that will be conducive for training.

- **INVITE PARTICIPANTS**

The researcher will request the permission from the Chief Executive Officers to conduct workshop. After permission is granted, the nurse manager will then recruit the participants for training.

- **DEVELOPMENT OF RESOURCES AND TRAINING AIDS**

The researcher will develop posters and flyers to promote the educational programme training. The researcher will prepare learning materials such as summary or hand-outs of presentations, training manuals, marker pens, Flip charts, an overhead projector for projection, as well as snacks and water to drink

PHASE 2: PROGRAMME DELIVERY (2 DAYS)

GENERAL OVERVIEW OF THE PROGRAMME DELIVERY

- **GROUP NORMS**

Group expectations and norms will be discussed with participants at the beginning of the workshop to obtain inputs regarding group norms. Name tags will be prepared to facilitate communication and easy identification. Privacy and confidentiality will be observed

- **FACILITATION TECHNIQUES**

The facilitator will guide the participants to discover their existing knowledge, to further develop their own learning, to discover their potential and to weigh up their options.

- **DELIVER TRAINING SESSION**

The programme was divided into three sessions that will be covered in two-day workshop. The session will cover resource management, professional growth and development, leadership, decision-making and role modelling. The training will be presented in English

- **USE OF INTERACTIVE METHODS**

The researcher will incorporate Lecture method, case studies, group work, role play and demonstrations to engage participants.

- **PROVIDE OPPORTUNITY FOR FEEDBACK**

The researcher will encourage participants to share their experiences and concerns

PHASE 3: EVALUATION AND FOLLOW UP (Day 2 to 1 week after training)

- **EVALUATE THE EFFECTIVENESS OF THE PROGRAMME**

The researcher will assess participants' knowledge, skills and attitude before and after the implementation of the programme.

- **GATHER FEEDBACK**

The researcher will collect feedback from participants to improve future programme

- **PROVIDE ONGOING SUPPORT**

The researcher will offer mentoring and coaching to participants after the programme implementation

- **IDENTIFY POSSIBLE TRAINERS**

After training, the researcher will identify possible trainers who will be trained as trainers in order to continue with training. The trainers will be managers, supervisors and professional nurses who were trained.

- **SPECIFIC PROGRAMME DELIVERY ACTIVITIES ACCORDING TO NUMBER OF DAYS**

Below is the outline of the agenda that will be used on the day of implementation of educational programme during the workshop.

Table 6.3. Specific programme implementation programme

Programme implementation agenda

Date: To be announced

Time: 09h00-16h30

Facilitator: The researcher

Scribe: To be chosen

Day 1

Time	CONTENT	Teaching strategies	Facilitator
09h00-09h30	Welcome	Power-point presentation	Head of institution
09h30-10h30	• Self -Introduction • Participants expectations • Drawing of ground rules and ice breakers	Flip chart	All
10h30- 11h00	Outline of Programme • Aims and objectives • Gaps identified from other studies • Presentation of supervision status in South Africa	• Lecture • Power-point slides • Discussions	Researcher
11H00-11H30	Tea Break		Tea BREAK
11H30- 12H30	Principles of supervision	• Lecture • Power-point slides • Discussions	Researcher
12h30-13h30	Resource management	• Power-point slides • Discussions • Case studies	Researcher
13h30-14h30	Lunch break		Lunch break
14h30 -15h30	Professional growth and development	• Power-point slides • Discussions • Case studies	Researcher
15h30-16h30	Effective Leadership	• Power-point slides • Discussions • Case studies	Researcher

Day 2			
09h00-09h30	Recapping of previous work Addressing challenges raised	• Power-point slides • Discussions • Case studies	Researcher
09h30-10h30	Decision making	• Power-point slides • Discussions • Case studies	Researcher
10h30- 11h00	Role modelling	• Power-point slides • Discussions • Case studies	Researcher
11H00-11H30	Tea break		Tea break
11H30- 12H15	Practical –Role playing of principles of supervision and resource management Practical-Professional growth and development	• Role plays and demonstrations • Quizzes	Participants
12h15-12h30	Practical –Leadership styles	• Role plays and demonstrations • Quizzes	Participants
12h30-13h30	Practical-Decision making and role modelling	• Role plays and demonstrations • Quizzes	Participants
13h30-14h30	Lunch break		Lunch break
14h30 -15h30	Recapping of participants expectations and way forward /resolutions	Researcher	Researcher
15h30-16h30	• Evaluation of the whole programme	• Power-point slides • Discussions	Researcher

	Monitoring and evaluation by completion of evaluation form	Case studies	
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6.13. EDUCATIONAL PROGRAMME EVALUATION

The researcher developed a tool to assess the feasibility and content of the educational programme designed to improve supervision of nursing care during the implementation period.

Table 6.3. Educational Programme Evaluation Form

Programme Evaluation Form

1. Did you gain any knowledge from the presentation given? yes no

2. If yes, which topic did you enjoy most?

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3. Which topic did you enjoy the least?

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4. Which topics do you think need to be added?

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5. What is the general comment you can give about the programme?

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6.15. BENEFITS OF THE DEVELOPED EDUCATIONAL PROGRAMME

The educational programme on supervision of nursing care, when properly implemented, had benefits to the patients and community as well as health professionals.

6.15.1. Benefits to the patients and community

The benefits for the patients include the general improvement of the quality of care that would be rendered to patients. When nurses are well informed about the supervision of nursing care, effective supervision of nursing care is improved through an educational programme on supervision implementation. The supervision educational programme can benefit the patients and community by ensuring that there is a reduction of patients' complaints and litigations because of the delivery of high-standard quality care. The benefit to society also includes meeting the patients' and community's expectations and health needs.

6.16.2. Benefits to health care professionals

The registered professional nurses may become equipped with knowledge and skills regarding the supervision of nursing care. The registered professional nurses will be more professionally mature and independent, adhere to the standards of the nursing profession, thereby improving patient outcomes. These benefits are in line with Proctor's supervision model, the restorative dimension that addresses the professional development, thereby enhancing professional growth and independence whilst unlocking effective and efficient nursing care that will meet the needs of patients.

6.16. SUMMARY

This chapter focused on validating the developed educational programme, which included the principles of the NGT as a tool for evaluating the programme's content. The following chapter will present the study's conclusion, along with recommendations and its limitations.

CHAPTER 7

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

7.1. INTRODUCTION

The previous chapter presented the validation of the developed educational programme. This chapter will deal with conclusions and recommendations of the findings of the study. The study was qualitative in nature, and data collection was done in an Appreciative Inquiry approach. The appreciative inquiry (AI) approach was selected because the researcher felt that in an organisation, there was something being done regarding the supervision of nursing care by professional nurses and wanted to appreciate the best practices that were being done.

7.2. AIM OF THE STUDY

The aim of this study was to develop an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo Province.

7.3. OBJECTIVES OF THE STUDY

The objectives were as follows:

Phase 1: Discovery Phase (Situational Analysis)

- 1a. To explore and describe the experiences of registered professional nurses in the supervision of nursing care.
- 1b. To explore and describe the experiences of registered staff and assistant nurses on being supervised in nursing care by registered professional nurses.

Phase 2. Dream and Design Phase

1. To develop an educational programme to improve supervision of nursing care by registered professional nurses in the selected regional hospitals

Phase 3. Destiny Phase

To validate the developed educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo province.

7.4. ASSESSMENT OF THE OBJECTIVES OF THE STUDY

Phase 1: Discovery Phase (Situational Analysis)

1a. To explore and describe the experiences of registered professional nurses in the supervision of nursing care.

1b. To explore and describe the experiences of registered staff and assistant nurses on being supervised in nursing care by registered professional nurses

The Phase 1 objective was achieved; the researcher conducted semi-structured face-to-face interviews with the registered professional nurses, exploring and describing their experiences with supervision of nursing care. The focus group interviews were conducted with the registered staff and assistant nurses, exploring and describing their experiences regarding being supervised in nursing care by registered professional nurses. The findings indicated the experiences of registered professional nurses and those of the registered staff nurses, as well as registered assistant nurses. The participants indicated what went well and what needed to be addressed. Apart from the challenges in the supervision of nursing care, the participants came up with suggestions that can be used to address the challenges.

The registered staff and assistant nurses also had their say on how they want to see supervision practised, which can assist the registered professional nurses in supervising better.

Phase 2. Dream and Design Phase

To develop an educational programme to improve supervision of nursing care by registered professional nurses in the selected regional hospitals

This objective was met, based on the findings of Phase 1A and Phase 1B; the researcher merged the themes which were similar and remained with ten (10) themes, of which those that were similar were further merged, and five (5) themes remained. The five (5) themes were used to develop the educational programme. The objective of phase 2 was met.

Phase 3. Destiny Phase

To validate the developed educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals in Limpopo province.

The objective was achieved. The researcher conducted a nominal group technique with operational managers in one of the regional hospitals of Limpopo to validate the findings and the developed educational programme. In this stage, only managers were used because of their experience and expertise in the supervision of nursing care. The researcher also developed a checklist to validate the developed educational programme on supervision of nursing care.

In conclusion, all objectives of this study were met.

7.5 SUMMARY OF RESEARCH METHOD AND DESIGN

This study employed a qualitative approach that involves a systemic collection and analysis of more existing information, as stated by the participants (Brink et al. 2018:11). In this study, the qualitative approach was used because the researcher wanted to collect in-depth exploratory and descriptive information regarding supervision of nursing care by registered professional nurses. The researcher also wanted to collect exploratory and descriptive information regarding supervision of nursing care by registered professional nurses as experienced by registered staff and assistant nurses.

The approach was qualitative, Appreciative inquiry, exploratory, descriptive and contextual in nature. Data was collected in phases, which are in Phase 1A through semi-structured face-to-face interviews using an interview guide from registered professional nurses, and Phase 1B was through focus group interviews from registered staff and assistant nurses using an interview guide.

7.6. PHASE 1A.

7.6.1. Data Collection

Data was collected from twenty-four (24) registered professional nurses, including the area and operational managers from the three (3) selected regional hospitals. Data was collected through in-depth semi-structured interviews using an interview guide. Data saturation was achieved after interviewing participant number fifteen (15), but the researcher continued to get a dense description of the phenomenon under study. For a detailed discussion of the data collection, see Chapter 3.

7.6.2. Data Analysis

Data was analysed using Tesch's eight steps as outlined in Creswell (2014:198). Data analysis was discussed in detail in Chapter 3.

7.7. PHASE 1B

7.7.1. Data Collection

Data was collected from thirty-seven (37) registered staff and assistant nurses from the three (3) selected regional hospitals. Data was collected through focus group interviews using an interview guide. A detailed discussion of the data collection method was done in Chapter 3. Data saturation was achieved after interviewing focus group number four (4) of each category, but the researcher continued in order to get a dense description of the phenomenon under study.

7.7.2. Data Analysis

Data was analysed using Tesch's eight steps as outlined in Creswell (2014:198). Data analysis was discussed in detail in Chapter 3.

7.7.3. Measure to Ensure Trustworthiness

The researcher ensured measures of trustworthiness by using credibility, dependability, transferability, and confirmability. Informed consent was obtained from participants.

7.8. SUMMARY OF THEORETICAL FRAMEWORK USED

The theoretical framework used in this study was Proctor's clinical supervision model. Snowdon, Sargent, Williams, Maloney, Casper's and Taylor (2020:2) explained that the model was aimed at the development of knowledge and skills, professional growth, and promotion of compliance with standards, which led to the enhancement of quality patient care and independence on the part of supervisees.

