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DEPARTMENT OF NURSING AND MIDWIFERY

ASSESSMENT OF CHALLENGES IN TRANSITION OF NEW GRADUATE NURSES TO CLINICAL WORK AREAS IN SELECTED GOVERNMENTAL HOSPITALS IN ADDIS ABABA ETHIOPIA, 2014

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A THESIS TO BE SUBMITTED TO POST GRADUATE PROGRAM OF ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES, SCHOOL OF ALLIED HEALTH SCIENCES, DEPARTMENT OF NURSING AND MIDWIFERY FOR PARTIAL FULFILLMENT OF THE DEGREE OF MASTERS IN CHILD HEALTH NURSING

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This thesis by **Gamachu Kediro Chura** is accepted in its present form by the board of examiners as satisfying thesis requirement for degree of masters of Science in **Child Health Nursing**.

Internal Examiner

Full name	**Rank**	**Signature**	**Date**

Advisor

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ACRONYMS

AAU = Addis Ababa University

AU=African Union

BSC = Bachelor of Science

CI = Confidence Interval

E.C= Ethiopian Calendar

FMOE= Federal Ministry of Education

FMOH = Federal Ministry of Health

G.C= Gregorian calendar

GP = General practitioners

Km^2 = square kilometer

MPH=Masters of Public Health

NGNs=New Graduate Nurses

NGOs = Non-Governmental Organizations

OAU= Organization for African Union

RN=Registered Nurse

SPSS = Statistical Package for Social Sciences

TSPs = Transition Support Programs

WHO = World Health Organization

ABSTRACT

Background: Healthcare organizations require a stable, highly trained and fully engaged nursing staff to provide effective levels of patient care. Nurses have served as advocates for a better, safer, more humanistic health care system, and for public policies that promote the health of the nation throughout the profession's history. The healthcare system is becoming increasingly complex; the nurse of the future will face a highly challenging healthcare delivery environment. Therefore, the nursing profession elsewhere continues to be concerned with the process of transition of new graduate nurses to into the world of clinical practice.

Objective: The objective of this study is to assess the transition of new graduate nurses from education to practice area and the Challenges in transition of New Graduate Nurses to Clinical Work Areas

Methods: Institution based cross sectional study design was used on **227** graduate nurses. Simple random sampling technique was used in this study. The data was gathered using self administered questionnaire. The collected data was entered using Epi info version 3.5.4; the entered data was analyzed using SPSS version 21.0

Results: Hundred twenty nine (56.8%) of the respondents reported that they received orientation upon employment. One hundred thirty seven (60.4%) of the respondents were agreed with the concept "staff nurses felt students as part of health care team." Only seventy eight (34.4%) of the respondents agreed that they received orientation from their university or college upon graduation about challenges that might face them in their clinical work area. one hundred twelve (49.3%) of the respondents agreed that, nurse students received equal opportunity and recognition as other department's students in clinical practice. One hundred seventy eight (78.4%) of the respondents agreed that they face difficulty to integrate theory into practice first at work, while the overall challenge was 121 (53.3%).

Conclusion: Majority (93%) of the respondents acknowledged the educational system that they passed through as very good and/or good. On the contrary, the way practical education was being delivered was not satisfactory; nurse students did not receive equal opportunity and recognition as other department's students in clinical practice. One hundred seventy eight (78.4%) of the respondents complained that they had faced difficulty to integrate theory into practice first at work.

Recommendation: There is a need to establish joint special mentorship program for about 3 to 6 months by FMOH and FMOE to new graduate nurses before their placement into clinical work area so as to enable NGNs to undertake their role effectively in contributing to health care services

INTRODUCTION

1.1. Background Information

Developing capable, motivated and supported health workers is essential for overcoming bottle neck to achieve national and global health goals. At the heart of each and every health system, the work force is central in advancing health care. There should be optimum number and professional mix of human resource for the effective coverage and quality of the intended services [1].

The graduate year in nursing has been described as a period in which the new graduate nurses must deal with translating classroom learning into patient care while learning how to work within a health care facility [2] and confront new organizational and bureaucratic work structures. Therefore this period is very stressful to them [3]. It is during this period that the new graduates have to undergo significant adjustments in order to become an effective member of the multidisciplinary team [4].

There are a lot of factors influencing the positive transition of new graduate nurses from studentship to practicing nurse including their educational preparation which comprises good learning environment [5], supervision, positive atmosphere and a good team spirit [6].

According to Quinn, good learning environment is the one in which there is a humanistic approach to students and where the nursing staff show interest in students as people, the nursing staff are approachable and helpful and fostering self-esteem, where staff work together as a team and strive to make the students part of the team and the relationship within the team creates good atmosphere [5].

A research conducted on nurse students at Malamulo Hospital nursing students have determined that nurse teachers do not visit or supervise students often or regularly. Only 24.56% reported

that they were supervised by nurse teachers and the mean number of visits to the wards by nurse teachers was 2.6 times in an average period of four weeks [6].

The health policy of Ethiopia emphasizes training of community based task-oriented frontline and mid level health workers. As a mechanism to retain health workers, the policy supports developing an attractive career structure, remuneration and incentives for all categories of workers within their respective systems of employment [7].

Overall, there is supportive policy environment (health policy and strategy [8], capacity building policy and strategy, civil service reform etc) and a growing recognition at policy level that "Health is not only a by-product of social changes but an instrument to promote such changes and health workers are the forerunners" [9].

Nurses have the professional responsibility to generate new knowledge, implement innovations in practice, and optimize improvements in the safety and quality of patient care [10]. Transition into the role of the professional nurse is the cause for great excitement and apprehension for the new graduates of nurse. New graduate RNs responded to a recent survey of 3,009 participants which yielded 43.4% experiencing high psychological stress within the clinical setting [11].

Patricia Benner's (1982) model From Novice to Expert provides a theory of skill acquisition to examine the transition of a novice nurse who is primarily focused on task oriented professional nursing care to the highest level, the professional nurse expert, who is able to multitask, has proficiency in the clinical area, high level of intuition, and analytic ability and can apply these characteristics in new situations by recalling former experiences. The new graduate RN enters at novice or advanced beginner owing different backgrounds on clinical exposure during entry level preparation [12]. The main point for professional RNs is to support the transition by cueing

novice and advanced beginners with their clinical decision-making. In addition, nurses should provide a comfortable space and a non-threatening environment to ask questions [13].

1.2. Statements of the problem

Nursing is a stressful occupation, especially for newly graduated students [14]. The transition period from student to new nurse has been described as “the most stressful time” for many newly graduated nurses [15]. Several qualitative studies have examined this issue. Stress is primarily related to sudden changes in role; gaps between school and the clinical work place; lack of professional knowledge and skills [16,17]; lack of confidence in providing independent care; lack of familiarity with medical devices or procedures for machines or tests; responding to ambiguous or unfamiliar orders and diagnoses [16,18]; poor interactions with patients, their families and other professionals [18,19]; and insufficient support from other nurses [16,19] and poor concern and prestige compared to other professionals [20]. All of the stressors mentioned above assume that graduating students have limited nursing competence. Thus, graduating nursing students’ transition to RN requires an additional preparation period and continual support before official entry into the clinical setting to allow adaptation during the transitional period [20].

In Ethiopia New graduates in today’s environment are directly assigned to either clinical or academic areas upon their graduation from universities and enter practice as fully licensed registered nurses almost immediately. The rapid deployment of new graduates into clinical settings where they assume professional responsibilities those are potentially beyond their capabilities pose stress and cause great excitement and apprehension for them. The problem is more powerful in causing confusion in decision making and effectiveness in their work specially under the following two conditions; firstly under the circumstances of poor clinically equipped students due to poor practical exposure, less follow up and orientation in universities where students are only assigned to wards with no/loose supervision and practical education. Secondly, where new graduate nurses are in work environment lacking support from others, collaboration

with other professions and mentorship, prestige to nurse in health care systems compared to other professions as well as with poor public perceptions about their contributions to public health and health care system, busy work load, personal incompetence and unaccustomed work environment.

