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Enhancing Clinical Competence of New Graduate Nurses to Improve The Quality of Patient Care

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Abstract

Nurses are expected to be competent with the ability to perform independently and deliver safe patient care. This paper aimed to report the measures to enhance the clinical competence of new graduate nurses with the intention of improving quality of patient care in public hospitals. This research was a qualitative design with focus group discussions and individual interviews used to collect data from seven public hospitals in three districts of Northwest Province, South Africa, during the period, of September, and November 2021. Thematic data analysis was employed to analyze the collected data. The result of this research was two themes with eight sub-themes reported as follows: 1) Dealing with theory and education gaps, and 2) Identify and eliminate organizational and institutional barriers. The conclusion was a theory-practice gap can lead to a lack of confidence and incompetence which will in return hinder safe practice and quality performance. On the other hand, organizational and institutional challenges can compromise support for newly graduated nurses during their transition period. Therefore, attending to the measures to enhance new graduate nurses' clinical competence will benefit the healthcare facilities, as it would have positive effects on patient care. It is therefore suggested that future studies may use different study methods including the different populations such as the new graduate nurses themselves, and operational managers from the other healthcare facilities such as clinics and primary healthcare centers.

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INTRODUCTION

Healthcare facilities are evolving rapidly and becoming increasingly complex globally due to the ever-increasing workload and high patient awareness. The role of nurses in public hospitals is crucial for the effective functioning and provision of quality healthcare services. Nurses are at the forefront of patient care, playing a vital role in ensuring patient safety, monitoring patients' conditions, administering medications, and providing emotional support (Chen et al., 2020). Cooperation, mutual respect, and agreement among healthcare professionals in developing and implementing treatment plans is needed (Dilles et al., 2021), and nurses as the largest healthcare workforce have a pivotal position in the collaborative approach to care (Goldsberry, 2018; WHO, 2020). Additionally, nurses play a key role in infection control and promoting public health awareness (Huang et al., 2020). Therefore, nurses are essential in delivering comprehensive and compassionate care to patients, contributing to positive health outcomes, and improving the overall healthcare system. New graduate nurses form part of the healthcare workforce.

A greater level of support is needed to enable newly graduated nurses to manage the growing clinical care needs of their patients (Willman et al., 2020). The knowledge and skills acquired during theoretical and clinical learning are the main driving force behind newly graduated nurses' confidence as competent and independent practitioners. Previous studies have shown that new graduate nurses are not as confident and competent as is expected when they enter the clinical environment. There is evidence indicating that a greater degree of clinical proficiency is closely associated with variables such as showing empathy towards patients, self-efficacy and job satisfaction, professional and clinical self-efficacy as well as commitment (Amsalu et al., 2020; Faraji et al., 2019). To satisfy the extensive demand for services such as the provision of nursing care for patients with diverse needs, possessing strong clinical skills is essential for the delivery of safe and top-quality care (Willman et al., 2020). Hence there is a need to attend to measures that would enhance clinical competence to promote quality patient care.

As newly graduated nurses enter the workforce during this dynamic time in healthcare facilities, there is the expectation that they will be competent in multiple areas of nursing and be able to provide safe and quality patient care; this then will result in patient satisfaction (Lindfors et al., 2022). Providing safe, effective, and patient care of quality is an essential goal of nursing. The World Health Organization (WHO, 2023) maintains that the enhancement of the safety of the patient involves, among other aspects, actions in the recruiting and training of healthcare professionals. As described in the Global Patient Safety Action Plan 2021-2023, the safety of patients is considered holistically, whereby it describes both healthcare safety risks as well as the procedures that can be taken to mitigate these risks (WHO, 2021).

The International Council of Nurses (ICN, 2023), consider unsafe care and patient harm as being a major factor that can lead to death and disability resulting in a global annual death toll of 2.6 million across low- and middle-income countries. Unsafe practices, including medication errors and healthcare-associated infections, are among the primary causes of injury and avoidable harm in healthcare systems globally (WHO, 2023). It is recorded that newly graduated nurses often lack adequate competencies for providing quality patient care when they first begin work. There are existing initiatives such as compulsory community service, internship programs, residency, mentorship, and preceptorship that are currently implemented in many countries which are intended to support their transition into nursing practice (Gautam et al., 2023; Matlhaba, 2022). However, challenges such as medication errors still exist (Africa & Shinners 2020; LLYNNE C. KIERNAN & DARLENE M. OLSEN 2020). These concerns about the ability of newly graduated nurses to manage and provide safe nursing care have resulted in a need to enhance their clinical competence during their transition period. Hence a need is seen to identify and describe measures that will enhance clinical competencies and improve patient care, particularly in public

hospitals. Therefore, the purpose of the study is to report measures that can improve the clinical competence of newly graduated nurses with the intention of improving quality patient care in public hospitals.