This model advocated that both the patients and nurses benefit through effective supervision. The registered professional nurses, registered staff nurses, and registered assistant nurses developed the knowledge and skills necessary for professional maturity and to render quality care, which was in line with the Proctors' supervision model of formative, which talks of the development of knowledge and skills. The patients then received quality care, which improved their health outcomes and ensured safety. The study showed that to ensure effective supervision,

the environment must be conducive to supervision, the supervisor must be ready to supervise, and supervisees must also be ready to be supervised. The study also showed that effective supervision is compromised due to a break in the supervisory chain, which poses challenges.

7.9. SUMMARY OF FINDINGS

The summary of the study findings was presented in Phases and was discussed in full in Chapter 4. The findings were in line with the objectives, wherein objective 1A addressed the experiences of registered professional nurses regarding the supervision of nursing care, and Phase 1B addressed the experiences of registered staff and assistant nurses regarding being supervised in nursing care by registered professional nurses. The researcher conducted the NGT workshop to rank the findings and get consensus from the participants. Five (5) focus group interviews were identified where the number of participants was as follows: Group 1 had six (6) participants, Group 2 had six (6) participants, Group 3 had five (5) participants, Group 4 had six (6) participants, and Group 5 had six (6) participants. The categories of participants were the same as those who participated in the data collection process. The findings were grouped together, and those that were similar were merged. The following were the findings after ranking and prioritisation. The arrangement is according to the number of votes meaning that number one (1) had 100% votes from the participants, number two (2) had 98% of votes, number three (3) had 87% votes, number four (4) had 80% votes, number five (5) had 77% votes, number six (6) had 73% votes, number seven (7) had 70% votes, number eight (8) had 67% votes, number nine (9) had 63% votes and number ten (10) had 57% votes.

1. Need to address the shortage of staff
2. Need to address the shortage of resources
3. Need to address education and training challenges
4. Need for professional growth and development
5. Need to address staff attitude
6. Need to address organisational challenges
7. Need to address lack of management support
8. Need for participation in decision-making

9. Need for debriefing and motivation

10. Need for role modelling

7.9.1. Need to Address the Shortage of Staff

Adequate staff is recommended for nursing care to be of high quality; therefore, the units require adequate staffing so that all nursing activities can be carried out effectively and efficiently. The participants indicated that a shortage of staff was the major challenge that gave rise to increased workload, fatigue, and absenteeism. The participants who participated in the nominal group technique indicated that there was a need to address the challenge of shortage of staff. The management must address this challenge immediately as it is crippling the health services. If the shortage of staff can be effectively addressed, supervision of nursing care will, in return, improve, leading to good patient outcomes.

7.9.2. Need to Address Shortage of Resources

Resources are any commodities needed to carry out the work, which can be either material, financial, or humans. In this context, the commodities that are referred to are material. Material resources refer to equipment, medication, linen and stationery. Shortage of resources has been cited as the other serious challenge of supervision of nursing care. Adequate resources are essential for rendering quality patient care. Shortage of resources such as medications, equipment, and stationery were cited to be challenging supervision of nursing care. The participants indicated there is a need to address the shortage of resources as this is affecting the supervision of nursing care.

7.9.3. Need to Address Education and training Challenges

Education and training are core to the development of both the supervisors and supervisees which can result in effective supervision of nursing care when effectively trained. The participants gave the researcher the indication that the need to address education and training challenges is critical as it was ranked number three (3). The supervision of nursing care is significantly impacted by various factors that need to be properly addressed. For staff to effectively oversee nursing care, they must possess the necessary knowledge and skills. Additionally, those being supervised should also understand the supervision process and its importance.

7.9.4. Need for Professional Growth and Development

Professional growth and development are a requirement for nursing personnel because without growth and development there is a challenge of professional immaturity resulting in challenges in supervision of nursing care. The participants indicated that there was a need for professional growth and development. Professional growth can be achieved through training, mentoring coaching and attending in-service trainings. The need for professional growth and development is core to enhancing the supervision of nursing care; therefore, the participants need to have continuous professional development in order to keep themselves up to date.

7.9.5. Need to Address Lack of Management Support

Management support plays a significant role in supporting the staff in the execution of day-to-day duties. Management support can be either from immediate supervisors or district and provincial managers. Lack of management support was reported as a challenge to the supervision of nursing care and frustrated the supervisors and nurses who are working. The need to address the lack of management support can improve supervision of care by the staff and thus improve patient outcomes.

7.9.6. Need to Address Staff Attitude

Staff attitude plays a major role in impacting negatively on rendering quality patient care. Staff attitude was reported to be one of the challenges that affect the supervision of nursing care. Staff attitude was displayed to patients and other staff members even managers. The need to address staff attitude is mandatory as it affects the supervision of nursing care. The need to address negative attitudes has a good effect on the patients' care because there would be good communication between the patients and staff. The supervisors would also benefit because the staff would have passion for work and render patient care happily.

7.9.7. Need to Address Organisational Challenges

The good infrastructure and good working conditions encourage the staff to work peacefully and diligently, thereby improving staff morale, which in turn improves job satisfaction. Organisational challenges were indicated by participants as another challenge that impact negatively on the

supervision of nursing care and patient care. The need to address organisational challenges is of great importance as nursing care is better rendered in a conducive environment with good infrastructure and good working conditions.

7.9.8. Need to Participate in Decision-Making.

The participants have reported that staff need to be involved in decision-making as one of the attributes that supervisors should possess to improve the supervision of nursing care. The need to participate in decision-making was one of the findings that was identified by participants. The participants also highlighted that they need to be part of decisions that are taken in their working environments because it will help them to own the outcomes. The need to participate in decision-making is necessary for it to be addressed as it can improve job performance, thereby improving the supervision of nursing care.

7.9.9. Need for Debriefing and Motivation

Participants indicated that there is a need for them to be debriefed and motivated because they are working under conditions that are not motivating. Shortage of staff gives rise to increased workload leading to fatigue and resulting in absenteeism. Debriefing is necessary as it is one of the psychological therapies that try to assist one in facing the challenge positively. Staff feel that with regular debriefing, their work performance can improve and lead to improved supervision of nursing care. Motivation is also necessary to improve performance and thus improve supervision of nursing care.

7.9.10. Need for Role Modelling

Role modelling is one of the teaching strategies that has been used for a long in nursing, where junior nurses imitate all senior nurses' behaviours and work performances. Need for role modelling is mandatory for learning, thus improving patient care and improving supervision of care. Nurses learn skills by copying from other senior competent personnel. Role modelling is another strategy that inspires the supervisees to work hard and think bigger and strive for excellence hence improvement in supervision of nursing care.

7.10. LIMITATIONS OF THE STUDY

The study was conducted in the selected regional hospitals of Limpopo Province; therefore, the findings of the study cannot be generalized to other hospitals, districts and provinces. The scope is around Limpopo province. During the process of data collection, some of the managers were not interested in participating in the study, only registered professional nurses and operational managers. The other limitation that the researcher encountered was the unavailability of a number of the planned participants because of the system that was used in those regional hospitals and the shortage of staff. The researcher, when conducting data collection, was expected to reach twenty-seven (27) registered professional nurses but reached only twenty-four (24) registered professional nurses. Fifty-six (56) registered staff and assistant nurses were to be reached and only thirty-seven (37) were reached. Effective supervision of nursing care was a global challenge, the study was only conducted in three (3) selected regional hospitals therefore for the study should be conducted in other provinces so that the findings could also be applicable in other provinces and other hospitals.

7.11. RECOMMENDATIONS

Based on the findings of the two phases 1A and 1B, the researcher went back to participants and conducted a nominal technique group to get consensus from the participants after ranking the findings and prioritised them so that the findings must be utilised in the development of an educational programme to improve supervision of nursing care in Limpopo Province. Ten (10) themes emanated, and these themes were ranked according to the order of prioritisation.

The ten (10) Themes were then compressed because there were findings that were similar and the final product was five (5) themes which were: 1) the need to address the shortage of resources, 2) the need to address professional growth and development, 3) the need to address staff attitude, 4) need to address organisational challenges and 5) need for role modelling. The five themes were used in the development of an educational programme. Furthermore, the developed educational programme was validated using the nominal group technique.

7.12. ORIGINAL CONTRIBUTION OF THE STUDY

The original contribution of this study was that professional nurses would continually be trained on the supervision of nursing care so that there is the sustenance of supervision. On the other hand, the researcher had planned to have trainers who will be trained, that is, the training of

trainers who would continue to train others so that there is continuity of supervision of nursing care even if those who were trained are no longer there.

7.13. PLAN FOR DISSEMINATING THE RESULTS

The final report of this study was submitted to the Chief Executive Officers (CEO) of the three (3) Regional hospitals where the study was conducted. The report and recommendations were thoroughly discussed with the Chief Executive Officers of the three (3) regional hospitals. The report was also given to the provincial office ethics committee, three (3) district offices' ethics committees, and three (3) Regional hospitals' ethics committees. The report would also be given to three (3) Regional hospitals nursing managers. The report would also be presented to the participants who participated in the study. This research paper would also be presented at seminars, workshops, symposia, and conferences. Articles would also be published in accredited journals.

7.14. FINAL SUMMARY

This chapter discussed the summary of findings, recommendations and limitations of the study on development of educational programme to improve supervision of nursing care by registered professional nurse in the selected regional hospitals of Limpopo Province. The revealed findings if addressed effectively shall results in improvement of supervision of nursing care and improve patient care.

7.15. CONCLUSIONS

The study focused on the development of an educational programme to improve the supervision of nursing care by registered professional nurses. The educational programme was developed based on the findings of Phase 1A and 1B data during situational analysis. The findings of this study contributed to the body of knowledge because there was no educational programme on supervision in Limpopo Province

LIST OF REFERENCES

- Abd-Elrhaman, E.S.A. and Ghoneimy, A.G.H. (2018). Supervision in nursing practice: The Pathway to Career Adaptability. International Journal of Innovative Research & development Vol. 7 Issue 10: ISSN 2278-0211,2018.