A variety of factors have increased the international focus on healthcare human resources toward capacity building, from reprioritization of the workforce as a key policy issue by the World Health Organization (WHO) to the growing incidence of non-communicable diseases in low and middle income countries [21]. Nurses are a key part of that agenda, yet studies of the nursing workforce in developing countries, outsides of migration studies, are few. International research about nurses, their work environments, and the relationship to patient outcomes in hospitals or communities has mainly occurred in the developed world and under a common assumption that nursing is fairly similar across borders [22].

1.3. Significance of the study

To prepare nurses to handle responsibilities in order to deliver quality health care services to their clients effectively and efficiently, there is a need to facilitate both learning as well as working environment to be conducive for them to acquire adequate knowledge and skill and play their expected roles respectively. What is happening in reality is different from what is expected to be. For instance, according to the National Audit of Public Nursing Colleges and Schools commissioned by Department of Health in South Africa, nurse education and training is poorly coordinated and integrated; is characterized by considerable inequity regarding human resources as well as the physical plant (environment , materials and buildings.) Delivery challenges identified by the audit include infrastructure and resource shortages; inaccessibility of clinical facilities due to distances between education and training sites and clinical facilities for practica and lack of transport; inadequate number of educators to accompany students; shortage of nurse accommodation and demonstration rooms. [23].

If the quality of graduate nurses to care for patients are not effective and the environment is not conducive for them to undertake their roles, it will increase the burden as the crisis in the health care system. Therefore, it is critical to identify challenges that new graduate nurses are facing both in their education at universities and in their clinical work area to seek the solution.

The overall aim of this paper is to explore the ways new graduate nurses (NGNs) develop their knowledge and skill during and immediately within their first two years of graduate practice; that is, when support from a structured support program no longer existed. Also enabling and challenging conditions in their clinical work area as well as any kind of support will be assessed through the eyes of new graduates. Based on the findings from the research recommendations

will be forwarded to concerned bodies in order to design formal support and mentorship program so as to ease the transition of new graduate nurses from studentship to clinical work force and also to federal ministry of health and ministry of education to establish joint force that assure and maintain the quality education that enable students to be competent and confident.

LITERATURE REVIEW

As a critical component of the healthcare industry, the nursing profession must keep pace with changes in the healthcare system to insure the continued delivery of high quality, safe, and effective patient -centered care. To stay current, new nurses must be educated and equipped with relevant and appropriate competencies, knowledge, skills, and attitudes. In order to plan for the future, it is first necessary to assess requirements for the workforce, based on expectations of the work environment, and develop the education required for nurses to fill those roles [24].

Caring in a nursing context demands expert knowledge about, and the ability to integrate, the physical, psychological, emotional, and social dimensions of health; skill in administering supportive care; superb critical thinking and clinical judgment; honed assessment skills; proficiency in coordinating care and advocacy, and more [24].

Yet nurses face significant barriers in providing the care that people need, and they are often excluded from policymaking in workplaces, boardrooms, and government entities. Legal and regulatory barriers to the full utilization of nurses persist, limiting the nation's ability to use its health care workforce efficiently and effectively. There is a plethora of reasons, at both the individual and organizational level, that create barriers for staff nurses in the acute care setting.

Experts claim that the current nursing shortage is the outcome of a long-term, complex composite of market, technological, and societal influences that have eroded the ability to respond to cyclical changes in the need for expert nurses. A lack of respect, an unwelcoming hospital culture, inappropriate utilization of nursing knowledge, a focus on fiscal management rather than quality work environments, and attractive alternatives to hospital nursing are primary contributors to the current acute-care nursing workforce deficiencies [25]

There are reports claiming that more than 40% of NGs in the US are choosing not to practice nursing upon graduation. The majority of those who begin practicing as professional nurses do so in a hospital setting and a concerning 33-61% of these graduates have been cited as changing their place of employment or leaving the nursing profession within the first two years [25].

Descriptions of the Experiences of New Graduate Nurses

The issues raised by newly graduated nurses in the descriptions of their first work experiences can be categorized into four main themes.

The first theme reflects previous educational setting and preparation of new graduate nurses specifically in the area of clinical education. The second theme incorporates the condition of work environment including, physical work environment, team work and collaboration, prestige, leadership, and salary. The third theme addresses the importance of support in the workplace. The fourth theme addresses the new nurses‟ perceptions of self-efficacy. Potential outcomes of the transition experience will also be explored.

i. previous educational setting and preparation of new graduate

The millennium has become the metaphor for the extraordinary challenges and opportunities available to the nursing profession and to those academic institutions responsible for preparing the next generation of nurses. Signal change is all around us, defining not only what we teach, but also how we teach our students. Transformations taking place in nursing and nursing education have been driven by major socioeconomic factors, as well as by developments in health care delivery and professional issues unique to nursing [26].

There is increasing evidence that inter-professional healthcare practice approaches can be effective in improving patient outcomes and reducing healthcare costs; however, there are a number of barriers to establishing effective integrated teams, including a lack of mutual understanding of roles and lack of interdisciplinary training among providers [5]. To operate effectively as part of these teams, students need to be trained to provide inter-professional care and to participate as a member of inter -professional teams [27]. Interdisciplinary education in healthcare and opportunities for nurses to learn alongside healthcare professionals from other disciplines offer students benefits from their shared learning; it also enhances inter-professional interaction leading to better understanding and collaboration in the workplace [29]. Challenges to collaboration in interdisciplinary education that must be addressed include traditional power differentials and hierarchical relationships [29]. Another approach to interdisciplinary education is to include trainers from different healthcare professions on teaching teams. Team- taught classes integrating faculty and students from different disciplines are increasingly used to prepare healthcare professionals for the team -based work environment that characterizes many healthcare delivery systems [30].

The nursing industry and academia need to participate in bridging the gap between the classroom and the work place using cooperation between classroom teaching and practicum training, to help graduating students successfully transition to independent staff nurses [31]. In recent times, access to an adequate number of clinical placements has become a series challenge to educators in nursing, medicine and other allied health [32].

Nursing education has a long history. In Paraguay, a bachelor's degree of nursing is earned in four years of the degree program. Some of the major problems related to nursing education include the lack of a unified curriculum across programs, the lack of an evaluation and

monitoring system for schools, and the shortage of well-trained nursing educators, especially at the auxiliary and technical levels [33].

In Taiwan, teachers in nursing schools who teach degree students possess educational credentials of a high level (trained at graduate schools), but they generally lack practical experience and skills. Thus, the relevant nursing schools ultimately train students who fail to satisfy the employment demands of care organizations and hospitals [34, 35]. On the other hand, nursing students carry a reduced number of cases relative to the actual clinical care ratio, and students are not allocated night shifts. Therefore, nursing students tend to lack a comprehensive familiarity with the arrangement o f work procedures for nurses and with patient conditions. Consequently, nursing students are unable to achieve a global perspective regarding the nursing profession [36, 37]. The inadequate professional competency of nursing students when entering the workforce is exacerbated by gaps in school education, clinical practicum, institutions and regulations [31].

New graduates should be alerted to the potential for professional adjustment issues before course completion so they will be better equipped and more confident to take on such a professional position [38]. Current literature also addresses the need for a more collaborative effort in the integration of theory and clinical practice, as well as the need for education and services to minimize the difficulties that new graduates encounter during the transition from school to clinic [39].

Courses, seminars and practicum training that are jointly designed and taught by nursing faculty and nursing managers may increase nursing competence. Thus, nursing students who received instruction only from the nursing faculty appeared to be less well-prepared to develop advanced nursing competencies, such as patient care, team collaboration, participation in professional

activities and leadership skills. A classroom-practicum that incorporates qualified instructors from the clinical setting in curriculum teaching could enhance the connection between theoretical knowledge and clinical practice and ultimately improve the quality of teaching. This integration would lead to increased student nursing competencies [31].

Insufficient clinical experience and competence in nursing faculty is a serious issue facing nursing education. Smith emphasized that additional credentials and preparation of faculty by joining a practice are essential areas to be addressed in nursing education and suggested that a "faculty practice plan" could help faculty connect to the world of patient care and maintain or enhance clinical expertise by extending knowledge in expert nursing and care to patients [40].