METHODS

An exploratory, descriptive, and contextual qualitative research design was followed to understand the perspectives of operational managers as supervisors of newly graduated nurses in public hospitals. The checklist as per the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide for qualitative research reporting was used (Oxford Academic, 2024).

This study was carried out at seven public hospitals, six of which are classified as district hospitals and one as provincial from three districts within South Africa's Northwest Province. Accepting that a population is the set of all members of a defined group (Jennifer R. Gray, Susan K. Grove & Suzanne Sutherland 2016). The total population consisted of all operational managers employed at public hospitals in the three districts of the Northwest Province. The sample pertains to the specific group of the available population that the researchers chose to engage with in their study (Jennifer R. Gray et al. 2016). A purposeful sampling method was employed to select participants intentionally; to ensure minimal disruption to healthcare services, interviews were scheduled based on the participants' availability. This led to the grouping of participants who were easily accessible in the units for focus group discussions (FGDs) or individual interviews. The study included professional nurses serving as operational managers through appointment or in an acting capacity during the data collection period at various specialized public hospitals. Professional nurses not holding the role of operational managers were excluded from participating in the study. Because the data was collected during the South African National Lockdown Level 1 between September and November of 2021, all guidelines and protocols for COVID-19 were always followed. This required that during FGDs and individual interviews, all the participants and the researcher maintained a minimum social distance of 1 meter, all wore masks that covered both the mouth and the nose, and the interview rooms were sanitized between interviews. Detailed reports of why the study was considered important for health facilities in Northwest Province were supplied and consent forms were duly signed.

For the benefit of data collection four (4) FGDs as well as seven (7) individual interviews were carried out according to the available number of participants in the different hospitals. Each focus group was comprised of between six (6) and thirteen (13) operational managers and lasted between 50-60 minutes; any individual interviews lasted between 30-45 minutes. All the interviews were carried out in English with any translation of the vernacular was conducted during transcription. The captured field notes complemented the audio records. Data saturation occurred during the fourth focus group confirming that no new information was emerging from the participants (Creswell & Creswell 2018).

Thematic analysis involves identifying, analyzing, and reporting patterns within datasets and its six-phased guide guided this study (Naeem et al., 2023). The audio recordings were transcribed verbatim. Data analysis involved several key steps: initially, immersing oneself in the data by thoroughly reviewing transcripts, and notes, and identifying common themes. Next, create initial codes manually and document compelling ideas. This was followed by the identification of overarching themes after coding initial themes and sub-themes. The fourth step involved reviewing and fine-tuning themes. Finally, defining, and naming themes, accompanied by relevant extracts from transcripts. Ultimately, a report was produced for discussion.

This research adhered to the qualitative principles of trustworthiness, credibility, reliability, confirmability, transferability, and authenticity. The author and the co-investigator (who is not part of this article but acknowledged) were responsible for the collection and analysis of the data to ensure credibility (Polit & Beck, 2018). The data collection

and analyzing procedures in different types of hospitals and fields of specialties used in the study were evidence of triangulation showing the transferability and authenticity of the study. The research has passed the ethical test from UNISA's College Research Ethics Committee (CREC) approved the study with the ethical clearance number 90388526_CREC_CHS_2021.

Definition of concepts

Clinical competence: Clinical competence is the "functional efficiency and the ability to combine skills, knowledge, attitudes, and amounts in a particular status of function" (Jarva et al., 2022). In this paper, clinical competence relates to the new graduate nurses' capability of working within the prescribed scope of practice to ensure the provision of quality patient care is guaranteed.

New graduate nurses: In this study, a new graduate nurse refers to a new nurse with experience of between 1- and 3-years' experience after registration as a professional nurse and is currently employed at selected public hospitals in the Northwest Province.

Quality patient care: According to WHO, quality of care "involves concepts of effective, safe, evidence-based and person-centered care in a rapidly changing healthcare environment, in which healthcare services must be timely, equitably integrated, and efficient" (WHO, 2018). As affirmed in a study conducted in Greece, quality is defined as "a holistic approach to patient care, involving issues of communication, best patient outcome, competency, knowledge, satisfaction, and meeting the patient's needs" (Stavropoulou et al., 2022). In this study, quality of care therefore refers to the degree to which new graduate nurses provide health care services for patients in order to achieve the required health outcomes that are in accordance with current professional knowledge.

RESULTS

Description of study participants

Operational managers from seven public hospitals in three districts of the Northwest Province took part in the study. Six of the hospitals are classified as district hospitals and one as a Provincial hospital. This research included forty-six operational managers, consisting of five males and forty-one females, with ages ranging from forty to sixty-five. The participants' demographics are presented in Table 1 below along with themes and subthemes please review.

Presentation of themes and subthemes

Two main themes and eight subthemes are reported in this study, namely, dealing with theory and education gaps as well as identifying and eliminating organizational and institutional barriers. These themes and subthemes are described and discussed in the subsections that follow and presented in Table 1.