- Abdul Mohammed, S., Jaffane, A.A. and Qahtani, M.A.. 2024 Motivating Factors Influencing Nurses to Advance the Career in Nursing Management Positions. *Al and Qahtani, M. Al, Motivating Factors Influencing Nurses to Advance the Career in Nursing Management Positions.*
- Abou Shaheen, R., Hamouda, S.I., Zahran, S.A.E.M. and Eldemerdash, S.M., 2018. Effect of Implementing Clinical Supervision Program for Head Nurses at Tanta International Teaching Hospital. *Int J Novel Res Healthcare Nurs*, 5(2), pp.384-397.
- Abujaber N, Vallières F, McBride K, Sheaf G, Blum PT, Wiedermann N, Travers A. 2022. Examining the evidence for best practice guidelines in supportive supervision of lay health care providers in humanitarian emergencies: A systematic scoping review.. *J Glob Health* 2022;12:04017
- Achempim-Ansong, A. Kwashie, A.A. & Ofei, A.A. 2021. Exploring the benefits and challenges of administrative clinical supervision in nursing and midwifery August 27, 2021 DOI: 10.5430/jnep.v12n1p14 URL: <https://doi.org/10.5430/jnep.v12n1p14>
- Akpor, O.A., Akingbade, T.O. and Olorunfemi, O., 2023. Lack of adequate equipment for healthcare—The agony of patients and nurses: A review. *Indian Journal of Continuing Nursing Education*, 24(1), pp.7-10. Alase and Akinbo 2021
- Al Hilali, K.S., Al Mughairi, B.M., Kian, M.W. and Karim, A.M., 2020. Coaching and mentoring. Concepts and practices in development of competencies: A theoretical perspective. *International Journal of Academic Research in Accounting, Finance and Management Sciences*, 10(1), pp.41-54.
- Alase, G. and Akinbo, T., 2021. Employee motivation and job performance: Empirical evidence from Nigeria. *Applied Journal of Economics, Management and Social Sciences*, 2(2), pp 16-23.
- Alfonso, A. Hipona, J and Quijencio, Wilfredo. 2021. Nurse Managers' Responsive Coaching To Facilitate Staff Nurses' Clinical Skills Development in Public Tertiary Hospital. *Journal of Nursing Practice* V.5. DO - 10.30994/jnp.v5i1.137
- Alkhaqani, A.L., 2023. Communication and teamwork as a nursing competence: Facilitating and

- impediments aspects. *Journal of Medical Research and Reviews*, 0 (0), pp.1-4.
- Armstrong, A. J., Holmes C.M., & Henning D. 2020. A changing world, again. How Appreciative Inquiry can guide our growth. *Soc Sci Humanity Open*. 2020;2(1):100038. doi: 10.1016/j.ssaho.2020.100038. Epub 2020 Jun 29. PMID: 34173485; PMCID: PMC7324085.
- Assegaai, T., Schneider, H. 2019. National guidance and district-level practices in the supervision of community health workers in South Africa: a qualitative study. 2019. *Hum Resource Health* **17**, 25 (2019). <https://doi.org/10.1186/s12960-019-0360-x>
- Atashi, V., Movahedi Najafabadi, M., Afshari, A. and Ghafari, S., 2024. Barriers to effective clinical supervision from the perspective of nurses: A descriptive qualitative study. *Nursing Open*, 11(1), p.e2028.
- Ayu Eka, N.G., Rumerung, C.L. and Tahulending, P.S., 2024. Role modelling of professional behaviour in nursing education during the COVID-19 pandemic: A mixed method study. *Journal of Holistic Nursing*, 42(2_suppl), pp.S47-S58.
- Bautista, J. R., Lauria, P. A. S., Contreras, M. C. S., Maranion, M. M. G., Villanueva, H. H., Sumaguingsing, R. C., & Abeleda, R. D. 2020. Specific stressors relate to nurses' job satisfaction, perceived quality of care, and turnover intention. *International journal of nursing practice*, 26(1), e12774. <https://doi.org/10.1111/ijn.12774>
- Brink, H., van Der Walt, C. and van Rensburg, G. 2018. Fundamentals of research methodology for health care professionals. 4th Edition. Cape Town: Juta & Co., Cape Town, .Republic of South Africa.
- Brink, H. and van Rensburg G. 2022. Fundamentals of research methodology for healthcare professionals. 5th Edition. Cape Town: Juta & Co., Cape town Republic of South Africa.
- Butterworth T. 2022. What is supervision and how can it be delivered in practice? *Nursing Times* [online]; 118: 2, 20-22

- Bwanga, O. and Sichone, J.M., 2020. Managerial function of the clinical Supervision of radiography students. *IAR Journal of Medical Sciences*, 1(1).
- Creswell J.W. 2014. Qualitative inquiry & Research Design: Choosing Five Approaches 4th ed. Los Angeles: SAGE Publications.
- Creswell, J. W., and Creswell, J. D. 2018. Research design: qualitative, quantitative, and mixed methods approaches. Fifth edition. Los Angeles, SAGE edge. Chicago International
- Delima, M., Dioso, R.I., Aljaberi, M.A., Anggreiniboti, T., Raymond, J., Devitra, A. and Elghannam, T.A., 2024. Relationship of Motivation and Supervision with Nurse Performance in Implementing Nursing Care. *International Journal of Nursing Information*, 3(2), pp.22-30.
- Dirks J. L. 2021. Alternative Approaches to Mentoring. *Critical care nurse*, 41(1), e9– e16. <https://doi.org/10.4037/ccn2021789>
- Doody, O., Markey, K., Turner, J., Donnell, C. O., & Murphy, L. 2024. Clinical supervisor's experiences of peer group clinical supervision during COVID-19: a mixed methods study. *BMC nursing*, 23(1), 612. <https://doi.org/10.1186/s12912-024-02283-3> .
- Duda, S., Warburton, C. and Black, N., 2020, July. Contextual research: Why we need to research in context to deliver great products. In *International Conference on Human-Computer Interaction* (pp. 33-49). Cham: Springer International Publishing.
- Fouche, C.B. Strydom H. & Roestenburg WJH. 2021. Research at grass roots: For the social sciences and human service professions. 5th ed. Pretoria: Van Schaik
- Gajewski, J., Monzer, N., Pittalis, C., Bijlmakers, L., Cheelo, M., Kachimba, J. and Brugha, R., 2020. Supervision as a tool for building surgical capacity of district hospitals: the case of Zambia. *Human resources for health*, 18, pp.1-8.
- Gheshlagh, R.G., Nemati, S.M., Negarandeh, R., Bahramnezhad, F., Saqqezi, P.S. and Mahmoodi, H., 2024. Identifying communication barriers between nurses and patients from the perspective of Iranian nurses: a Q-methodology-based study. *BMC nursing*, 23(1), p.458.

- Gilmartin, S., Martin, L., Kenny, S., Callanan, I. and Salter, N., 2020. Promoting hot debriefing in an emergency department. *BMJ Open Quality*, 9(3), p.e000913.
- Gray, J.R., Grove S.K. and Sutherland, S. 2017. The practice of Nursing Research: Appraisal, Synthesis and Generation of Evidence, 8th Edition Mosby: Elsevier.
- Grove S.K. and Gray J.R. 2019 Understanding Nursing Research Building an Evidence – based Practice. 7th Edition, Kindle. Elsevier.
- Heba, D.A., Nehad, E.E., and Sahar A. A. 2018. Effect of an Educational Program about Clinical Supervision for First Line Nurse Managers on Quality of Their Clinical Supervision: An educational Program about Quality of clinical supervision for line Nurse Managers. *Minia Scientific Nursing Journal (Print) (ISSN 2537-012X) Vol.(4) No.(1) December 2018*.
- Hill, E. and Abhayasinghe, K., 2022. Factors which influence the effectiveness of clinical supervision for student nurses in Sri Lanka: A qualitative research study. *Nurse education today*, 114, p.105387.
- Hornby A.S. 2015. Oxford Advanced Learner's Dictionary of Current English .Oxford University Press, 9TH Edition. Longman, Chambers.
- Husarek, K., Loborec, V., Čunović, M., Ilić, P., Krajačić, J. & Smrekar, M. 2024. Factors Related to Effective Teamwork Performance in Nursing: Narrative Literature Review. *Croatian Nursing Journal*, 8 (1), 55-63. <https://doi.org/10.24141/2/8/1/6>
- Jangland E., Gunningberg L. and Nyholm L. 2021. A mentoring programme to meet newly graduated nurses' needs and give senior nurses a new career opportunity: A multiple-case study. *Nurse Education Pract in practice*, 57:103233. doi: 10.1016/j.nepr.2021.103233. Epub 2021 Oct16. PMID: 34678635.
- Jooste K. 2025. Leadership in Health Services Management. 4th Edition. Juta & Co. South Africa

- Kalogiannidis, S., 2021. Impact of employee motivation on organisational performance. A scoping review paper for public sector. *The Strategic Journal of Business & Change Management*, 8 (3), 984, 996(3).
- Khateeb, F.R., 2024. Absenteeism Among Nurses: A Bibliometric Analysis of the Past 25 Years of Research. *Management and Labour Studies*, 49(3), pp.527-554.
- Klopota, I., Mjeda, T. and Kurečić, P., 2018. Exploring the motivation of employees in a firm: A case-study. *Business Systems Research: International Journal of the Society for Advancing Innovation and Research in Economy*, 9(1), pp.151-160.
- Kim, S. and Lim, J.-Y. 2022. Development and Evaluation of the “High-Up” Program for Enhancing the Nursing-Management Competency of Mid-Career Hospital Nurses: A Quasi- Experimental Study. *Int. J. Environ. Res. Public Health* 2022, 19, 4392.
<https://doi.org/10.3390/ijerph19074392>
- Lavee, E. and Itzchakov, G., 2023. Good listening: A key element in establishing quality in qualitative research. *Qualitative research*, 23(3), pp.614-631.
- Luhailima, T.R., Mulaudzi, F.M. and Phetlhu, D.R., 2022. Use of an appreciative inquiry approach to enhance quality improvement in management of patient care. *Archives of Internal Medicine Research*, 5(3), pp.357-364.
- Mambula, Charles, Francis, Felix Oaya, Zirra. 2021. Effect of Employee Involvement in Decision Making and Organization Productivity. VL - 9. DO 10.14738/abr.93.9848Archives of Business Research
- Martin, P., Lizarondo, L., Kumar, S. and Snowdon, D., 2021. Impact of clinical supervision on healthcare organisational outcomes: A mixed methods systematic review. *PloS one*, 16(11), p.e0260156
- Mohamed, .A.H. Award A.S. and ELSabaky 2021. The Effect of a clinical supervision The Effect of a Clinical Supervision-Enhancing Strategy for Head Nurses on Their Professional

- Identity. *Egyptian Journal of Health Care*. 12(3):1693-1709 DOI: [10.21608/ejhc.2021.203959](https://doi.org/10.21608/ejhc.2021.203959)
- Mofokeng, T., du Plessis, E., & Froneman, K. 2021. Discovering presence as part of nurse educators' role modelling at a public nursing college in the North West province. *Health SA Gesondheid*, 26, 7 pages. doi: <https://doi.org/10.4102/hsag.v26i0.1639>
- Molefe, R. 2022. News 24 Limpopo's health department faces medical negligence claims in excess of R14 billion. News24 16. February 2022.
- Nations, U., 2018. The 2030 Agenda and the Sustainable Development Goals: An opportunity for Latin America and the Caribbean. (LC/G. 2681-P/Rev. 3). *Santiago*.
- Neshuku, H., 2015. An educational programme to support registered nurses during clinical supervision of student nurses in medical and surgical wards at a training health facility in the Oshana region, Namibia (Doctoral dissertation, University of Namibia).
- Nuritasari, R. T., Rofiqi, E., Fibriola, T. N. & Ardiansyah, R. T. 2019. The Effect of Clinical Supervision on Nurse Performance *Journal Ners*, 14(3si), 161-164
doi:[http://dx.doi.org/10.20473/jn.v14i3\(si\).16956](http://dx.doi.org/10.20473/jn.v14i3(si).16956)
- Nyamhanga, T. M., Frumence, G., & Hurtig, A. K. 2021. Facilitators and barriers to effective supervision of maternal and new-born care: a qualitative study from Shinyanga region, Tanzania. *Global health action*, 14(1), 1927330.
<https://doi.org/10.1080/16549716.2021.1927330>
- Oktavia, L., Minanton, M., Herman, H. and Jayadi, A. 2023 "Effect of proctor's clinical supervision model on nurses' loyalty in a hospital in Subang, Indonesia", *Indonesian Nursing Journal*, 1(1), pp. 7–11. doi: 10.31962/inj.v1i1.142.
- Polit, D.F. and Beck, C.T. 2017. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. 10th ed. Philadelphia: Lippincott Williams & Wilkins