Increased clinical exposure to acute care areas and performance of hands -on care tasks in real clinical situations allow students to integrate professional knowledge and clinical experience. This exposure develops a holistic perspective toward patient care, consolidates learning, eases the transition to new roles and encourages young nurses to stay in the nursing profession [31].

ii. Work Environment Condition

a. Prestige to Nurses and Acceptance as Part of Integrated Health Care Workforce

Analysts argue that the subordinate role of nurses in relation to doctors and other specialists within health sector managerial strategies and organizational structures restricts nurses' ability to make clinical decisions. Consequently, this negatively impacts public perceptions about their contributions to public health and health care, including primary care and population health [41].

Traditionally, nursing does not possess the prestige of other professions in health systems across the Latin Americas. Consequently, the demand for training in nursing is not as high as it is for other fields, such as medicine. This has generated a lack of properly trained nurses and a surplus

of nurses who do not meet the requirements of public and private health institutions. In most countries, efforts have been made to increase enrollment in nursing schools with differing levels of success [42]. The same is true even in Ethiopia. Nurses are considered as less qualified than other health professions like health officers, even if the course load and year of study are almost the same. For instance, it is quoted on the Human Resource Development for Health report: saying "Nurses, particularly BSc holders, could also take some of the responsibilities of health officers" [43].

On the contrary, for instance in Colombia, Nurses with university training frequently hold positions within health institutions that allow them to address questions related to management, supervision, and planning, while auxiliary nurses work in direct contact with patients [44].

b. Physical Work Environment

Many new nurses reported being overwhelmed by workplace demands such as workload, staff shortages and learning the unit routines and administration [45, 46]

One group of researchers surveyed over 3000 newly licensed RNs in the United States and found that over 80% of their sample reported that at least one or two days per week the new nurses will be over loaded in work [47].

According to a research done in Turkey on analysis of the factors affecting the transition period to professional roles for newly graduated nurses, it was found that 54.7% has the intent to quit the profession (n = 128) [48].

iii. Support system and its importance in the workplace

The transition from student to registered nurse is a critical period in a new graduate's working life and an exciting time that represents the successful completion of the graduate's study program [4].

This requires the development of existing and sometimes new skills, knowledge, attitudes, values and responsibilities [4]. The literature suggests that well-designed transition support programs (TSPs) can play a significant role in assisting graduates to successfully take up their roles as registered clinicians [4].

iv. New nurses' perceptions of self-efficacy

Staff nurses have reported that they lack the knowledge and skill necessary to formulate searchable clinical questions, conduct literature searches, critique and synthesize the literature [49-52], and change practice based on the evidence [49].

Summary of literatures

Several literatures were reviewed in order to show insight into the descriptions of NGNs about their first work experiences and the conditions of transition period for them from studentship to working task force in health care delivery system. The details of the issues were categorized into four main themes.

The first theme reflects previous educational setting and preparation of new graduate nurses specifically in the area of clinical education. The second theme incorporates the condition of work environment including, physical work environment, team work and collaboration, prestige, leadership, and salary. The third theme addresses the support system in the workplace. The fourth theme addresses the new nurses‟ perceptions of self-efficacy. Most of the issues were derived from qualitative researches and literatures on areas of transition period for NGNs as well as other health professionals was lacking in case of Ethiopia. Therefore, due to the universality of the nursing profession, literatures from other countries were used.

Conceptual framework

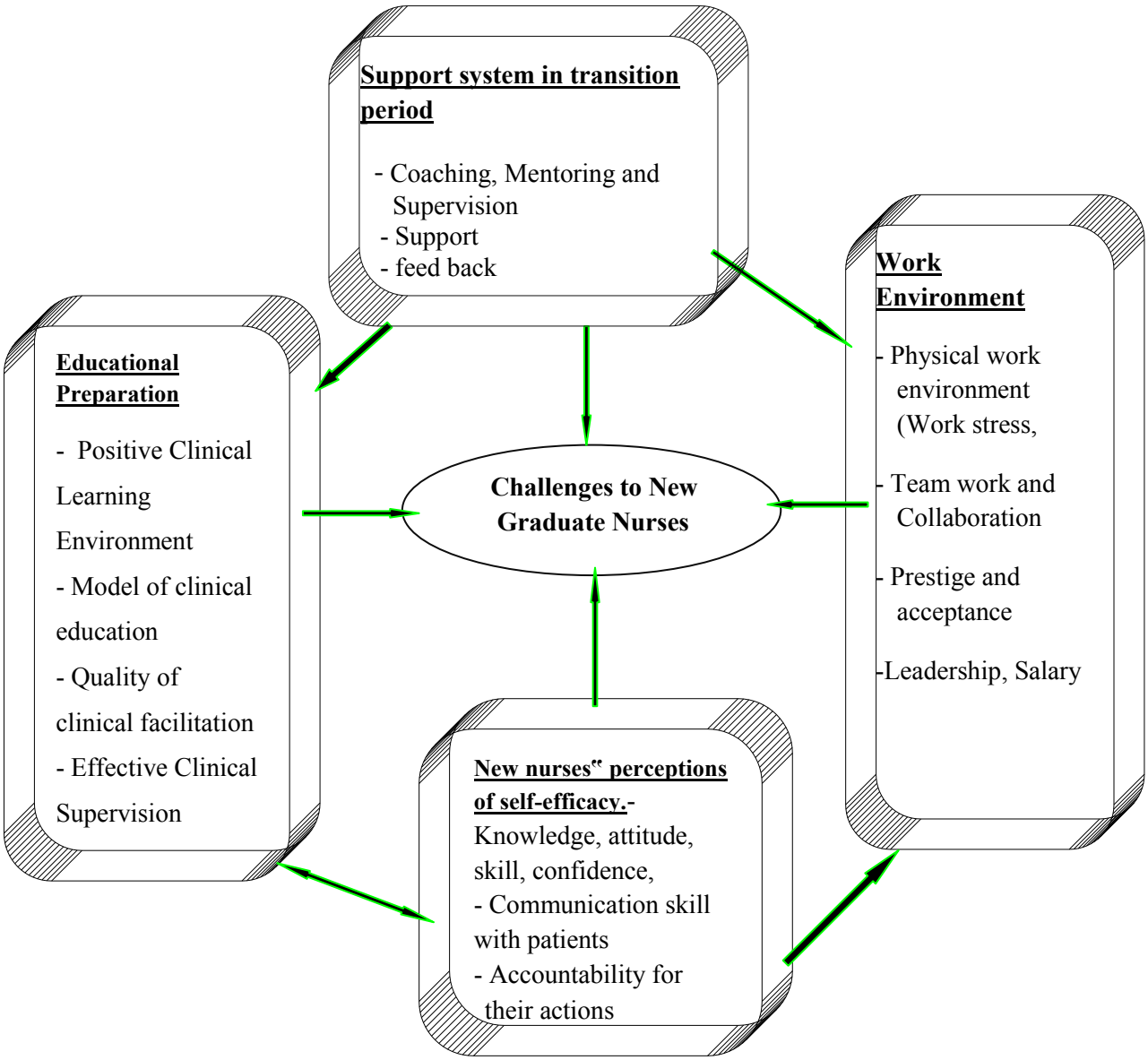

Figure 1: Re-conceptualization of enabling and challenging factors to New Graduate Nurses in their clinical work area

OBJECTIVES

3.1. General Objective

To assess the challenges of New Graduate Nurses in transition to Clinical Work Areas in selected public hospitals in Addis Ababa, 2014

3.2. Specific Objectives

1. To show challenges that new graduate nurses are facing in their clinical work area

2. To describe factors affecting the transition of new graduate nurses

3. To explain level of perception of self efficacy among new graduate nurses

4. To assess the support system to new graduate nurses in transition to their work area.

METHODS AND MATERIALS

4.1. Study Area and Period

The study was conducted in three selected governmental hospitals in city of Addis Ababa, namely Black Lion, Zewditu and Ghandi hospitals. These three hospitals were selected because, they have greater number of newly graduated nurses who have been recruited within the last two years; Black Lion hospital being the most populous with 259 new graduate nurses (NGNs) followed by Zewditu memorial hospital with 61 and Ghandi memorial hospital with 51 NGNs.