Table 1. Themes and subthemes identified from focus group conversations and one-on-one interviews

Themes	Sub-themes
1. Dealing with theory and education gaps	1.1. Strengthening collaboration between stakeholders 1.2. Identifying and addressing theory and education gaps 1.3. Proper allocation of new graduate nurses 1.4. Emphasizing the importance of quality patient care
2. Identify and eliminate organizational and institutional barriers	2.1. Need to deal with salaries discrepancies & labor union interference. 2.2. Need to deal with lack of adequate support, human and material resources. 2.3. Need for ongoing professional development programs for both NGNs & OPMs 2.4. Need for motivation and debriefing sessions for Operational managers

Theme 1: Dealing with theory and education gaps

The theory-practice gap is a concern that challenges the credibility of the nursing profession, and it negatively affects the delivery of safe and high-quality patient care. The sub-themes below address the perceived measures to deal with the theory-practice gap and are supported by participant quotations.

Subtheme 1.1: Strengthening collaboration between stakeholders

Operational managers expressed that there is a challenge caused by lack of collaboration between the nursing education institutions and the clinical areas when it comes to clinical learning. Hence, they suggested that strengthening collaboration between these stakeholders might minimize challenges related to theory and practice gaps.

One participant said,

> *"Sometimes you need to shout out loud to nursing education institutions with the problems that we are experiencing in practice so that we collaborate. I believe in collaborating; that's why you see us together. We need to collaborate"* Hospital 2; FGD1, Participant 12.

Another participant had this to say,

> *"So, some of the things, it's really hard on us as the institution when we are not working together with the training institution or the way that we are working doesn't complement each other and the person that we are teaching"* Hospital 2; FGD1, Participant 13.

Subtheme 1.2: Identifying and addressing theory and education gaps

Some participants were of the views that they need to identify and address theory and education gaps as direct supervisors in order to improve the competence and confidence of new graduate nurses which will ultimately lead to improved patient outcomes and overall quality of care.

One participant said,

> *"With my experience is that these young nurses, it seems as if they do not get enough training on some certain aspects. Because after training, I do not know, most of them I have seen, after they qualify, it is like they do not feel confident that they can stand on their own"* Hospital 5, individual interview, female participant 1.

Another participant said,

> *"Then personally, I think these people (new graduate nurses) have been given enough theoretical knowledge and then maybe the basic skills that they need, the thing to come to the hospital is just for us to develop them. But now if they are left alone as newly appointed comserve, they make mistakes which will end up in litigations, and then they are so afraid"* Hospital 5, FGD3, Participant 2.

Subtheme 1.3: Proper allocation of new graduate nurses

Some operational managers mentioned that it was important for new graduate nurses to be allocated according to their experience level in addition to having experienced nurses available to observe and from whom they can learn. A concern was raised that the allocation of new graduate nurses in the specialized units comes with challenges as they are still struggling with basic medical conditions. Therefore, they must be paired with someone experienced and that was a challenge due to issues such as shortage of staff.

One participant said,

> *"They are managers. Because in my absence they are managers. They must run the wards. And with this problem that we are having of shortage of staff, they need guidance so that become and have to even go deeper and even advocate for the patients"* Hospital 1; Individual interview; female participant.

Another participant said,

> *"Sometimes what we do, sometimes it's difficult to get all the trained staff. So, what we do, sometimes we will look at the one that has been long in the unit, that has through experience has gained knowledge that we will pair them with that because it's a problem"* Hospital 2; FGD1, Participant 11.

Furthermore, some operational managers mentioned that it was important for new graduate nurses to be allocated according to their interests in a particular area of nursing. However, operational managers were aware of the challenges hindering the possibilities of allocating new graduate nurses in their areas of interest.

One participant said,

> *"For example, some of them I know that they like working in the maternity ward, then at the start of things you are just allocated to a medical ward for the rest of the year, and then your love was in maternity, and then what happens to that person? Loses interest because now she's not given the opportunity to be placed where her passion is. Then that thing's getting into them and it's frustrating them"* Hospital 7, FGD4, Participant 2.

Subtheme 1.4: Emphasizing the importance of quality patient care.

Some operational managers felt that it was paramount to emphasize the importance of quality patient care as a measure to deal with the theory and practice gap identified amongst new graduate nurses.

One participant said,

> *"Regarding patient care, I think we talk most of the time about quality. So, I think they are behind with most of the things of quality. They think maybe it is somebody's responsibility, though they have to know that quality starts from cleaning, it starts from giving food to patients, it starts from whatever. So, that part of quality nursing care, I think that is something that is really lacking. So, I think if you can strengthen that, I think our care will be excellent"* Hospital 5, individual interview, female participant 1.