- Ramdan, D.S., Abd Elrhman, S.M. and Abdel-ELRahman, T.A., 2021. Relationship between nurses' motivation and patients' satisfaction in dialysis units in Minia city. *Minia Scientific Nursing Journal*, 10(1), pp.55-67.
- Rahiem, S. M. A., Habieb, E. T. E. S. A. and El-Shaer, A. 2020. Impact of Clinical Supervision Program on Nursing Students' Achievement. *IOSR Journal of Nursing and Health Science (IOSR- JNHS)*e-ISSN: 2 320–1959.p- ISSN: 2320–1940Volume 9, Issue 1 Ser. IX. (Jan- Feb. 2020), PP13-26 www.iosrjournals.org
- Raliphaswa, M.R, Luhalima T.R., and Netshandama V.O. 2021. "Challenges encountered by professional nurses During Supervision of Care: An Explorative Study in Vhembe District Hospitals in Limpopo Province, South Africa." *Gender and Behaviour* 19, no. 3 (2021): 18629-18635.
- Razai, M.S., Kooner, P. and Majeed, A., 2023. Strategies and interventions to improve healthcare professionals' well-being and reduce burnout. *Journal of primary care & community health*, 14, p.21501319231178641.
- Reddy, B., Thomas, S., Karachiwala, B., Sadhu, R., Iyer, A., Sen, G., Mehrtash, H. and Tunçalp, Ö., 2022. A scoping review of the impact of organisational factors on providers and related interventions in LMICs: implications for respectful maternity care. *PLOS global public health*, 2(10), p.e0001134.
- Republic of South Africa. National Department of Health. (2016).Guidelines for Maternity care in South Africa. A manual for clinics, community health centres and district hospitals. Government Printer. Pretoria, RSA
- Republic of South Africa. 2020. South African Nursing Council. Regulation regarding Scope of practice of registered nurses and midwives. Regulation R2127. Government Printer. Pretoria, RSA
- Republic of South Africa. 2020. South African Nursing Council Professional Misconduct Government Printers Pretoria, RSA
- Republic of South Africa 2021. Position statement on direct and indirect supervision of nurses. Government Printer. Pretoria, RSA

- Republic of South Africa. 2021. South African Nursing Council Provincial distribution of nursing manpower versus the population of South Africa. Government Printer. Pretoria, RSA
- Republic of South Africa. 2020. South African Nursing Council Professional Misconduct. Government Printer. Pretoria, RSA
- Republic of South Africa. 2005. South African Nursing Council. Nursing Act, Act No. 33 of 2005. www.sanc.co.za/pdf/Nursing%20Act%202005.pdf. Government Printer. Pretoria, RSA
- Rothwell, C., Kehoe, A., Farook, S.F. and Illing, J., 2021. Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review. *BMJ open*, 11(9), p.e052929.
- Saab, M.M., Kilty, C., Meehan, E., Goodwin, J., Connaire, S., Buckley, C., Walsh, A., O'Mahony, J., McCarthy, V.J. and Horgan, A., 2021. Peer group clinical supervision: Qualitative perspectives from nurse supervisees, managers, and supervisors. *Collegian*, 28(4), pp.359-368.
- Sharkiya, S., 2023. Type of article: Quality Communication Can Improve Patient-Centred Health Outcomes among Older Patients: A Systematic Review.
- Shongwe, B.I., Downing, C. and Nene, S., 2024. Operational nursing managers' experiences of clinical supervision at a Johannesburg Hospital. *Curations*, 47(1), p.2521.
- Smith, D., Cartwright, M., Dyson, J. and Aitken, L.M., 2024. Use of nominal group technique methods in the virtual setting: A reflective account and recommendations for practice. *Australian Critical Care*, 37(1), pp.158-165.
- Snowdon, D.A., Sargent, M., Williams, C.M., Maloney, S., Caspers, K. and Taylor, N.F., 2020. Effective clinical supervision of allied health professionals: a mixed methods study. *BMC health services research*, 20, pp.1-11.
- Thapa, D.R., Subedi, M., Ekström-Bergström, A., Areskoug Josefsson, K. and Krettek, A., 2022. Facilitators for and barriers to nurses' work-related health-a qualitative study. *BMC nursing*, 21(1), p.218

- Tenza, I.S., Blignaut, A.J., Ellis, S.M. and Coetzee, S.K., 2024. Nurse perceptions of practice environment, quality of care and patient safety across four hospital levels within the public health sector of South Africa. *BMC nursing*, 23(1), p.324.
- Terry, D., Nguyen, H., Perkins, A.J. and Peck, B., 2020. Supervision in healthcare: A critical review of the role, function and capacity for training.
- Thomas, R. 2019. Little quick fix: Turn your literature review into an argument. London: SAGE Publications.
- Ugwu, C.V., Medows, M., Don-Pedro, D. and Chan, J., 2020. Critical event debriefing in a community hospital. *Cureus*, 12(6).
- Vahedian-Shahroodi, M., Mansourzadeh, A., Shariat Moghani, S., Saeidi, M. (2023). 'Using the Nominal Group Technique in Group Decision-Making: A Review', *Medical Education Bulletin*, 4(4), pp. 837-845. doi: 10.22034/meb.2024.434656.1090
- Walker, F. A., Ball, M., Cleary, S., & Pisani, H. 2021. Transparent teamwork: The practice of supervision and delegation within the multi-tiered nursing team. *Nursing inquiry*, 28(4), e12413. <https://doi.org/10.1111/nin.12413>
- Waltz, L. A., Muñoz, L., Weber Johnson, H., & Rodriguez, T. (2020). Exploring job satisfaction and workplace engagement in millennial nurses. *Journal of nursing management*, 28(3), 673–681. <https://doi.org/10.1111/jonm.12981>
- Waweru, L.W., Oluchina, S. and Mwangi, E.G., 2024. Institutional factors influencing supportive supervision practice among frontline nurse managers at Thika level 5 Hospital, Kiambu County, Kenya. *East African Medical Journal*, 101(4), pp.6938-6946
- Zhai,Y., Ridwan, M. and Abd Razak, A. 2024. Nominal group technique: the role of human resource management in driving green innovation in Sichuan Province Universities, China. Social Science and Management ISSN: 3007-6862 DOI: <https://doi.org/10.61784/ssm3022> © By the Author(s) 2024, under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-ncnd/4.0>).

LIST OF ANNEXURES ANNEXURE A: Approval for Ethical clearance

**RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR**

NAME OF RESEARCHER/INVESTIGATOR:
Mrs MR Raliphaswa

STUDENT NO:
11523974

PROJECT TITLE: Development of an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals of Limpopo Province.

ETHICAL CLEARANCE NO: FHS/23/PDC/01/1409

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS		
NAME	INSTITUTION & DEPARTMENT	ROLE
Dr. TR Lufalufu	SHFVNB, Advanced Nursing Science	Supervisor
Dr. LJ Mufuma	SHFVNB, Advanced Nursing Science	Co-Supervisor
Prof. VO Makhadoma	SHFVNB, Advanced Nursing Science	Co-Supervisor
Mrs MR Raliphaswa	SHFVNB, Advanced Nursing Science	Investigator - Student

Type: **Doctoral research**
Risk: **Straightforward research without ethical problems (Category 1)**
Approval Period: **September 2023 – September 2024**

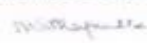
The Human and Clinical Trials Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

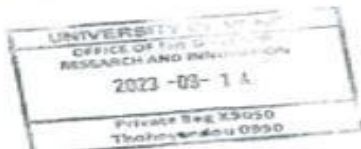
General Conditions
While the ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report to the principal formal to the REC.
- Annually (or as otherwise requested) on the progress of the project, and upon completion of the project.
- Within three (3) months of any adverse event for any matter that adversely affects the safety or welfare of the participants during the course of the project.
- Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the project as stipulated in the application form. Any change to the protocol or the project must be approved by the REC. The date of approval indicates the first date that the project may be started. A new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical rigour, the REC reserves the right to:
 - Request access to any information or data at any time during the course or after completion of the project.
 - To ask further questions, seek advice and information, require further modifications or monitor the conduct of your research or the informed consent process.
 - Withdraw or postpone approval if:
 - Any unethical practice or gross case of the project are revealed or suspected.
 - It becomes apparent that any information withheld from the REC or that information has been false or misrepresented.
 - The required ethical report and reporting of adverse events was not done timely and accurately.
 - New institutional rules, national legislation or international conventions demand it necessary.

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: **September 2023**

Name of the HCTREC Chairperson of the Committee: **Prof MS Maputle**

Signature: 



UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2023-03-14
Private Reg 33050
Tlofengani 0890

ANNEXURE B: Approval from Limpopo Province Department of Health



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

Ref : LP_2023-11-017
Enquires : Legodi P
Tel : 015-293 6028/6410
Email : Malesela.Legodi@dhsd.limpopo.gov.za

RALIPHASWA MUNYADZIWA REGINAH

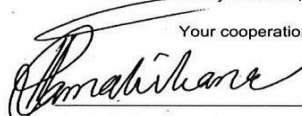
PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
 - a. Present this letter of permission to the Office of District Executive Manager a week before the study is conducted.
 - b. This permission is **ONLY** for Letaba hospital; Tshilidzini Hospital and Mokopane Hospital.
 - c. In the course of your study, there should be no action that disrupts the routine services or incur any cost on the Department.
 - d. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - f. **The approval is only valid for a 1-year period.**
 - g. If the proposal has been amended, a new approval should be sought from the Department of Health
 - h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.



pp Head of Department

5/2/2024

Date

Private Bag X9302, Polokwane 0700
Fidel Castro Ruz House, 18 College Street, Polokwane 0700
Tel: 015 293 6000. Fax: 015 293 6211. Website: www.doh.limpopo.gov.za

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ANNEXURE C. Letter to Mopani District Office

BOX 4154
THOHOYANDOU
0950
26.02.2024

Enquiries: Raliphaswa M.R.
Contact no: 0833663656
Date: 26/02/2024

To: Ms. Mongwe N.
Chief Director: Health Services
Mopani District

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

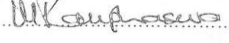
I am presently a Doctoral degree student at the University of Venda under the School of Health Sciences. I hereby wish to apply to be granted permission to conduct a research study at Letaba Regional hospital. The units that I will be conducting this study from are Casualty, Maternity and Paediatric wards. The data will be collected from the registered professional nurses including are and operational managers; registered staff nurses and registered assistant nurses from the above mentioned wards.

The topic of my research study is "DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE".

The results of this study may help the above mentioned units in the improvement of quality nursing care and patient safety through effective supervision by registered professional nurses. Participation to this study will be voluntary, and the participants be given information about their rights including to withdraw without being intimidated or threatened. All information collected will be kept confidential. Attached please find the approval from the University Ethics Committee and the Limpopo Province. For any enquiry contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 OR 060 6056 532.

Hoping my request will be considered.

Yours faithfully

Raliphaswa M.R.

.....