In Addis Ababa there are different categories of hospitals: private, NGOs and governmental hospitals. The governmental hospitals are under different authorities; some are under federal government while others are under Addis Ababa city administration. The hospitals under federal government are categorized as those directly ruled by federal ministry of health (FMOH), under Addis Ababa University (AAU) and under federal police and defense force.

Addis Ababa lies on 9°1′48″N latitude and 38°44′24″E longitude. The city is located at the heart of the country, at an altitude ranging from 2,100 meters at Akaki in the south to 3,000 (9,800 ft) meters at Entoto Hill in the North. This makes Addis Ababa the third highest city in the world, after La Paz and Quito in Latin America. The city has sub-tropical highland climate. Its time zone is categorized in East Africa Time (UTC+3). The city occupies a total area of 540Km^2 [53].

Addis Ababa is the capital city of African Union (AU) and its predecessor, the OAU (Organization for African Union) and federal government Ethiopia with a total projected population of 3,048,631for the year 2012. It is further divided into 10 subcities and 116 woredas, the smallest administrative unit in the city [53].

The data collection process was undertaken for three weeks from March 10th to 30th of 2014.

Table 1: Total new BSC nurses deployment to the study area per year for the year 2012 and 2013

No.	Lists of governmental Hospitals found in city of Addis Ababa	New BSC graduate nurses at each hospital							Sample	Responded
		2012			2013			Grand Total		
		M	F	Total	M	F	Total			
1.	Alert Referral Hospital	--	--	--	1	2	3	3		
2.	St. Peter TB specialized Hospital	6	2	8	5	17	22	30		
3.	St. Paul Hospital Millennium Medical College	1	1	2	--	1	1	3		
4.	Amanuel psychiatry specialized Hospital	3	8	11	1	3	4	15		
5.	Torhayiloch Referral Hospital	7	4	11	1	2	3	14		
6.	Federal Police Referral Hospital	--	--	--	--	--	--	--		
7.	Black lion Specialized Hospital	22	84	106	30	123	153	259	165	159
8.	Menilik II Referral Hospital	--	--	--	3	3	6	6		
9.	Yekatit 12 Hospital	6	7	13	4	11	15	28		
10.	Zewditu Memorial Hospital	8	23	31	6	24	30	61	39	38
11.	Ras Desta Damtew Hospital	--	--	--	3	1	4	4		
12.	Tirunesh Beijing Hospital	2	7	9	2	5	7	16		
13.	Ghandi Memorial Hospital	3	27	30	8	13	21	51	33	30
Total		58	163	221	64	205	269	**490**	**237**	**227**

4.2. Study Design

Institution based cross-sectional study design was employed to examine facilitators and barriers to new graduate nurses in their clinical work area.

4.3. Source and Study Population

Source population of the study was new graduate nurses working in different hospitals found in Addis Ababa city. Study population was randomly selected new graduate nurses working in the three selected governmental hospitals found in city of Addis Ababa.

4.4. Inclusion and Exclusion Criteria

4.4.1. Inclusion Criteria

New baccalaureate degree graduate nurses, working in clinical area who have nursing experience of less than 2 years was included.

4.4.2. Exclusion Criteria

Experienced nurses with working experience of 2 years or more, upgrade BSC Nurses, those who are unwilling to participate.

Even though newly graduated and upgrade BSC Nurses are being assigned to the same position and both are facing the same kind of challenges in their work area; the way they are being treated and withstanding the challenges vary because of the following factors. Firstly, upgrade BSC Nurses were from work area having previous work exposure, they might know how to deal with issues and who to talk with while new graduate Nurses do not. Secondly, recognition, acceptance and interaction with staffs and managers might be higher in upgrades than new graduate Nurses.

4.5. Sample Size Determination

The sample size was calculated assuming a 50% proportion (p) of nurses face different levels of challenges in their work area, a 5% marginal error (d) and a confidence interval (CI) of 95 %.

Based on this assumption the sample size is calculated by a single population proportion formula:

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{d^2}$$

$$n = \frac{(1.96)^2 0.5(1-0.5)}{(0.05)^2} = \mathbf{384}$$

Since the source population consisted of less than 10, 000 respondents, the sample size was adjusted with correction formula:

$$n_f = \frac{n_i}{(1+n_i/N)}$$

Where, nf = the final sample size,
ni = initial sample size 384 and
N=total new BSC graduate nurses working in public hospitals in city of Addis Ababa (490).

$$n_f = \frac{n_i}{(1+n_i/N)} = \frac{384}{(1+384/490)} = \frac{384}{1.784} = \mathbf{215}$$

Considering a 10% non-response rate, a total of **237** new BSC graduate nurses were included in the study.

4.6. Sampling Technique

Simple random sampling technique was used in this study. The lists of new graduates were obtained from respective hospitals and their name was arranged alphabetically. The total new graduate nurses employed to hospitals in Addis Ababa in the last two years (490) were divided to total samples 237 (490÷237=2.07~2) yielding the proportion k=2. Therefore, every other new graduate nurse was interviewed.

4.7. Data Collection Tools and Techniques

In order to recruit participants, the head nurses was contacted for facilitation and arrangement in work condition so as to free the participants during data collection

The components of data collection tool were organized into six categories; namely socio-demographic data, previous education setting and preparation, social support system available to new graduate nurses, personal self efficacy of new graduate nurses, work environment condition including demands and control scale and new graduate nurses' propensity to leave and job satisfaction.

Prior to actual data collection, the instruments used in the study were pre-tested to determine the comprehensibility and clarity of the items using 20 questionnaires on new graduate nurses in other public hospital.

The data collection process was undertaken using the pre-tested self administered questionnaire which was distributed to selected new graduate nurses after signed informed consent is obtained.

An information sheet and consent forms were attached to the questionnaires. The questionnaire were distributed to new graduates of selected hospitals who were willing to respond to the questionnaire. The participants were required to read the information sheet, sign a consent form and complete the questionnaires

The data collection process was held with all constituents to explore the concepts of interest to the study.

4.8. Study Variables

4.8.1. Dependent Variable

Challenges to new graduate Nurses in their clinical work area.

4.8.2. Independent Variables

Previous Educational Setting: - Positive Clinical Learning Environment, Model of clinical education, Quality of clinical facilitation, Effective Clinical Supervision

Individual Competence and Motivation: Knowledge attitude, skill, confidence,

Work Environment: Physical work environment, Team work and Collaboration, Prestige compared to other professionals, Leadership style, Salaries and other benefits, Support system, new technologies

Support system in transition period: - Coaching, Mentoring and Supervision**,** Support and feed back

4.9. Operational Definitions

Access to support – involves receiving information and feedback and guidance from subordinates, peers and supervisors.

New graduate Nurse- Nurses who have joined clinical work area with an experience of less than two years.

Challenge to new graduate: those who score less than mean in area of social support, workload and job satisfaction.

Job demand: consists of the speed and difficulty of the work, time available to do the work, workload and conflicting demands

Self-efficacy: is the perception that one can produce certain actions which will in turn lead to certain outcomes

4.10. Data Quality Control

Before the start of data collection, questionnaire was standardized or pre-test was done and training was offered to data collectors on information about the research objectives and data collection procedures and tools. The process of data collection was followed and checked by supervisor and principal investigator. Data was checked for completeness in the field by supervisor and principal investigator.

4.11. Data Analysis

Firstly data entry and clearance was performed by using Epi info version 3.5.4. The entered data was exported to Statistical Package for Social Sciences (SPSS) program. Statistical analysis was then conducted using the SPSS version 21. Prior to the main analysis, the frequencies of all variables were examined to assess for accuracy of data entry and missing values.

Descriptive statistics were applied and the frequency and percentages of responses were reflected. Tables and graphs were used to enhance interpretation. Statistical testing was done at the 0.05 level of significance (95% confidence interval). Crude and adjusted odds ratios were used to determine the association of different independent variables with the dependent variable (challenges to new graduates in transition period).