Another participant said,

> *They have forgotten the basics of nursing care, going to the patient, talking to them, wanting to know their needs, basic needs, changing of...you must remind them, or you have to follow them up, you follow after them"* Hospital 5, FGD3, Participant 3.

Theme 2: Identify and eliminate organizational and institutional barriers.

Identification and elimination of organisational and institutional barriers was another measure to enhance clinical competence of newly graduated nurses in order to promote quality care was suggested by operational managers. Sub-themes of the above-mentioned theme are presented below including supporting participant quotes.

Subtheme 2.1: Need to deal with salaries discrepancies and labor union interference.

> *"If you are not coping, that means they must get out. So, the issue is that most professional nurses are depressed because of the notches that the professional nurses are getting. For you to get better notches, you must have a speciality. So, it's training for speciality, it's a queue" Hospital* 4; Individual interview; male participant.
>
> *"But the problem is when they are settled in the same unit, they own that unit. So, when maybe they are allocated somewhere for experience, they are going to the unions because…most of the time I think the unions believe them. Even if they absent themselves, they know they are wrong maar if you reprimand or maybe you do something, they are going to the unions. So, the unions are a big problem"* Hospital 1; Individual interview; male participant.

Subtheme 2.2. Need to deal with lack of adequate support, human and material resources.

Some of the operational managers mentioned that there is a need to deal with challenges faced by new graduate nurses which include lack of adequate support, both in terms of human resources and material resources, to enhance their clinical competence. They mentioned that due to shortage of staff and limited resources in healthcare settings, new graduate nurses often find themselves unprepared and overwhelmed in their clinical practice.

One participant said,

> *"For an example, these people (new graduate nurses) when they came, they come in a time*

when there is a lack of resources, there's no linen, lack of cleaners, there is these tenders for everything, the food, whatever things, security, and everything. They have got to take all the responsibility without proper monitoring, then there is a shortage of food, they do not have somebodies to help them. They are frustrated a lot." Hospital 5, FGD3, Participant 2.

Another participant said,

"I also wanted to say when these young nurses come also, how do they find us and how do they find us in what state? They find us in burnout, shortage of staff, and they come and train, and then you will find those who still have a little bit of energy and passion be the ones pushing things to be done. But also, the systems, they come finding the systems in place for them to be able to work effectively and for them to be able to receive mentoring and guidance for that. I think it's one of the things that needs to be addressed" Hospital 7, FGD4, Participant 4.

Subtheme 2.3: Need for ongoing professional development programs for both NGNs & OPMs

Operational managers mentioned the need for in-service training and refresher courses for themselves as well as the new graduate nurses. They further mentioned that with the new developments with regard to patient care, it would be beneficial for both as they will be updating their skills and knowledge while enhancing the clinical competence of new graduate nurses, which will improve patient care. Some operational managers said in the following quotes:

"So, we need things that will refresh our minds because at the end of the day we are dealing with people, patients' lives, and we are trying to prevent litigation, we are trying to even save our professions" Hospital 1; Individual interview; female participant.

"They need training, ongoing training. We cannot just say, no, they have been trained, they are qualified, now they must continue with their work. In our unit, we need to empower our newly professional nurses, empower them with skill and knowledge, so that they can be independent practitioners" H6; Individual interview; female participant.

"I don't think we can trust them because they are still vulnerable, they are still scared, they are not yet fit to run the unit, so they need someone always someone to be there to support them, to guide them" Hospital 2; FGD1, Participant 9.

Subtheme 2.4: Need for motivation & debriefing sessions for Operational managers

Operational managers discussed the unavailability of overall support especially in terms of debriefing which at times contribute to their unpleasant attitude towards new graduate nurses. They mentioned that there are challenging issues they are faced with. However, due to the fact that there are no platforms where they can raise those frustrating issues, they tend to move on as if all things are well whereas they are really frustrated.

"With us nurses, we tend to brush things. Something will be affecting you at that time but when it is time to do your job you just leave it, then you continue. There's a time where we sit down, and we discuss things that are frustrating us in nursing. But then we say what can we do? Then we continue working. Something in that spirit, but new graduate nurses get frustrated, but they learn that from us, we are transferring that to them. At the end of the day, we have to serve these people-patients" Hospital 4; Individual interview; female participant.

Another participant said,

"Sometimes we don't get time to assess yourself as Operational managers. So, I think now we are in a relaxed environment, so you're going to take us some points to say let me correct my attitudes towards them. Your mind is relaxed, no-one is looking for statistics from you, things like that" Hospital 2; FGD1, Participant 7.