Research student

ANNEXURE D: Letter to Vhembe District office

Box 4154
Tsohoyandou
26.02.2024

Enquiries: Raliphaswa M.R.
Contact no: 0833663656
Date: 25/4/2024

To: Mr. Sirwali N.R.
Chief Director: Health Services
Vhembe District I

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

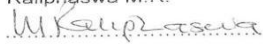
I am presently a Doctoral degree student at the University of Venda under the School of Health Sciences. I hereby wish to apply to be granted permission to conduct a research study at Tshildzini Regional hospital in Vhembe District. The units that I will be conducting this study from are Casualty, Maternity and Paediatric wards. The data will be collected from the registered professional nurses including are and operational managers; registered staff nurses and registered assistant nurses from the above mentioned wards.

The topic of my research study is "DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE".

The results of this study may help the above mentioned units in the improvement of quality nursing care and patient safety through effective supervision by registered professional nurses. Participation to this study will be voluntary, and the participants be given information about their rights including to withdraw without being intimidated or threatened. All information collected will be kept confidential. Attached please find the approval from the University Ethics Committee and the Limpopo Province. For any enquiry contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 OR 060 6056 532.

Hoping my request will be considered.

Yours faithfully

Raliphaswa M.R.

Research student

ANNEXURE E: Letter to Waterberg District

BOX 4154
THOHOYANDOU
0950
26.02.2024

Enquiries: Raliphaswa M.R.
Contact no: 0833663656
Date: 26/02/2024

To: Chief Director: Health Services
Waterberg District

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I am presently a Doctoral degree student at the University of Venda under the School of Health Sciences. I hereby wish to apply to be granted permission to conduct a research study at Mokopane Regional hospital. The units that I will be conducting this study from are Casualty, Maternity and Paediatric wards. The data will be collected from the registered professional nurses including are and operational managers; registered staff nurses and registered assistant nurses from the above mentioned wards.

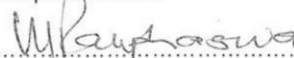
The topic of my research study is "DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE".

The results of this study may help the above mentioned units in the improvement of quality nursing care and patient safety through effective supervision by registered professional nurses. Participation to this study will be voluntary, and the participants be given information about their rights including to withdraw without being intimidated or threatened. All information collected will be kept confidential. Attached please find the approval from the University Ethics Committee and the Limpopo Province. For any enquiry contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 OR 060 6056 532.

Hoping my request will be considered.

Yours faithfully

Raliphaswa M.R.



Research student

ANNEXURE F: Approval from Waterberg District



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH
WATERBERG DISTRICT

ENQ: Ramalivhana M.C
EMAIL: Mukhethwa.Ramalivhana@dhsd.limpopo.gov.za
TEL: 014 718 0623

TO: RALIPHASWA MUNYADZIWA REGINAH

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF.

The above bear's reference:

The office of the District Executive Manager, hereby confirm receipt of your request to conduct research on **DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE.**

1. Permission is hereby granted as per approval by the acting HOD.
2. You are further requested to notify this office on when you are going to start with the research and make sure that there is no action that disturbs service delivery.
3. This permission is **ONLY** for **Mokopane Hospital** at **Waterberg district**.
4. The approval is only valid for a 1-year period.
5. If the proposal has been amended, a new approval should be sought from the Department of Health.
6. During your study, there should be no action that disrupts the routine services or incur cost on the Department.
7. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
8. Kindly note that, the Department can withdraw the approval at any time.

Your support and cooperation in terms of the above will be highly appreciated.


Ms. Bulangga N.G.
DISTRICT EXECUTIVE MANAGER

22/05/24
DATE

100 Nelson Mandela Drive & Thabo Mbeki Street Modimolle 0510, Private Bag X 1026 Modimolle 0510
Tel: 014 718 0600. Fax: 014 718 0675 Website: www.doh.limpopo.gov.za

ANNEXURE G: Approval from Vhembe District Office

**LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF
HEALTH
VHEMBE DISTRICT**

Ref: SS/4/2/3

Eng: Gertrude Baloyi

Date: 14 March 2024

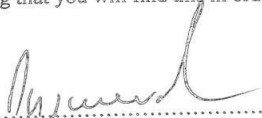
TO: Raliphaswa Munyadziwa Reginah
University Of Venda

**SUBJECT: REQUEST TO CONDUCT A STUDY (RESEARCH) AT
TSHILIDZINI HOSPITAL IN VHEMBE DISTRICT**

Your study topic: Development of an educational programme to improve the supervision of Nursing care by registered Professional Nurses in selected Regional hospitals of Vhembe District, Limpopo Province

1. The above matter has reference
2. The Department of Health has acknowledged your communiqué received on the 14 March 2024 for the above mentioned. Kindly be informed that permission has been granted to conduct a research at Tshilidzini in Vhembe District from 18 March 2024-05 February 2025.
3. You are also advised to comply or adhere with the Departmental Policies, rules and regulations during your operations.

Hoping that you will find this in order.


DISTRICT EXECUTIVE MANAGER


DATE

VHEMBE DISTRICT, Private Bag X5009 THOHOYANDOU 0950
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373.

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Page 1 of 1

ANNEXURE H: Approval from Mopani District Office



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
MOPANI DISTRICT

Ref: S4/2/2
Enq: Mohatli Israele
Tel: 015 811 6644
Email: Israel.Mohatli@dhsd.limpopo.gov.za

To Raliphaswa MR
University of Venda

Re: Permission to conduct research at Letaba Regional Hospital, Mopani District: Yourself

1. The matter cited above bears reference
2. This serves to respond to the request submitted to research on the topic: "Development of an educational programme to improve the supervision of nursing care by registered professional nurses in selected regional hospitals of Limpopo Province."
3. It is with pleasure to inform you about the decision to permit you to conduct the cited research at Letaba Regional Hospital within Mopani District.
4. You will be required to furnish the hospital authorities with this letter for purposes of access and assistance.
5. You are further advised to observe ethical standards necessary to keep the integrity of the facilities.
6. The Mopani District wishes you well in your endeavour to generate knowledge.


Assistant Director: HRD and Training
Date: 20.05.2024

ANNEXURE I: Letter to Letaba Regional hospital

BOX 4154
THOHOYANDOU
0950
26.02.2024

Enquiries: Raliphaswa M.R.
Contact no: 0833663656
Date: 26/02/2024

To: The Chief Executive Officer
Letaba Regional Hospital
Moapani District

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I am presently a Doctoral degree student at the University of Venda under the School of Health Sciences. I hereby wish to apply to be granted permission to conduct a research study at Letaba Regional hospital. The units that I will be conducting this study from are Casualty, Maternity and Paediatric wards. The data will be collected from the registered professional nurses including are and operational managers; registered staff nurses and registered assistant nurses from the above mentioned wards.

The topic of my research study is "DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE".

The results of this study may help the above mentioned units in the improvement of quality nursing care and patient safety through effective supervision by registered professional nurses. Participation to this study will be voluntary, and the participants be given information about their rights including to withdraw without being intimidated or threatened. All information collected will be kept confidential. Attached please find the approval from the University Ethics Committee and the Limpopo Province. For any enquiry contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 OR 060 6056 532.

Hoping my request will be considered.

Yours faithfully

Raliphaswa M.R.



Research student

ANNEXURE J: Letter to Mokopane Regional Hospital

BOX 4154
THOHOYANDOU
0950
26.02.2024

Enquiries: Raliphaswa M.R.
Contact no: 0833663656
Date: 26/02/2024

To: Ms. Magagane
Chief Executive Officer
Mokopane hospital

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

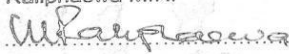
I am presently a Doctoral degree student at the University of Venda under the School of Health Sciences. I hereby wish to apply to be granted permission to conduct a research study at Mokopane Regional hospital. The units that I will be conducting this study from are Casualty, Maternity and Paediatric wards. The data will be collected from the registered professional nurses including are and operational managers; registered staff nurses and registered assistant nurses from the above mentioned wards.

The topic of my research study is "DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE".

The results of this study may help the above mentioned units in the improvement of quality nursing care and patient safety through effective supervision by registered professional nurses. Participation to this study will be voluntary, and the participants be given information about their rights including to withdraw without being intimidated or threatened. All information collected will be kept confidential. Attached please find the approval from the University Ethics Committee and the Limpopo Province. For any enquiry contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 OR 060 6056 532.

Hoping my request will be considered.

Yours faithfully

Raliphaswa M.R.

Research student

ANNEXURE K: Letter to Tshilidzini Regional Hospital

BOX 4154
THOHOYANDOU
0950
26.02.2024

Enquiries: Raliphaswa M.R.
Contact no: 0833663656
Date: 26/02/2024

To: The Chief Executive Officer
Tshilidzini Hospital

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT RESEARCH.

I am presently a Doctoral degree student at the University of Venda under the School of Health Sciences. I hereby wish to apply to be granted permission to conduct a research study at Tshilidzini Regional hospital. The units that I will be conducting this study from are Casualty, Maternity and Paediatric wards. The data will be collected from the registered professional nurses including are and operational managers; registered staff nurses and registered assistant nurses from the above mentioned wards.

The topic of my research study is "DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE".

The results of this study may help the above mentioned units in the improvement of quality nursing care and patient safety through effective supervision by registered professional nurses. Participation to this study will be voluntary, and the participants be given information about their rights including to withdraw without being intimidated or threatened. All information collected will be kept confidential. Attached please find the approval from the University Ethics Committee and the Limpopo Province. For any enquiry contact Mrs Raliphaswa M.R. on these numbers: 083 3663 656 OR 060 6056 532.

Hoping my request will be considered.

Yours faithfully

Raliphaswa M.R.



Research student

ANNEXURE: L Approval from Letaba hospital



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT
OF
HEALTH
LETABA REGIONAL HOSPITAL

Ref: S5/4/2
Enq : Mr Malatji E.M
Tel : 015 303 8509
Email : Eleck.malatji@dhsd.limpopo.gov.za

Attention: Ms Raliphaswa MR
Private box 4154
Thohoyandou
0950

RE: APPLICATION FOR AN APPROVAL TO CONDUCT RESEARCH ON
DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE
SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES
IN SELECTED REGIONAL HOSPITAL OF LIMPOPO PROVINCE.

1. The above Matter refers.
2. Kindly be informed that the Chief Executive Officer has approved your application to conduct research. The approval is with effect the date of research but is valid for one year.
3. The section that are requested are as follows: Causality, Maternity and Pediatric ward

Lunch: 13:00-14:00- 1hour
Time: 07h30 to 16h30

4. Hopefully you will find the above to be in good order.
5. N.B. Please note that you will not get remunerations/Compensations during your research.


CHIEF EXECUTIVE OFFICER
MS RAGOLANE VJ

12/06/2024
Date

Private Bag X 1430, LETABA, 0870
Cnr. Tarentaal and Lydenburg Road, Tel: (015) 303 8200, Fax no: 015 303 8421

The heartland of Southern Africa - development is about people!

ANNEXURE M: Approval letter from Tshilidzini Regional Hospital

**LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH
TSHILIDZINI HOSPITAL

DEPARTMENT OF HEALTH
TSHILIDZINI HOSPITAL
20 MAY 2024
P/BAG X 924 SHAYANDIMA 0945
LIMPOPO PROVINCE

Ref: 8/1/1
Enquiries: Netshifhefhe L.E
Date: 17 May 2024

To: Raliphaswa Munyadziwa Reginah

SUBJECT: "DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE".