A multiple regression analysis was conducted on the dependent variables separately to determine which of independent variables were predictive of dependent variable. Any variable that was significant in predicting the dependent variable at $p \leq 0.05$ was retained.

4.12. Ethical Consideration

Ethical approval was obtained from IRB of department of Nursing and Midwifery of Addis Ababa University. In addition, permission letter was brought from Addis Ababa city administration health bureau to each health facilities. An explanatory statement outlining the research was provided for interested nurses and signed informed consent was obtained prior to

providing questionnaire. All participants were informed that they could withdraw from the study at any time they wish. In order to respect the participants' privacy and confidentiality, the questionnaire were anonymous and directly provided to the respondents at their hand.

4.13. Dissemination and Use of Results

The final finding of the research will be submitted to Addis Ababa University, school of post graduate studies and to administrative of respective hospitals from where new nurse graduates are involved in study. Based on the findings, discussions will be made with Ethiopian Nurses Association, Ethiopian Federal Ministry of Health (FMOH), Federal Ministry of Education (FMOE) on how to strengthen the activities that facilitate proper preparation of nurse students and transition into graduate nurses with full of competence. Finally the research will be sent to publishing agents for public utilization of the finding.

RESULTS

I. Socio-demographic characteristics of new graduate nurses

Out of two hundred thirty seven planned samples to be included in this study, 227 new graduate nurses were responded to self administered questionnaires making a response rate of 95.8%. The remaining 10(4.2%) were either not willing to participate, not returned the questionnaire or responded to part of the questionnaire incompletely. The result showed that, more than half (54.6%) of the respondents were aged less than or equal to 25 year with mean age 25.6 years (SD± 2.1years) ranging from 21 to 37 years. One hundred fifty three (67.4%) of the respondents were female and 149(65.6%) were single in marital status (see table 1).

Table 2: Socio-demographic characteristics of New Graduate Nurses and their Characteristics by working institution from three selected governmental Hospitals in Addis Ababa, Ethiopia, 2014

Characteristics of study participants (n=227)		Number	Percent
1. Age of study participants (Mean=25.57, Median=25, SD=2.06, Range=16)	≤25 >25	124 103	54.6 45.4
2. Sex	Female Male	153 74	67.4 32.6
3. Marital status	Single Married Cohabitation and/or Divorced	149 74 4	65.6 32.6 1.8
4. Ethnicity	Amhara Oromo Gurage Tigre Silte Others	100 59 32 21 4 11	44.1 26.0 14.1 9.3 1.8 4.8
5. Duration since graduation	One year Two years	53 174	23.3 76.3
6. Duration after employment	One year Two years	91 136	40.1 59.9
7. Recruited to this hospital through	Through competition (announcement) Assigned by FMOH/Health bureau	123 104	54.2 45.8

		Hospitals			Total
		Black Lion Hospital	Ghandi Memorial	Zewditu Memorial	
		Count (%)	Count (%)	Count (%)	Count (%)
Sex	Female	108(70.6%)	20(13.1%)	25(16.3%)	153(67.4)
	Male	51(68.9%)	10(13.5%)	13(17.6%)	74(32.6)
Method/mode of employment	Through competition	95(77.2%)	11(8.9%)	17(13.8%)	123(54.2)
	Assigned by FMOH	64(61.5%)	19(18.3%)	21(20.2%)	104(45.8)
Received orientation upon employment	Yes	88(68.2%)	20(15.5%)	21(16.3%)	129(56.8)
	No	71(72.4%)	10(10.2%)	17(17.3%)	98(43.2)
Duration since graduation	One year	35(66.0%)	12(22.6%)	6(11.3%)	53(23.3)
	Two years	124(71.3%)	18(10.3%)	32(18.4%)	174(76.7)

II. Work History of Study Participants

The respondents were selected from three governmental hospitals, 159(70%) from Black Lion Specialized Hospital, 38(16.7%) from Zewditu Memorial Hospital and 30(13.2%) from Ghandi Memorial Hospital.

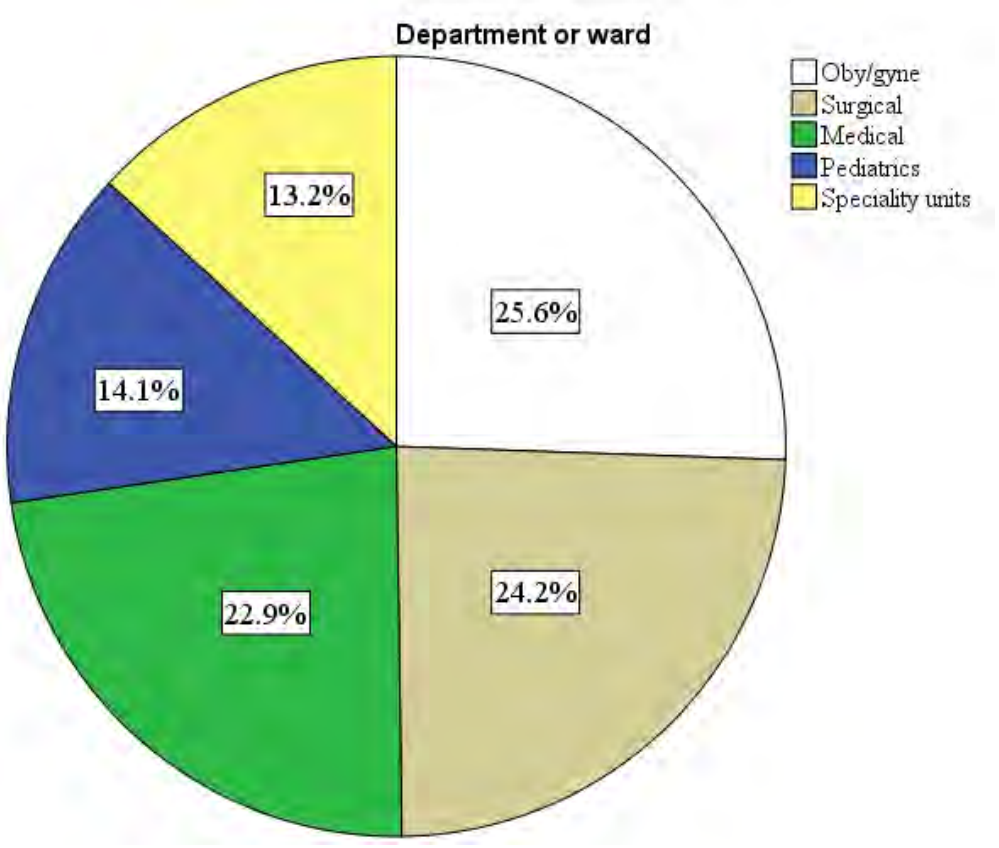

Figure 2: Distribution respondents by departments/wards

Hundred twenty nine (56.8%) of the respondents reported that they received orientation upon employment. Of these 92 (71.3%) reported that they have attended orientation only for one day or less (few hours), 26(20.2%) were attended for two to five days and the other 11(8.5%) have attended for more than five days.

III. Educational Preparation

One hundred thirty (57.3%) of the respondents were graduated with BSC from private college, the rest 97(42.7%) were graduated from government universities. One hundred eighty three (80.6%) of the respondents had attended regular program and 171(75.3%) were joined nursing on their choice. Out of 56(24.7%) nurses who had joined nursing without their desire/choice, 18(32.1%) are ok now being Nurse, but the rest 38(67.9%) condemns being nurse.