DISCUSSION

This section will focus on the discussion of the two main themes, namely: dealing with theory and education gaps; as well as identifying and eliminating organizational and institutional barriers. Based on the findings of this research, participants highlighted the need to address the discrepancy between theory and practice as the primary step in boosting the clinical skills of recent nursing graduates to enhance patient care quality and satisfaction. Therefore, in order to deal with this identified gap, there is a need to strengthen collaboration between stakeholders, early identification of and addressing theory and practice gaps, ensuring proper allocation of new graduate nurses in the units as well as emphasis on the importance of quality patient care, effective continuous teachings & in-service trainings.

The gap between theory and practice continues to be a significant issue, posing challenges for patient safety and affecting the clinical learning experience of new nurses and students in a negative way (Saifan et al., 2021). Positively, participants in this study were aware that some new graduate nurses were allocated to the wards beyond their capabilities and abilities as well as their interests including the specialized areas. However, according to the participants, measures such as pairing new graduate nurses with experienced nurses were put in place to support them. Consequently, clinical supervisors and preceptors have noted that students exhibit an abundance of theoretical knowledge but often lack practical nursing skills (Gautam et al., 2023; Powers et al., 2022; Voldbjerg et al., 2022). Supporting the results of the current study, several studies have identified that the discrepancy between theory and practice has also been identified as a leading cause of medication errors and decreased utilization of physical assessment skills among nurses (Salifu et al., 2019; Vosoughi et al., 2022).

Hence the suggestion that working collaboratively can result in enhancement of patient safety and job contentment, along with a deeper comprehension of professional duties and obligations (Brenner et al., 2020; Labrague et al., 2022). It is suggested that collaboration is shown to enhance health outcomes and supports the improvement of intermediary factors such as knowledge transfer, information sharing, and decision-making (Brenner et al., 2020; Labrague et al., 2022). The current study results support a previous study conducted in South Africa which suggested that collaborative care allows for a cycle of decision making, reflection, group inquiry, reasoning and planning, where members of the team adopt a self-correcting dialogue as part of their advocacy and patient care (Müller & Couper, 2021).

Additionally, identifying and eliminating organizational and institutional barriers is one of the important measures to enhance the clinical competencies of newly graduated nurses which in return will promote patient safety and satisfaction. Therefore, in order to deal with identified organizational and institutional barriers as well as eliminating them, there is a need to address issues such as salaries discrepancies and labor union interference, lack of adequate support, human and material resources strengthen as well as ensuring effective continuous teachings & in-service trainings. And provide motivation & debriefing sessions for operational managers. It is evidence that organizational and institutional barriers can significantly impact the clinical competence of new graduate nurses, thus hindering their ability to promote quality patient care. Salary discrepancies and labor unions interference was reported to be an issue needed to be attended to in order to enhance clinical competence of new graduate nurses. Therefore, it is imperative for healthcare organizations to address the issue of salary discrepancies and labor union interference in order to promote quality patient care among new graduate nurses. Salary discrepancies can lead to demotivation and job dissatisfaction among nurses, affecting their overall performance and commitment to providing optimal care. Fair and competitive salaries that reflect the education, skills, and dedication of new graduate nurses are crucial to retain and attract highly competent healthcare professionals. The results of this study concurred with a scoping review conducted to examine nurses'

work motivation and factors affecting it (Baljoon et al., 2018). The review reported that nurses' empowerment, work engagement, pay and financial benefits, supervision, promotion, contingent rewards, supportive relationship (co-workers), communication and nature of work were identified in the literature as organizational factors affecting nurses' work motivation (Baljoon et al., 2018). Additionally, labor union interference can hinder the implementation of effective policies and initiatives aimed at improving patient care and workplace conditions. In the recent analysis, it is suggested that associations, unions, and other organised groups representing health workers play a significant role in the development, adoption and implementation of health policy (Sriram et al., 2023). Engaging in dialogue and collaboration with labor unions can help find common ground and ensure that both the rights and needs of nurses and the patients they care for are respected and prioritized (Guillaume & Kirton, 2019). However, it is noteworthy to report that labor unions interference was seen to be a challenge according to operational managers, hence the need to address its interference, with the intention to foster a supportive and rewarding working relationship amongst them as supervisors and the new graduate nurses, ultimately enhancing the quality of patient care delivered. Another identified barrier is lack of adequate support and resources provided by healthcare organizations to assist new nurses in transitioning smoothly into their roles. This barrier can be due to limited standardized programs such as preceptorship and mentorship opportunities, resulting in new nurses feeling overwhelmed and ill-prepared to handle the complexities of patient care. In their integrative literature (Rush et al., 2019), ongoing utilization of variety of transition supportive measures including couching, preceptorship and mentoring and new graduate nurse peers, were identified as an important emphasis in new graduate nurse transition programs. This report is consistent with the current study. Additionally, participants in this study reported that there was a need for empowerment in order for them as supervisors, to execute their supervision role effectively, as well as for new graduate nurses to render quality patient care. Public hospitals should prioritize continuing education and professional development opportunities for new graduate nurses as well as the operational managers. By investing in ongoing education, hospitals can ensure that new graduate nurses are equipped with the knowledge and skills necessary to provide high-quality patient care, whereas operational managers would be equipped with necessary skills to enhance clinical competence of these new nurses. In the South African context, the role of nurse managers in the public healthcare sectors is to responsibly oversee the nursing section of the health care organization (Naranjee et al., 2019). Operational managers possess the necessary expertise and experience to guide and support the new graduate nurses as they transition into their professional roles. Therefore, by empowering operational managers, they are able to effectively assess the strengths and weaknesses of each new graduate nurse and provide tailored training and support. Consistent with several previous studies, the current results suggested that effective empowerment for nurses is essential for improving work outcomes (Boamah et al., 2017), and that support from leaders in the organization and institutions yield positive results in high patient care as well as patient satisfaction. In their conclusion, the authors recommended that recent graduates require assistance and chances for career advancement (Kuokkanen et al., 2016). Therefore, nurse managers should have resources that cater to the needs of newly graduated nurses, ensuring they find work that is both appealing and fulfilling (Kuokkanen et al., 2016).