1. The above matter refers.
2. Your letter received on the 17 May 2024 requesting for permission to conduct a study is hereby acknowledged.
3. Permission is therefore granted for the study to be conducted in Tshilidzini Hospital based on the approval letter you provided from the Head of Department Limpopo Department of Health and the Chief Director Health Services Vhembe District.

Wishing you success in your studies.


Chief Executive Officer


Date

Tshilidzini Hospital, Private Bag X924, SHAYANDIMA, 0945 Tel: 015 964 4384, FAX 015 964 1492/015 964 1072
Physical Address: R524 PUNDA MARIA ROAD
An accessible, caring quality health and social development service for the people of Vhembe District.

The heartland of Southern Africa – development is about people!

ANNEXURE N: APPROVAL LETTER FROM MOKOPANE REGIONAL HOSPITAL



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

OFFICE OF THE CHIEF EXECUTIVE OFFICER

Enquiries : Maila M.J (Acting P.A to the Chief Executive Officer)
Contact number : 015 483 4170/4166
Cell number : 078 153 9791
Email address : Malesele.Maila@dhsd.limpopo.gov.za

Date: 06 June 2024

ATTENTION: RALIPHASWA MUNYADZIWA REGINAH

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF

GREETINGS

1. The above matter has reference.
2. Kindly be informed that the office of the Chief Executive Officer hereby confirms the receipts of your request to conduct research on **DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TOIMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE.**
2. Permission is hereby granted as per approval by the Acting HOD and the DEM.
3. Your request has been forwarded to office of Acting Deputy Manager: Nursing Services, for further arrangements please contact their office on 015 483 4174/4274.

Yours cooperation will be highly appreciated.



Ms. Seshoka M.M
Acting Chief Executive Officer



ANNEXURE O: LETTER OF INFORMATION

Title of the Research Study:

Development of educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals of Limpopo Province.

Principal Investigator/s/ researcher:

Raliphaswa Munyadziwa Reginah: Masters in Nursing

Co-Investigator/s/supervisor/s:

Dr. T.R. Luhailima

Dr. J.L. Mafumo

Professor V.O. Netshandama

Brief Introduction and Purpose of the Study:

Supervision is a practical method for advancing nurses' professional growth, creating advanced independent practitioners, supporting nursing personnel, and raising the standard of patient care. An educational programme in supervision had a positive impact on nurses' ability to provide high-quality nursing care which is aimed at reducing patients' complaints and improving patient outcome. However, it seems that this is not happening as expected because there are continuous complaints from the patients about the poor quality of care. This study is aimed at developing an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals of Limpopo Province.

Purpose of the study

To develop an educational programme to improve the supervision of nursing care by registered professional nurses in the selected regional hospitals of Limpopo Province.

Outline of the Procedures

:

Interview

Semi-structured interviews with individual face-face and focus group interviews will be used for data collection and the Appreciative Inquiry approach will be used for data collection. The participants for both interview sessions will be recruited by the nurse manager of the selected regional hospitals through the area or operational managers of the selected wards which are

Casualty, Paediatric and Maternity wards. The researcher will meet with the participants in the office of either area or operational manager and make an appointment to meet the participants during the tea break or lunch time. Then during lunch time the researcher will then meet with participants for an interview session either in the operational managers' office or at venue that the ward has prepared. The researcher will introduce herself to the participants and in return the participants will introduce themselves to the researcher in a way of getting to know each other. The participants will be informed about the research study and their rights confidentiality, anonymity and voluntary participation before consenting for the interviews. Two (2) groups of focus groups interview per hospital will be conducted with thirty-six (36) registered staff nurses and thirty-six registered assistant nurses of which nine (9) will be registered staff nurses and nine (9) will be registered assistant nurses from the selected wards which are Paediatric, Casualty and Maternity wards of selected regional hospitals. A voice recorder will be used for voice recording during an interview and all the answers that will be provided will not be attached or traced to your name. All information given by participants will be treated confidentially as there will be neither ID nor names that will be attached to the responses given.

The interview will last for 30-45 minutes and will be done at tea break or lunchtime to prevent interruption of services. Focus group interviews will also be conducted during tea break or lunch time. The venue of the semi-structured interview will be requested if possible to be the operational managers' offices in the wards identified or any other venue that the hospital will have arranged within the unit. The focus group interviews will be conducted in a bigger venue that can accommodate everyone who is participating in the focus group. The researcher will also be probing in order to get more information from participants as well as using the language that the participants will be comfortable with. The researcher will be taking notes during each interview as well as voice recording each participant to prevent loss of important information though during focus group researcher will be assisted by researcher assistant.

Selection of participants

Participants in this study will be purposively selected from Paediatric, casualty, and Maternity wards of the selected regional hospitals of Limpopo Province. The registered professional nurses including area and operational managers, registered staff nurses, and registered assistant nurses of Paediatric ward, Casualty ward, and Maternity ward will be selected because they will be able to give the researcher relevant information. The other categories of participants that will

be purposively selected will be the registered staff nurses and registered assistant nurses from the selected wards of the selected regional hospitals.

Sampling

The sampling method chosen is purposive sampling wherein the participants will be purposively selected based on the researcher's judgment with the intention of getting more information from them.

Sample size

The estimated sample size will be thirty-six (36) registered professional nurses and thirty-six (36) registered staff nurses and thirty-six (36) registered assistant nurses though the number of registered professional nurses, registered staff nurses and registered assistant nurses to be interviewed will also depend on data saturation.

Inclusion criteria

In this study, participants will be registered professional nurses with 5 years and above experience including area and operational managers, registered staff nurses and registered assistant nurses with 5 years and above experience in the Casualty, Paediatric and Maternity of the selected regional hospitals of Limpopo Province because they will be able to give the researcher more information with regard to their experiences on supervision of nursing care.

Exclusion criteria

The following individuals will be excluded namely other registered professional nurses, registered staff nurse and registered assistant nurses who are not from the wards selected. In cases where there are more than one registered professional nurses, registered staff nurses and registered assistant nurses with has less than 5 years of experience and or junior will be excluded in the study.

Responsibilities and expectations of participants

The participants will be expected to sign the consent form before interview. They will be informed about their rights and if they choose to participate, they will be informed that they do so voluntarily with full understanding. If they no longer wish to participate they will also withdraw freely with no intimidation. Withdrawal to participate can be done before or during the interview.

Risks or Discomforts to the Participant:

None

Benefits :

Participants

The findings of this study may benefit the participants in that the quality patients' care will be rendered thereby reducing patients complaints and litigations thereby increasing job satisfaction which will in turn result in reduction of burn-out.

Researcher

The findings of this study will benefit the researcher in the sense that the results will be published, be known and used by other managers whereby there will be improved patient care and safety.

Reason/s why the Participant May Be Withdrawn from the Study:

Should the participants wish to withdraw at the beginning or in the middle of interview because of any other reason, they will not be intimidated nor threatened and their wish will be respected

Remuneration: None.

Costs of the Study: None.

Confidentiality :

The names of participants will not be recorded so that data or information given must never be linked with the participants. Data collected will be stored in a lockable cabinet that is not accessible to everyone except the researcher and the supervisor.

Research-related injury :

There will be neither any adverse reaction nor any research related injury that will be incurred

Persons to Contact in the Event of Any Problems or Queries:

Doctor T.R. Luhailima supervisor or Professor V.O. Netshandama co-supervisor

Please contact the researcher at (0833663656 or 0606056532.), my supervisor at (0724823404.) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges during the study.

ANNEXURE P: INFORMED CONSENT

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, (Raliphaswa Munyadziwa Reginah *name of the researcher*), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: __,
- I have also received, read, and understood the above-written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research that may relate to my participation will be made available to me.

Full Name of Participant Date

Time

Signature

I, ...

If anyone makes a mistake completing this document e.g. a wrong date or spelling mistake, a new document has to be completed. The incomplete original document has to be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

(Raliphaswa M.R. (*Name of researcher*) herewith confirms that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

..... Date..... Signature.....

Full Name of Witness (If applicable)

..... Date Signature.....

Full Name of Legal Guardian (If applicable)

..... Date..... Signature.....

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counselling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes*

<http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/>

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at: http://www.nhrec.org.za/?page_id=14

ANNEXURE Q: INTERVIEW GUIDE FOR REGISTERED PROFESSIONAL NURSES

PHASE DISCOVERY PHASE

1. What are your experiences regarding supervision of nursing care in your hospital
2. What are the challenges that you are encountering when supervising nursing care in your ward and hospital
3. What do you think need to be improved when coming to supervision of nursing care in your ward and hospital?
4. How best do you think you can inspire other registered professional nurses to improve supervision of nursing care in your ward and hospital?

PHASE 2. DREAM AND DESIGN PHASE

1. In the coming years what positive changes would you like to see introduced in your hospital to improve supervision of nursing care.
2. What pleased you most in the supervision of nursing care in the past and now in the current situation what would you do to encourage other registered professional nurses in future?
3. If there are four things that you were doing in supervision of nursing care and yielded good results in supervision of nursing care in your hospital, what would they be.
4. What would four wishes that would improve supervision of nursing care and others registered professional nurses.
5. What do you think is the effective way of supervising nursing care that you could use in future?

PHASE 3. DESTINY

1. From the four wishes that you have mentioned, list those that work well for you. Start with the most important one to list.
2. What do you think would be the best strategy to utilise to supervise nursing care in your ward and hospital

ANNEXURE R: INTERVIEW GUIDE FOR REGISTERED STAFF NURSES AND REGISTERED ASSISTANT NURSES

PHASE 1. DISCOVERY PHASE

1. What are your experiences regarding supervision of nursing care by registered professional nurses in your hospital
2. What do you think needs to be improved when coming to supervision of nursing care by registered professional nurses in your hospital?
3. How best do you think registered professional nurses should supervise the nursing care in your ward and hospital?

PHASE 2. DREAM AND DESIGN PHASE

1. In the coming years what changes would you like to see introduced in your hospital to improve supervision of nursing care by registered professional nurses?
2. What encouraged you most in the supervision of nursing care by registered professional nurses in the past and now in the current situation what would you like registered professional nurses to do differently in future?
3. If you had four wishes that registered professional nurses need to consider when supervising nursing care in the ward and hospital what would they be?
4. From the four wishes that you would like registered professional nurses to consider, which one are the top two that you think should be implemented to improve supervision of nursing care?

PHASE 3. DESTINY

1. From the four wishes that you have mentioned, list those that work well for you. Start with the most important one to list.
2. What do you think would be the best strategy that registered professional nurses should utilise to supervise nursing care in your ward and hospital.

ANNEXURE S: TRANSCRIPT FROM REGISTERED PROFESSIONAL NURSE

1. WHAT ARE YOUR EXPERIENCES REGARDING SUPERVISION OF NURSING CARE IN YOUR HOSPITAL

- Nowadays the supervision itself is very difficult even for a professional nurse or operational manager. if you can see nurses of nowadays don't want to work
- They have a negative attitude starting from the nursing assistant up to the assistant manager especially the RSN and RAN maybe it is because they are not training.
- They are no longer trained and it is challenging the supervisors to supervise.
- They are having the burn out

2. WHAT ARE THE CHALLENGES THAT YOU ARE ENCOUNTERING WHEN SUPERVISING NURSING CARE. IN YOUR WARD AND HOSPITAL

- Shortage of staff really it affects our patient care
- Absenteeism because of the new off duties nurses don't like them they say they want the old off duties because they don't want the splint and they are required to work forty hours per week and sometimes it is a must that you give them splint
- Training of staff starting that is not taking place from the ran up to professional nurses those nurses have burn out as it is demotivating to work in one position for more than 20 years in-service training is there, but nurses want to go to school like others as they want to grow in their profession.
- nowadays nurses they don't want to work, and they don't care, more especially they like working with their cell phones in their hands and this prevent them to do their tasks and can leave their tasks unattended but attending to their phones even if they are admitting the patient they will be admitting the patient looking at tick tock or WhatsApp. They are not like the nurses of olden days as they are not prioritizing patient care, but they prioritize their things.