Table 3: Educational setup assessment for new graduate nurses transition in clinical work area in three selected public hospitals in Addis Ababa, 2014

Variable (n=227)		Number	Percentage
Educational system you passed through	Very good Good Poor	96 115 16	42.3 50.7 7.0
Do you think that you got enough knowledge and skill upon graduation?	Strongly agree Agree Not sure Disagree Strongly disagree	53 142 16 14 2	23.3 62.6 7.0 6.2 0.9
Clinical practice was mostly handled by	Nurses at ward Teacher Nurses (instructors) Alone (without supervision) Physicians	109 71 42 5	48.0 31.3 18.5 2.2
Performance/competence on clinical practice/work	Very good Good Poor	79 121 27	34.8 53.3 11.9
		Agree	**Disagree**
All Staff nurses felt students as part of health care team		137(60.4%)	90(39.6%)
Do you got adequate skill in practical session		148(65.2)	79(34.8)
University/college had given orientation upon graduation about challenges that might face in work area		78(34.4)	149(65.6)
You got adequate skill in practical session		148(65.2)	79(34.8)
Equal opportunity as other departments' students		112(49.3)	115(50.7)
Ward nurses helped you gain experience		148(65.2)	79(34.8)

Majority (93%) of the respondents acknowledged the educational system that they passed through as very good and/or good. Only 16(7%) of the respondents criticized educational system that they passed through as poor and majority (85.9%) of the respondents agree that they have got enough knowledge and skill upon graduation. For about half (48%) of the respondents, clinical practice had been handled by ward nurses, 42(18.5%) of the respondents reported that during their clinical practice they were left alone without supervision.

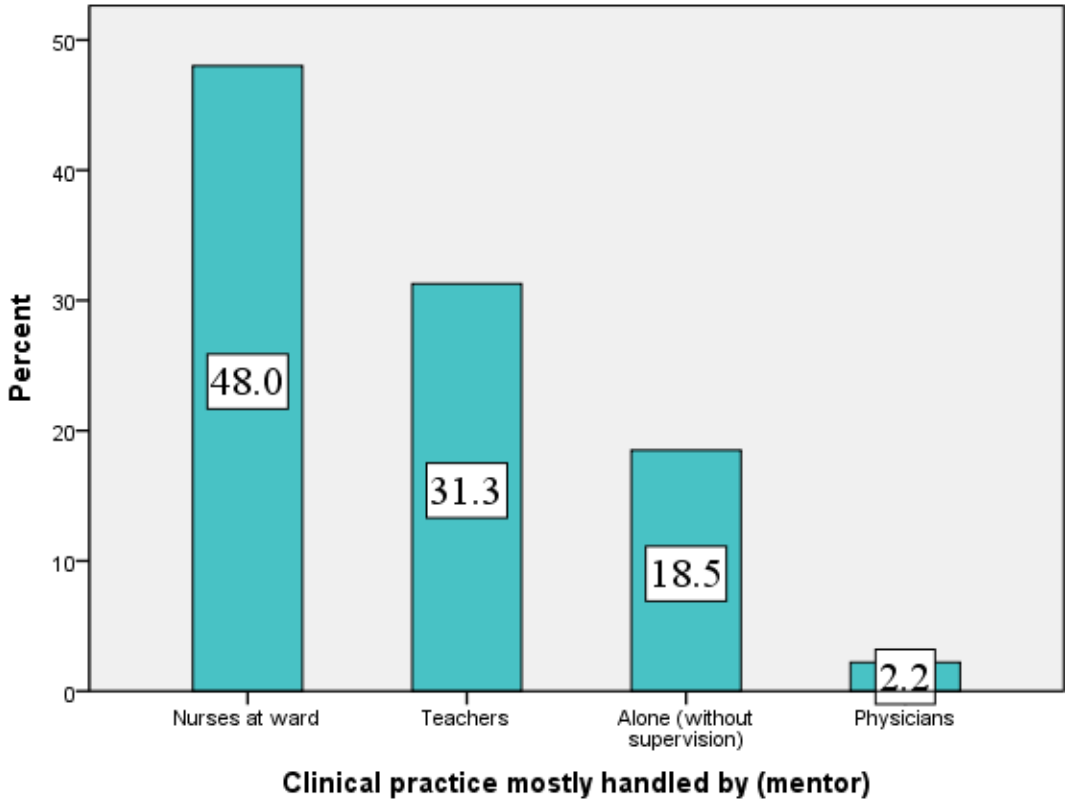

Figure 3: Percentage distribution of personnel who handle mostly clinical practice

On evaluation of educational setup and conditions in clinical performance of new graduates, 57(25.1%) agreed on lack of own motivation, 121(53.3%), 66(29.1%), and 59(26%) of the respondents criticized practical teaching, teachers' practical skill and educational delivery system as poor respectively.

Ninety (39.6%) of the respondents were disagreed with the concept "staff nurses felt students as part of health care team." One hundred forty nine (65.6%) of the respondents complained that their university or college had never given orientation upon graduation about challenges that might face them in their clinical work area. One hundred fifteen (50.7%) of the respondents complained that, "nurse students did not receive equal opportunity and recognition as other department's students in clinical practice."

Challenges in transition of New Graduate Nurses to Clinical work Area

One hundred seventy eight (78.4%) of the respondents agree that they faced difficulty to integrate theory into practice first at work, while the overall challenge was 121(53.3%). According to the majority, 199(87.7%) of the respondents, institutions (hospitals) which they were first employed at had no formal mentorship program to new graduates. On the other hand, only 101(44.5%) of the respondents acknowledged that physicians at work area welcomed and made efforts of helping and understanding their difficulties. Fifty two percents also declared that senior nurses made a real effort to coach and supervise them at work. As per view of 115(50.7%) of the respondents, their performance were not assessed in open, constructive way.

Table 4: Assessment of challenges to new graduate nurses in transition to clinical work area in selected public hospitals in Addis Ababa, 2014

Items (variable) (n=227)	**Yes**	**No**
You face difficulty to integrate theory into practice first at work.	178(78.4)	49(21.6)
Hospital had formal mentorship program to new graduates.	28(12.3)	199(87.7)
Senior nurses coached and supervised you at your work	118(52)	109(48)
Physicians welcomed and helped for your difficulties	101(44.5)	126(55.5)
Your performance assessed in open, constructive way	112(49.3)	115(50.7)

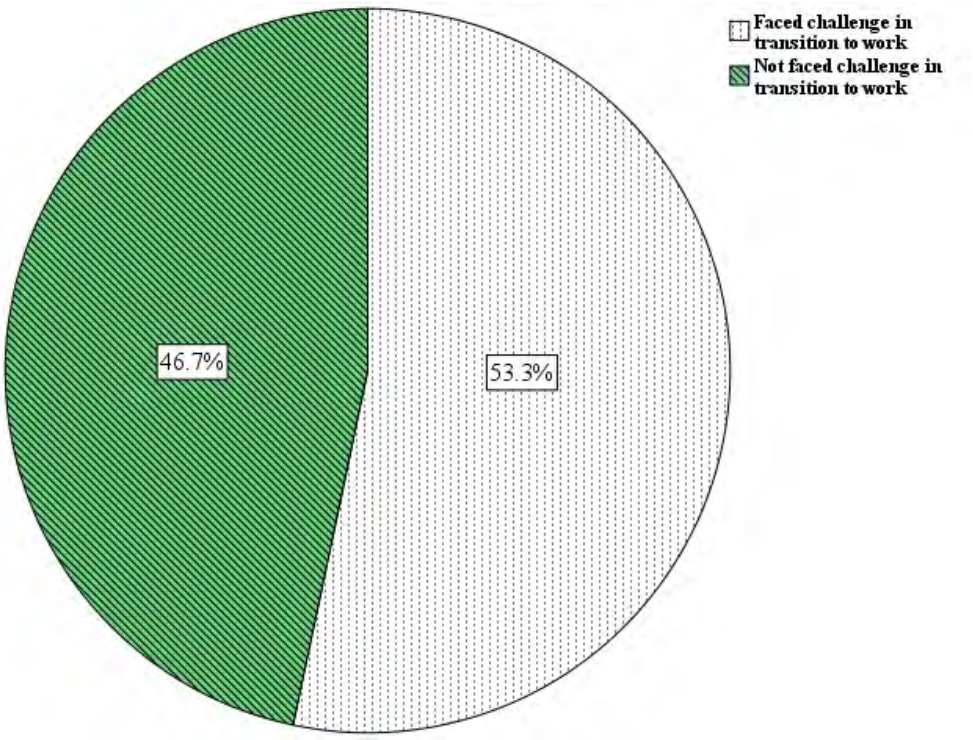

Figure 4: Proportion of challenges to new graduate nurses in transition to work area