Furthermore, it is essential to create a conducive working environment for new graduate nurses as a crucial for the professional growth and development. By creating a positive work environment, new graduate nurses are more likely to feel empowered, motivated, and confident in their clinical practice. This is consistence with the previous study conducted in the United States of America, which emphasized that organizational efforts should be made to provide sufficient staffing

and hospital-wide support for patient safety (Lee & Dahinten, 2020). Enhancing the clinical competence of new graduate nurses is essential for improving quality patient care in public hospitals. By implementing structured orientation programs, preceptorship and mentorship programs, continuing education initiatives, simulation-based training, collaborative learning opportunities, and creating a supportive work environment, hospitals can ensure that new graduate nurses are well-prepared to provide safe and effective care. In this study, participants suggested that there is a need motivation and debriefing sessions. These results supported the conclusion of an integrative review which suggested that health managers should consider strategies to support nurses to thrive at work to improve nurse work engagement and wellbeing (Moloney et al., 2020).

CONCLUSIONS

This paper focuses on detailing the measures identified and described to improve the clinical competencies of recently graduated nurses in public hospitals as viewed by operational managers. Nurses are required to demonstrate competency and the capability to work autonomously whilst delivering safe patient care. It was observed that the presence of the theory-practice gap could impact the standard of nursing care. Therefore, cooperation between nursing education, practice officials, and policymakers is paramount to support the development of newly graduated nurses' competencies to have positive effects on quality patient care.

SUGGESTION

The present qualitative, exploratory, and descriptive study provided results about identified measures to improve the clinical skills of newly graduated nurses and ensure high-quality patient care and satisfaction, especially within public healthcare facilities. These results were derived from the main research project aiming to create a program that improves the clinical skills of recently graduated nurses in public healthcare facilities. It is therefore suggested that future studies may use different study methods including the different populations such as the new graduate nurses themselves, and operational managers from the other healthcare facilities such as clinics and primary healthcare centers. This will assist in having a comparative analysis of the state of the measures to enhance the clinical competence of new graduate nurses to promote quality patient care.

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CONFLICTS OF INTEREST

The author declares no conflict of interest.

AUTHOR CONTRIBUTIONS

In this research, the main author acts as a correspondent who is responsible for the research process, from conception to publication by writing articles that have been adapted to journal guidelines.

REFERENCES

Africa, L., & Shinners, J. S. (2020). Tracking medical errors and near misses in the new graduate registered nurse. *Nursing Forum*, *55*(2), 174–176. https://doi.org/10.1111/nuf.12412

Amsalu, B., Fekadu, T., Mengesha, A., & Bayana, E. (2020). Clinical practice competence of mettu university nursing students: A cross-sectional study. *Advances in Medical Education and Practice*, *11*, 791–798. https://doi.org/10.2147/AMEP.S267398

Baljoon, R., Banjar, H., & Banakhar, M. (2018). Nurses' Work Motivation and the Factors Affecting It: A Scoping Review. *International Journal of Nursing & Clinical Practices*, *5*(1). https://doi.org/10.15344/2394-4978/2018/277

Boamah, S. A., Read, E. A., & Spence Laschinger, H. K. (2017). Factors influencing new

graduate nurse burnout development, job satisfaction and patient care quality: a time-lagged study. *Journal of Advanced Nursing*, *73*(5), 1182–1195. https://doi.org/10.1111/jan.13215

Brenner, M. J., Pandian, V., Milliren, C. E., Graham, D. A., Zaga, C., Morris, L. L., Bedwell, J. R., Das, P., Zhu, H., Lee Y. Allen, J., Peltz, A., Chin, K., Schiff, B. A., Randall, D. M., Swords, C., French, D., Ward, E., Sweeney, J. M., Warrillow, S. J., … Roberson, D. W. (2020). Global Tracheostomy Collaborative: data-driven improvements in patient safety through multidisciplinary teamwork, standardisation, education, and patient partnership. In *British Journal of Anaesthesia* (Vol. 125, Issue 1, pp. e104–e118). Elsevier Ltd. https://doi.org/10.1016/j.bja.2020.04.054