3. WHAT DO YOU THINK NEED TO BE IMPROVED WHEN COMING TO SUPERVISION OF NURSING CARE IN YOUR WARD AND HOSPITAL

- Nursing is a calling therefore the person must show the passion of the work

- To have a policy on control of cell phone like in private hospitals where nurse are not supposed to use their cell phones next to the patient, because in whatever the nurses are doing they will be holding their cell phones
- To train nurses not necessarily the in-service training but proper training where the nurses will move from one level to another because to stay on the same level it causes burn-out.
- The management must do something when it comes to changing of off duties that can suite nurses or going back to the old offs maybe it will improve or have another type of offs that will improve absenteeism.
- Managers are just murmuring about that and not discussed officially.

4. HOW BEST DO YOU THINK YOU CAN INSPIRE OTHER PROFESSIONAL NURSES TO IMPROVE THE SUPERVISION OF NURSING CARE IN YOUR WARD AND HOSPITAL?

If it can happen that the old nurses do not go on pension and remain to work as nurses of nowadays do not have passion, and they do not know anything about ethics and etiquette for caring for patients not the military etiquette of standing when you see your seniors as patients are not bathed nor fed developing bedsores whilst they are in the hospital.

I can inspire others by motivating them that when we are working, we want to improve patient care, and this is about the patient and not about us. If we had good quality patient care are fine but not about us.

I think the way they have introduced the up-skilling programme, because the professional nurses in the wards are not knowledgeable, I don't know it is because of the environment they are too relaxed despite the shortage of staff the critically ill patient in the ward is the responsibility of the professional nurses and you find that the basic care just cleaning and suctioning the patient and vital signs are not monitored.

Rotation of staff as being in one unit for improving shortage of staff

5. IN COMING YEARS WHAT POSITIVE CHANGES WOULD YOU LIKE TO SEE INTRODUCED IN YOUR HOSPITAL TO IMPROVE SUPERVISION OF NURSING CARE

I don't know where they are do this thing of interview or what i think the first they must consider is the passion of nursing or a person cause some applied for teaching and they don't take them for teaching, they applied for electrical engineering then when they see that here they are failing then they go to nursing while they don't like nursing. How will they get to know that this person has a

passion as passion goes hand in hand with when a person does a thing but I think that really if you don't have a passion of nursing, you better not go and do that because they are killing us.

They must take a proper person for the job that hiring for the sake of hiring because to them is that nursing is still hiring than teaching, or maybe you give a person a scenario or give a person a sick patient or baby to manage or on the day of selection they go to the ward and allocate them tasks to do on the patients and they will be able to see that this one is fit for the job because some they do not want to go next to the patients all they want is papers.

A token of appreciation maybe it will improve our morale because it has been long, and people are not appreciated. In the olden days they used to give us certificate that this one is the best nurse on what, this things they improved the morale of nurses. Appreciating the best performers.

I think that one of workshop for supervisors' maybe it can be done twice a year

Allocate the new registered professional nurses maybe every 3 months to be responsible for supervision so that everybody can be exposed to supervision

6. WHAT PLEASED YOU MOST IN THE SUPERVISION OF NURSING CARE IN THE PAST AND NOW IN THE CURRENT SITUATION, WHAT WOULD YOU DO TO ENCOURAGE OTHER REGISTERED PROFESSIONAL NURSES IN THE FUTURE?

Before, when you tell them to do something, they will do it, and when you call someone/they will come to you and show respect. Nowadays, they do not show respect. Nurses whom you were supervising were showing respect, but now you are at the same level as them, and even the manager, you are at the same level as her. I am imagining what will happen in nursing in the coming ten years as nurses do not care. Some will go to the corridors whilst wearing their earphones. They need to be taught professional ethos time and again monthly or quarterly.

Previously there was no shortage of nurses and most of the nurses were having interest of caring for the patients

But nowadays some of them they just came because there is no space for them they are not interested and most of the time they are concentrating on their cell phones maybe if we can introduce the cell phone management

Self-development,, most of our nurses they don't want to develop themselves they are just waiting for the hospital to take them to the workshop whilst they are on duty and if they are off they are not interested even if it is virtual and they will say there

7. IF THERE ARE FOUR THINGS THAT YOU WERE DOING IN SUPERVISION OF NURSING CARE THAT YIELDED GOOD RESULTS IN SUPERVISION OF NURSING CARE IN YOUR HOSPITAL, WHAT WOULD THEY BE?

- Training the staff in the service
- Hiring employees who had the passion
- Boosting of morale by giving the token of appreciation
- Improvement of infrastructure with modern equipment

8. WHAT WOULD BE YOUR FOUR WISHES THAT YOU WOULD LIKE IMPLEMENTED THAT WOULD IMPROVE THE SUPERVISION OF NURSING CARE

- Training the staff in the service
- Hiring employees who had the passion
- Boosting of moral e by giving the token of appreciation
- Improvement of infrastructure with modern equipment

9. WHAT WOULD BE YOUR FOUR WISHES THAT YOU WOULD LIKE IMPLEMENTED THAT WOULD IMPROVE THE SUPERVISION OF NURSING CARE

- One to one is effective as the group one there will influencers when there is one individual who need to be corrected but also the group supervision is also the best for the group.
- Mentoring also can be done.

10. FROM THE FOUR WISHES THAT YOU HAVE MENTIONED, LIST THOSE THAT WORK WELL FOR YOU. START WIITH THE MOST IMPORTANT ONE ON THE LIST

I have the passion for the patient care, even if i do not get anything I like to be a manager maybe if you work what you like or what you love then you will get no problem and also the nurse that I am supervising they are doing their work well and cooperating and respect.

11. WHAT DO YOU THINK WOULD BE THE BEST STRATEGY TO SUPERVISE NURSING CARE IN YOUR WARD AND HOSPITAL

Avoid favouritism and lead by example

ANNEXURE T: TRANSCRIPTS FROM FOCUS GROUP DISCUSSION

FOCUS GROUP NO 1

THERE WERE 6 PARTICIPANTS

Researcher: What are your experiences regarding supervision of nursing care by registered professional nurses?

Participant No 1: Supervision, I see it to be right but sometimes one can see it not to be right because of shortage of staff. Most of the times after 16h00 you may find that there is only one professional nurse that is remaining and if there are emergencies cases it makes it difficult for the very professional nurse to manage the situation being alone

Participant No 2: What we are experiencing when we are supervised by professional nurses, they are punctual with everything, uh dressing wise, admission wise, we don't come across problems. We do our work according to delegation of the day like today delegation it shows that these nurses are the once that are admitted, these ones are discharged so we do have challenges of shortage of staff as sometimes one can find that we are only two or one sub-professionals with three or four professional nurses who are expected to manage thirty (30) patients. Some of the activities you will find are not done only basis has been attended to.

Participant No 3: The supervision is not okay because there is a shortage of staff and shortage of resources. The situation the way it is, it makes nurse to be absent from duty and some you find that they are sick because the ward is heavy. The other challenge is that when one think of coming on due one feels tired because there is not time to take a break

Participant no 4: I see supervisors, supervising well though there are challenges of shortage of staff and resources but some of professional nurses when you report issues to them, they do not take appropriate steps or actions and patients end up demising. This is because some of the professional nurses seem they are not sure of their work as you will find other professional nurse moving around wards whilst others are working.

Participant no 5: I also see supervisors supervising but there are challenges of shortage of staff and resources. The professional nurses of nowadays are not sure of their work as they are always not at their working station whilst other are doing their work.

The other challenge is that some managers are unapproachable as they have negative attitude that make us to be afraid of them, when you want any ask anything they will not attend to you even the patients are afraid of them.

Participant no 6: I see them supervising us well there are no challenges

Researcher: What do you think needs to be improved when coming to supervision of nursing care by registered professional nurses in your hospital?

Participant no1: I see them supervising us well therefore there is nothing that I see needs to be improved

Participant no 2: Uh eish! now we have a challenge of being short sometimes you find one enrolled nurse for the whole day so what we can may be improve therefore is for us to have more nurses for more hands because during the day you find that you must give, uh oral medications and also iv at the same time. And normally the doctors don't put the drips and you find that the patients' drip is not in use you must do both orally and IVI. Therefore, I think there should be improvement of shortage of staff and resources, Communication also need to improve because supervisors are not communicating well with us

I think they must train more staff, isn't that we have more staff nurses and enrolled nursing assistants. They must improve by taking them to school so that we can have more hands.

Participant no 3: They can improve on staff allocation so that there is no shortage of staff so that we can work diligently. Because of shortage of staff, you find that we fail to do all tasks and when you are still busy they come and take you and indicate that there is shortage at the Maternity unit. This makes us uncomfortable as we do not know where you are going to work when we report on duty as they may say we are going to work Paeds ward or Maternity. This makes us not to have work spirit because you do not know where you will be working. They must also find out what is the reason of this absenteeism because it may be due to illness or a person might be having problem and therefore they can address those challenges. The challenge of absenteeism is very rife because people end up not knowing where they are allocated due to this rotation

Participant no 4: Uh: they can hire more staff and also procure more equipment because there is only one data scope that is functional in the ward that makes it difficult when one is taking vital signs.

They should also procure enough medications for patients

Participant no 5:

Uh, the management should employ more staff or replace anyone who is leaving

The management should buy more equipment so that whenever we are working we should work easily and have teamwork amongst the staff so that we can share the working tools amongst each other for the betterment of patient care

They should instil spirit of teamwork so that we can achieve quality patient care

The management should support us as we are working very hard.

Participant no 6:

The working conditions need to be improved as the ward doors are not

The management should attend to the off duties as they are making us to be tired and increase absenteeism

They should hire more staff

They should buy more equipment

Researcher: How best do you think registered professional nurses should supervise the nursing care in your ward and hospital?

Participant no 1 : What I see is that the supervision that goes well is when they have delegated us the responsibilities because when you have been delegated you know the tasks that you have to do for the day even if there are some of the task that can be added you know you expectations for the day. Delegation also assists them because some of the important tasks cannot remain unattended.

Participant no 2: The professional nurses should be always there to supervise us when we are performing each and every task more especially the things that are above our scope. I think they should be there to supervise us. They should offer us with direct supervision. Whenever they are delegating us the task that are new they should teach us and the unit has the teaching programme for Monday, Wednesday and during the weekend because some other days are theatre days. We do nursing problems during the day and when we are not busy during the days they do teach us.

Participant no 3: There should be a way of working that need to be followed because the supervisor should always be next to me when she is supervising me in order to see how I am working. If they see that I am not doing well therefore they should show me the correct way of executing the task

.But when the supervisor is not close to me things will not go well and the nurses will fail to do their work because the supervisor is not next to the supervisee. The supervisor must also demonstrate to me the task that are new to me before performing them as this will make me to can work well.