IV. Personal Self Efficacy

Table 5: Measures of Personal self-efficacy among new graduate nurses upon transition to clinical work area, in three selected public hospitals in Addis Ababa, 2014

Items (variable) (n=227)	**Yes**	**No**
You have confidence in ability to do job	189(83.3)	38(16.7)
There are some tasks that you cannot do well.	104(45.8)	123(54.2)
When my performance is poor, it is due to my lack of ability	90(39.6)	137(60.4)
I doubt my ability to do my job	111(48.8)	116(51.2)
I am skillful to perform job very well	168(74)	59(26)
Most colleagues can do better than I can	142(62.6)	85(37.4)
I am proud of my job skills and abilities	163(71.8)	64(28.2)
I feel threatened when others watch my work	124(54.6)	103(45.4)

V. Work Environment Condition

i. Demands Scale

Table 6: Demand scales among NGNs in selected public hospitals in Addis Ababa, 2014

Demand Scale	Hardly any	Little	Some	A lot	A great deal
Workload you have	23(10.1)	26(11.5)	60(26.4)	67(29.5)	51(22.5)
Reduction in workload you experience	27(11.9)	57(25.1)	76(33.5)	49(21.6)	18(7.9)
Time you have to think and contemplate	22(9.7)	52(22.9)	80(35.2)	55(24.2)	18(7.9)
Quantity of work others expect you to do	19(8.4)	33(14.5)	58(25.6)	87(38.3)	30(13.2)
Time you have to do all your work	21(9.3)	38(16.7)	62(27.3)	79(34.8)	27(11.9)
Projects, assignments or tasks you have	20(8.8)	58(25.6)	70(30.8)	55(24.2)	24(10.6)
lulls/rest/recreation you have between heavy workload	15(6.6)	84(37.0)	64(28.2)	47(20.7)	17(7.5)

ii. Control Scale

Table 7: Control scale at work among new graduate nurses in three selected public hospitals in Addis Ababa, 2014

Variable (n=227)	Very little	Little	Moderate	Much	Very much
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Control over methods you use in completing your work	5(2.2)	32(14.1)	94(41.4)	53(23.3)	43(18.9)
How much you can choose among tasks/projects to do	26(11.5)	66(29.1)	75(33.0)	44(19.4)	16(7.0)
Control over quality of your work?	16(7.0)	35(15.4)	76(33.5)	63(27.8)	37(16.3)
Control over how much work you get done	22(9.7)	38(16.7)	73(32.2)	71(31.3)	23(10.1)
Control over speed of your work	21(9.3)	47(20.7)	54(23.8)	79(34.8)	26(11.5)
Control over scheduling and duration of rest breaks	21(9.3)	58(25.6)	63(27.8)	57(25.1)	28(12.3)
Control over when you come to work and leave	20(8.8)	44(19.4)	66(29.1)	67(29.5)	30(13.2)
Control over when to take vacations/days off	30(13.2)	59(26.0)	55(24.2)	58(25.6)	25(11.0)
You predict the result of your decisions on job	29(12.8)	66(29.1)	49(21.6)	57(25.1)	26(11.5)
Control over how you do your work	12(5.3)	41(18.1)	72(31.7)	69(30.4)	33(14.5)
How much influence do you have over the policies and procedures in work unit?	50(22.0)	51(22.5)	54(23.8)	48(21.1)	24(10.6)
Overall control do you have over work and work related matters in general	16(7.0)	43(18.9)	70(30.8)	74(32.6)	24(10.6)

VI. Propensity to Leave and Job Satisfaction

i. Propensity to Leave

Of all two hundred twenty seven study participants, 44.5% prefer to leave the hospital they were currently working in, while 57.3% of them do not want to continue as a Nurse. The proportion of new graduate nurses those reported as they would never come back to this hospital and nursing profession if they had to quit for while for some reasons were 34.8% and 39.2% respectively.

Table 8: Propensity to leave among new graduate nurses in three selected public hospitals in Addis Ababa City administration, 2014

Variables (n=227)		Frequency	Percent
Would you prefer to continue working in this hospital	Yes	126	55.5
	No	101	44.5
How long would you like to stay in this hospital?	As long as I can work	74	32.6
	For quite a while longer	67	29.5
	For a little while longer	48	21.1
	I will leave soon	26	11.5
	I will leave as soon as possible	12	5.3
Would you return to this hospital if you quit work for a while	Yes	148	65.2
	No	79	34.8
Would you prefer to continue as a Nurse?	Yes	97	42.7
	No	130	57.3
How long would you like to stay working as Nurse?	As long as I can work	59	26.0
	For quite a while longer	59	26.0
	For a little while longer	53	23.3
	I will leave soon	26	11.5
	I will leave as soon as possible	30	13.2
Would you return to nursing if you quit work for a while	Yes	138	60.8
	No	89	39.2

ii. Job Satisfaction

Of all respondents, 142(62.6%) complained that they were not satisfied with their job as a Nurse, 43.6% did not like working in organization they are working now. Among reasons of dissatisfaction at their work, 142(62.6%), 102(44.9%), 100(44.1%), 83(36.6%) and 19(8.4%) of the respondents complained inadequacy of salary and payment, lack of support system (including

mentoring, coaching, collaboration, guiding), and lack of prestige and acceptance as health care team member and lack of own competence respectively.

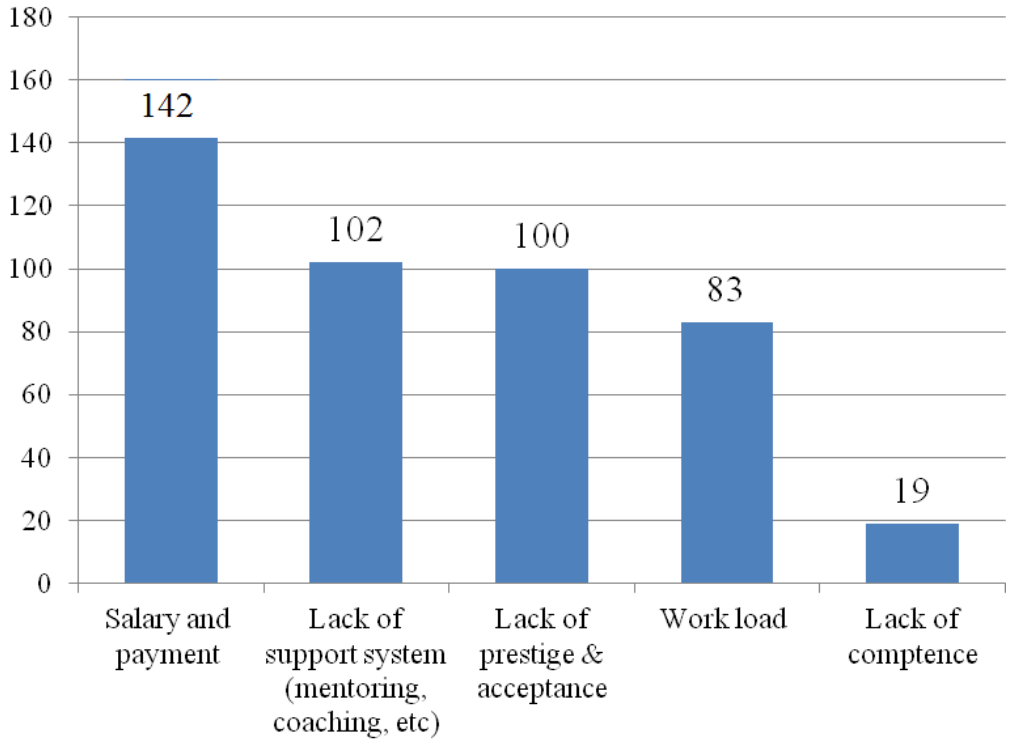

Figure 5: Reasons given by new graduate nurses identified as disabling competence at work area

Table 9: Job satisfaction and reasons/conditions making New Graduate Nurses dissatisfied at work area

Variables (n=227)	Yes		No	
	Frequency	%	Frequency	%
Are you satisfied with job as a Nurse all in all?	85	37.4	142	62.6
Do you like your job?	158	69.6	69	30.4
Do you like working here?	128	56.4	99	43.6
Reasons for dissatisfaction				
High work load	83	36.6	144	63.4
Little salary and payment	142	62.6	85	37.4
Lack of prestige and acceptance as health care team member	100	44.1	127	55.9
Lack of support system (mentoring, coaching, collaboration, guiding)	102	44.9	125	55.1
Your own lack of own competence	19	8.4	208	91.6

N.B. The sum may not make 100% since more than one factor is possible

Above half (58.1%) of the respondents characterized the feelings of other professionals about the contribution of nurses good, 33(14.5%) said very good while 62(27.3%) complained it is poor. More than half (52.9%) of the respondents agreed that other professionals in their work area are respectful, while 107(47.1%) of them complained they are disrespectful. According to opinions of the respondents, 85(37.4%), 50(22%) and 38(16.7%) of the respondents complained that specialty physicians, general practitioners (GP) and nurses themselves were disrespectful to them respectively.