Chen, Q., Lan, X., Zhao, Z., Hu, S., Tan, F., Gui, P., & Yao, S. (2020). Role of Anesthesia Nurses in the Treatment and Management of Patients With COVID-19. *Journal of Perianesthesia Nursing*, *35*(5), 453–456. https://doi.org/10.1016/j.jopan.2020.05.007

Creswell, J. W., & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches: Vol. Fifth Edition*. SAGE Publication.

Dilles, T., Heczkova, J., Tziaferi, S., Helgesen, A. K., Grøndahl, V. A., Van Rompaey, B., Sino, C. G., & Jordan, S. (2021). Nurses and pharmaceutical care: Interprofessional, evidence-based working to improve patient care and outcomes. In *International Journal of Environmental Research and Public Health* (Vol. 18, Issue 11). MDPI AG. https://doi.org/10.3390/ijerph18115973

Faraji, A., Karimi, M., Azizi, S. M., Janatolmakan, M., & Khatony, A. (2019). Evaluation of clinical competence and its related factors among ICU nurses in Kermanshah-Iran: A cross-sectional study. *International Journal of Nursing Sciences*, *6*(4), 421–425. https://doi.org/10.1016/j.ijnss.2019.09.007

Gautam, S., Poudel, A., Paudyal, K., & Prajapati, M. M. (2023). Transition to professional practice: Perspectives of new nursing graduates of Nepal. *BMC Nursing*, *22*(1). https://doi.org/10.1186/s12912-023-01418-2

Goldsberry, J. W. (2018). Advanced practice nurses leading the way: Interprofessional collaboration. In *Nurse Education Today* (Vol. 65, pp. 1–3). Churchill Livingstone. https://doi.org/10.1016/j.nedt.2018.02.024

Gray, J. R., Grove, S. K. G., & Sutherland, S. (2016). *Burns and Grove's The Practice of Nursing Research - E-Book: Appraisal, synthesis, and generation of evidence*. Elsevier Health Sciences.

Guillaume, & Kirton. (n.d.). *Unions defending and promoting nursing and midwifery: workplace challenges, activity and strategies*. https://www.researchgate.net/publication/344403962

Huang, L. H., Chen, C. M., Chen, S. F., & Wang, H. H. (2020). Roles of nurses and National Nurses Associations in combating COVID-19: Taiwan experience. *International Nursing Review*, *67*(3), 318–322. https://doi.org/10.1111/inr.12609

ICN. (2023). *Position Statement: Patient Safety [Internet]*. www.icn.ch

Jarva, E., Oikarinen, A., Andersson, J., Tuomikoski, A. M., Kääriäinen, M., Meriläinen, M., & Mikkonen, K. (2022). Healthcare professionals' perceptions of digital health competence: A qualitative descriptive study. *Nursing Open*, *9*(2), 1379–1393. https://doi.org/10.1002/nop2.1184

Kiernan, & Olsen. (2020). Improving clinical competency using simulation technology. *Learning Curve*, *50*(7). www.Nursing2020.com

Kuokkanen, L., Leino-Kilpi, H., Numminen, O., Isoaho, H., Flinkman, M., & Meretoja, R. (2016). Newly graduated nurses' empowerment regarding professional competence and other work-related factors. *BMC Nursing*, *15*(1). https://doi.org/10.1186/s12912-016-0143-9

Labrague, L. J., Al Sabei, S., Al Rawajfah, O., AbuAlRub, R., & Burney, I. (2022). Interprofessional collaboration as a mediator in the relationship between nurse work environment, patient safety outcomes and job satisfaction among nurses. *Journal of Nursing Management*, *30*(1), 268–278. https://doi.org/10.1111/jonm.13491

Lee, S. E., & Dahinten, V. S. (2020). The Enabling, Enacting, and Elaborating Factors of Safety Culture Associated With Patient Safety: A Multilevel Analysis. *Journal of Nursing Scholarship*, *52*(5), 544–552. https://doi.org/10.1111/jnu.12585

Lindfors, K., Flinkman, M., Kaunonen, M., Huhtala, H., & Paavilainen, E. (2022). New graduate registered nurses' professional competence and the impact of preceptors' education intervention: a quasi-experimental longitudinal intervention study. *BMC Nursing*, *21*(1). https://doi.org/10.1186/s12912-022-01133-4

Matlhaba, K. L. (2022). Compulsory Community Service for New Nurse Graduates in South Africa: A Narrative Literature Review. In *66 Journal of Nursing Regulation*. www.journalofnursingregulation.com