When there is a rare condition in the ward, the professional nurses should call us and teach us about it because this will make us to gain more knowledge.

Participant no 4: The supervisors must make use of task delegation because without delegation some of the tasks will remain unattended.

The supervisor must not show any favouritism they must treat us the same

They lead by example and have good listening skills

Participant no 5:

The supervisor should teach their subordinates whenever there is a new procedure before delegation them task to do.

The supervisor should also treat us equally and avoid favouritism

They should lead by example and always be punctual to work

They should also respect others and patients

Participant no 6:

They must be role model

They should also move around and observe the work that we are doing so that they can correct us

They should have good listening skills

They should also encourage teamwork

Researcher: In the coming years, what changes would you like to see introduced in your hospital to improve supervision of nursing care by registered professional nurses.

Participant no1: in the coming years I want to see that there is more staff because when I look I see that the professional nurses are very few and they cannot supervise us well because their work is too much.

The other change that I want to see is that nurses must be trained so that work must be easier

Participant no 2: Uh like I said we need more hands if we can get more hands, then the hospital will improve

Uh we also need more equipment because we do not have much equipment

I think we can also change the visiting time because sometimes there is conflict between staff and relatives cause the time they have changed since COVID so 17h00 is the time for routine and we don't do the routine at that time because visitors must see their patients so we also have to see that improving

Infrastructure need more hand because we have two to three wards that are not in use and we have the TB patients that are not having ward right now so I am hoping to see that change having the ward for TB patients and having the ward for patients that come for HIV treatment as they were having the ward and it was closed because of some technical challenges cause we do have wards that are not in use but they are complete.

Participant no 3: There should be many things such as the way we are doing things and even the places that we are working from need to be changed. Is not that as the supervisor should see to that the children are separated according to their conditions and if not so they should see to it that they take to management so that they can be separated.

They should also look at the off duties, as supervisors they must look unto the off duties and check the number of staff as per busy days if they can manage the workload.

Participant no 4: They must hire more staff

Procure enough equipment and medication

Nurses must be trained and translated

They should improve security of staff and patients

Participant no 5:

They should look at the off duties because the one that we are using are making us to be tired and increase absenteeism

They should hire more staff to curb the shortage of staff

They should buy more equipment including beds and stretchers

They should order more medication s for patients

Participant no 6:

There should more staff

Nurses should be trained

There should be more equipment purchased

Security of staff and patients should be improved

Researcher: What encouraged you most in supervision of nursing care by registered professional nurses in the past?

Participant no1: The professional nurses were very few and the patients were not many like now. The professional nurses were able to do all the activities required on time but not it is not like that because patients now have been increased and diseases are many.

Participant no 2:

There was more staff

The staff was dedicated to their work and respecting each other

Participant no 3: In the past, they were working well, and the supervisors were not listening to us, so things were not working smoothly, but nowadays, the supervisors listen to us, and this makes the work go smoothly.

Participant no 4: There was more staff and less patients leading to the Ward not to overflow with patients

Nurses by then they were dedicated to their work

There was more functional equipment

Participant no 5:

There was more staff

There was more functional equipment

There was no shortage of medication for patients

There was training of staff

Participant no 6:

There was more staff

Nurses were having respect of each other

The patients were appreciative and not complaining

The wards were not overcrowded

Researcher: If you had four wishes that registered professional nurses need to consider when supervising nursing care in the ward and hospital what would they be.

Participant no1: The ward should be clean

The patient should also be clean and dressed in clean attire

The management should also hire more staff

The professional nurses should always remind us about the purpose of our work because we are here for patient care and nothing else. They must also remind us that the patients are not the same; there are those with attitude and nurses should understand that when a person is not well he can show negative attitudes.

Participant no 2: Equipment that is my wish, I would like to have more equipment on the beds and stretchers are old, taking the patient

I wish also to have more staff because most of the nurses are old from the old, old regimen so now they are going on pension and they are not hiring so we are stressed with work and burn-out and we would like to see that happening.

I also wish if they can change our ward to be next to theatre because you, from here to theatre is not a problem but coming back from theatre is a mountain.

Participant no3: The supervisor must consider the off duties that they need to be balanced and the working conditions.

Participant no 4 :

1. To have more staff
2. To have more equipment
3. To work in a nice ward with good infrastructure
4. To bring back nurse training

Participant no 5:

1. Training of the nurses
2. To hire more staff
3. To order more medications for patients
4. To improve security of staff and patients

Participant no 6:

1. To hire more staff
2. To improve working conditions of nurses
3. To have more equipment

4. Training of staff

Researcher: From the four wishes that you would like the registered professional nurses to consider when supervising nursing care, which one are the top two that you think should be implemented to improve supervision of nursing care.

All:

1. Hiring of more staff should be no1
2. To train nurses.

Researcher: What do you think would be that best strategy that registered professional nurses should utilize to supervise nursing care in your ward and hospital.

Participant No. 1: They should always be approachable, and I must also be approachable so that they can correct me when there is something that I did not do well. They should refrain from talking about another nurse when they are in the nurses' bay. Whenever any nurse has done something wrong, they should call her to the office and correct her there rather than correcting her in front of all other nurses.

Participant no 2: Maybe having one-on-one with other staff to seek out if there are any challenges in whatever procedure they do can also help cause sometimes I am from another hospital and I do things the way they were doing it there only to find out that this same way, so if they can do one on one sitting down with the other categories and just sat do you have the challenges this or do you have a challenge in taking vital signs then we will have the easier supervision cause sometimes we do have challenges and we do not know how to put to the professional nurses. Sometimes they do not know what to do with that because it is above their ability.

If they can absorb us and train us it will be really nice because we need training

Participant no3. The supervisor must not show favouritism and treat all staff members equally without having favouritism, and this will result in nurses working happily.

Participant no 4:

To respect each other

To have good relationship with staff

To be a role model

Participant no 5:

To treat us the same without showing any favouritism

To have good listening skills

To lead by example

Participant no 6:

To lead by example

To be a role model

To have good relations with staff

ANNEXURE U: Letter for validation of findings

P.O.BOX 4154
THOHOYANDOU
0950
19.02.2025

TO; THE CHIEF EXECUTIVE OFFICER

TSHILDZININ HOSPITAL

P/BAG X924

SHAYANDIMA

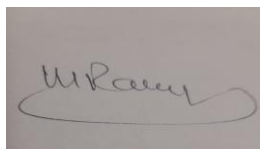
RE: REQUEST TO CONDUCT WORKSHOP FOR VALIDATION OF RESEARCH FINDINGS AND VENUE

This letter serves as a request to conduct the workshop to validate the research findings that has been conducted with participants. The research findings need to be validated with participants hence this request. I humbly request for permission to conduct the workshop with the participants. I further request for the venue to conduct the said workshop.

Kindly arrange the registered professional nurses who are about 10 [ten] to 15[fifteen] and 10[ten] to 15[fifteen] registered staff nurses and registered assistant nurses for that purpose. The plan is to conduct this workshop one day but for the sake of not interrupting service delivery, I wish to conduct workshop in 2 days. The suggested date for the workshop is the 24th and 26th February 2025

Hoping that you will find the above in order.

Yours faithfully



ANNEXURE V: Approval for validation of findings



DEPARTMENT OF
HEALTH
TSHILIDZINI HOSPITAL

Ref: 8/1/1
Enquiries: Netshifhefhe L.E
Date: 21 February 2025

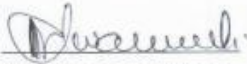
To: Raliphaswa Munnyadziwa Reginah

PERMISSION TO CONDUCT WORKSHOP TO VALIDATE RESEARCH RESULTS.

STUDY TOPIC: "DEVELOPMENT OF AN EDUCATIONAL PROGRAMME TO IMPROVE THE SUPERVISION OF NURSING CARE BY REGISTERED PROFESSIONAL NURSES IN SELECTED REGIONAL HOSPITALS OF LIMPOPO PROVINCE".

1. The above matter refers.
2. Your letter received on the 19 February 2025 requesting for permission to conduct workshop to validate your research findings is hereby acknowledged.
3. Permission is therefore granted to conduct the said workshop at Tshilidzini hospital based on the said dates.
4. Kindly note that there must not be interference with service delivery, therefore your workshop must be conducted between 13h00 and 14h00.

Wishing you success in your studies.


Chief Executive Officer

21/02/2025
Date

Tshilidzini Hospital, Private Bag X924, SHAYANDIMA, 0945 Tel: 015 964 4384, FAX 015 964 1482/015 964 1072
Physical Address: R524 PUNDA MARIA ROAD
An accessible, caring, quality health and social development service for the people of Vhembe District

ANNEXURE W: PROGRAMME VALIDATION CHECKLIST

Checklist to assess the developed educational programme

Title of the programme:

Educational programme on supervision of nursing care by registered professional nurses in the selected regional hospitals of Limpopo Province

Programme objectives

To improve supervision of nursing care by registered professional nurses

Answer the following questions

Programme objectives	Yes	No
Has the programme been aligned with SAQA STANDARDS?		
Are the programme objectives clearly stated and measurable?		
Are learning outcomes identified and in line with programme objectives		
Do learning outcomes align with the program's goals?		
Is the content based on the latest research and best practices in nursing and healthcare?		
Programme content		
Does the programme content cover all aspects of supervision?		
Leadership and management		
Communication and interpersonal skills		
Critical thinking and problem-solving		
Quality improvement and patient safety		
Delegation and supervision		
Mentoring and coaching		
Is the programme based on current evidence		
Teaching approach		
Are the teaching methods clearly indicated?		
Is the teaching approach interactive and engaging?		

Are methods of evaluating and assessing the learner clearly stated?		
Assessment Methods:		
Are a variety of assessment methods used (e.g., quizzes, case studies, presentations, practical exams)?		
Are assessment methods aligned with learning outcomes?		

ANNEXTURE X: TURNITIN REPORT

Turnitin Originality Report

- Processed on: 21-Mar-2025 20:12 SAST
- ID: 2595628959
- Word Count: 62670
- Submitted: 4

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ANNEXTURE Y: Report from Editor



To Whom It May Concern,

I am writing to confirm that I have edited the Thesis titled "**Development of An Educational Programme To Improve The Supervision Of Nursing Care By Registered Professional Nurses In Selected Regional Hospitals In Limpopo Province**" by **Raliphaswa Munyadziwa Reginah**. The editing process was completed on 23 March 2025.

As part of my role, I conducted a thorough review of the manuscript to ensure that it adhered to standards of grammar, clarity, coherence, and overall readability. I also checked for proper consistency in terms of terminology, structure, and formatting.

I certify that the work has been carefully edited for content and language while maintaining the author's original voice and intent. The edited manuscript is now ready for your review. Please find the revised document attached. I recommend that you review the changes and provide any additional feedback or questions you may have.

Thank you for the opportunity to work on your manuscript. It has been a pleasure assisting you in refining your work. Should you require further editing or have any queries, please do not hesitate to contact me.

Best regards,

Medit's Editing

Services



Contact details: 061 443 1053

Email address: mdidit649@gmail.com

Copy editing Certificate University of Cape Town; Teaching English as a Foreign Language online Teacher Record; MA Research Psychology University of Venda; BA (Honours) University of Venda; BA Social Sciences University of the Free State.