Moloney, W., Fieldes, J., & Jacobs, S. (2020). An integrative review of how healthcare organizations can support hospital nurses to thrive at work. In *International Journal of Environmental Research and Public Health* (Vol. 17, Issue 23, pp. 1–21). MDPI. https://doi.org/10.3390/ijerph17238757

Müller, J., & Couper, I. (2021). Preparing Graduates for Interprofessional Practice in South Africa: The Dissonance Between Learning and Practice. *Frontiers in Public Health*, *9*. https://doi.org/10.3389/fpubh.2021.594894

Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research. *International Journal of Qualitative Methods*, *22*. https://doi.org/10.1177/16094069231205789

Naranjee, N., Ngxongo, T. S. P., & Sibiya, M. N. (2019). African Journal of Primary Health Care & Family Medicine. *Afr J Prm Health Care Fam Med*, *11*(1), 1981. https://doi.org/10.4102/phcfm

Oxford Academic. (2024). *Consolidated criteria for reporting qualitative research (COREQ)_ a 32-item checklist for interviews and focus groups*. International Journal for Quality in Health Care. https://academic.oup.com/intqhc/article/19/6/349/1791966

Polit, D. F., & Beck, C. T. (2018). *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. Wolters Kluwer Health/lippincott Williams & Wilkins. https://books.google.com.et/books?id=Ej3wstotgkQC

Powers, K., Pate, K., Montegrico, J., & Pagel, J. (2022). Faculty Perceptions of the Impact of the COVID-19 Pandemic on New Graduate Nurses' Transition to Practice: A Qualitative Study. *Journal of Professional Nursing*, *43*, 33–41. https://doi.org/10.1016/j.profnurs.2022.09.003

Rush, K. L., Janke, R., Duchscher, J. E., Phillips, R., & Kaur, S. (2019). Best practices of formal new graduate transition programs: An integrative review. In *International Journal of Nursing Studies* (Vol. 94, pp. 139–158). Elsevier Ltd. https://doi.org/10.1016/j.ijnurstu.2019.02.010

Saifan, A., Devadas, B., Daradkeh, F., Abdel-Fattah, H., Aljabery, M., & Michael, L. M. (2021). Solutions to bridge the theory-practice gap in nursing education in the UAE: a qualitative study. *BMC Medical Education*, *21*(1). https://doi.org/10.1186/s12909-021-02919-x

Salifu, D. A., Gross, J., Salifu, M. A., & Ninnoni, J. P. K. (2019). Experiences and perceptions of the theory-practice gap in nursing in a resource-constrained setting: A qualitative

description study. *Nursing Open*, *6*(1), 72–83. https://doi.org/10.1002/nop2.188

Sriram, V., Brophy, S. A., Sharma, K., Elias, M. A., & Mishra, A. (2023). Associations, unions and everything in between: contextualising the role of representative health worker organisations in policy. *BMJ Global Health*, *8*(9). https://doi.org/10.1136/bmjgh-2023-012661

Stavropoulou, A., Rovithis, M., Kelesi, M., Vasilopoulos, G., Sigala, E., Papageorgiou, D., Moudatsou, M., & Koukouli, S. (2022). What Quality of Care Means? Exploring Clinical Nurses' Perceptions on the Concept of Quality Care: A Qualitative Study. *Clinics and Practice*, *12*(4), 468–481. https://doi.org/10.3390/clinpract12040051

Voldbjerg, S. L., Nielsen, G. N., Klit, M. O., Larsen, K. L., & Laugesen, B. (2022). Clinical supervisors' perceptions and use of the fundamentals of care framework in supervision of nursing students. *Journal of Advanced Nursing*, *78*(12), 4199–4209. https://doi.org/10.1111/jan.15408

Vosoughi, M. N., Zamanzadeh, V., Valizadeh, L., Ghahramanian, A., Lotfi, M., Bagheriyeh, F., & Pourmollamirza, A. (2022). An introduction to the TPSN model: a comprehensive approach to reducing the theory-practice gap in nursing. *BMC Nursing*, *21*(1). https://doi.org/10.1186/s12912-022-01030-w

WHO. (2018). *Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care*. WHO. http://apps.who.int/bookorders.

WHO. (2020). *STATE OF THE WORLD'S NURSING 2020: Investing in education, jobs and leadership*. World Health Organization.

WHO. (2021). *GLOBAL PATIENT SAFETY ACTION PLAN 2021–2030: Towards eliminating avoidable harm in health care*.

WHO. (2023). *Patient safety*. https://www.who.int/news-room/fact-sheets/detail/patient-safety

Willman, A., Bjuresäter, K., & Nilsson, J. (2020). Newly graduated registered nurses' self-assessed clinical competence and their need for further training. *Nursing Open*, *7*(3), 720–730. https://doi.org/10.1002/nop2.443