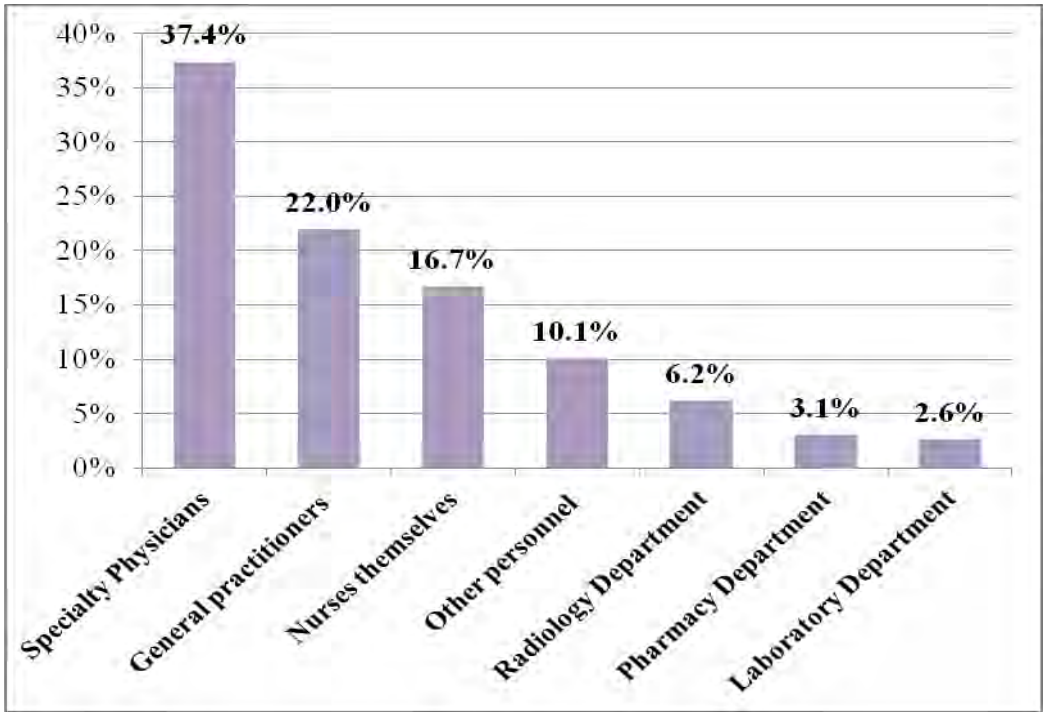

Figure 6: Respondents' perceptions on proportion of disrespectful professionals in work area

Table 100: Odds ratios (crude and adjusted) showing associations of independent variables to challenges to NGNs in transition period

Characteristics (Variables) n = 383		Challenge in transition		Total	p-value	COR (95% CI)	p-value	AOR (95% CI)
		Yes	No					
Age	≤25	74(59.7)	50(40.3)	124(54.6)	0.032	1	0.077	0.497 (0.229-1.078)
	≥26	47(45.6)	56(54.4)	103(45.4)	0.035*	1.763, (1.040-2.991)		
Sex	Male	53(71.6)	21(28.4)	74(32.6)	0.000	1	0.010*	0.329 (0.142-0.766)
	Female	68(44.4)	85(55.6)	153(67.4)	0.000**	3.155, (1.736-5.734)		
Orientation by university	Yes	52(66.7)	26(33.3)	78(34.4)	0.004	1	0.927	0.962 (0.423-2.191)
	No	69(46.3)	80(53.7)	149(65.6)	0.004**	2.319, (1.311-4.102)		
Physician help	Yes	87(86.1)	14(13.9)	101(44.5)	0.000	1	0.000 **	0.259 (0.174-0.386)
	No	34(27)	92(73)	126(55.5)	0.000**	16.815(8.451-33.456)		
Institution you learned at BSC	Governmental	60(61.9)	37(38.1)	97(42.7)	0.021	1.0	0.825	0.917 (0.426-1.973)
	Private	61(46.9)	69(53.1)	130(57.3)	0.026*	1.834(1.074-3.133)		
Equal opportunity as other departments' students	Strongly agree	25(64.1)	14(35.9)	39(17.2)	0.016*	0.280 (0.100-0.787)	0.273	0.837 (0.608-1.151)
	Agree	55(75.3)	18(24.7)	73(32.2)	0.000**	0.164 (0.063-0.428)		
	Not sure	14(38.9)	22(61.1)	36(15.9)	0.651	0.786 (0.277-2.231)		
	Disagree	18(34.6)	34(65.4)	52(22.9)	0.909	0.944 (0.353-2.524)		
	Strongly disagree	9(33.3)	18(66.7)	27(11.9)	0.000	1		
Ward nurses helped you gain experience	Strongly agree	32(71.1)	13(28.9)	45(19.8)	0.017*	0.068 (0.007-0.619)	0.001**	0.495 (0.324-0.757)
	Agree	68(66.0)	35(34.0)	103(45.4)	0.026*	0.086 (0.010-0.741)		
	Not sure	13(39.4)	20(60.6)	33(14.5)	0.231	0.256 (0.028-2.383)		
	Disagree	7(17.9)	32(82.1)	39(17.2)	0.814	0.762 (0.079-7.371)		
	Strongly disagree	1(14.3)	6(85.7)	7(3.1)	0.097	1.0		
Lack of prestige & acceptance	Yes	44 (44.0)	56(56.0)	100(44.1)	0.013*	1.960 (1.152-3.335)	0.187	1.674 (0.779-3.600)
	No	77(60.6)	50(39.4)	127(55.9)	0.017	1.0		

**highly significant at p<0.01, *significant at p<0.05

VII. **Association of challenges to NGNs in transition to clinical work area**

Bivariate analysis of variables showed that NGNs aged greater than 26 ($p<0.05$) were about 1.76 times more likely to face challenges in transition period than those aged less than or equal to 25 years [COR=1.763, 95%CI (1.040, 2.991)], female participants ($p<0.001$) were about 3.1 times more likely to face challenges in transition period than male [COR=3.155, 95%CI (1. 736, 5.734)], those who not received orientation by university upon graduation ($p<0.05$) were about 2.3 times more likely to face challenges than those who received orientation (see table above).

Multivariate analysis revealed that being male; support from physicians and support from nurses so as to gain experience were found to be independent factors for NGNs not to face challenges in transition to clinical work area. That means, males are less likely to face challenges compared to females [AOR=0.32, 95%CI (0.142, 0.766)], those gained support from physicians were less likely to face challenges [AOR=0.259, 95%CI (0.174, 0.386)] and who have been helped by ward nurses so as to gain experience were less likely to face challenges [AOR=0.495, 95%CI (0.324, 0.757)].

DISCUSSION

The objective of this study was to assess the transition of new graduate nurses from education to practice area and the challenges in transition of New Graduate Nurses to clinical work area.

From the study participants in this study, hundred twenty nine (56.8%) of the new graduates reported that they received orientation upon employment. But the duration of orientation was too short as about three forth (71.3%) of the respondents had attended for less than one day only (a maximum of eight hours) and the content of orientation was mostly about institution's policies, rules and regulations not on skill and competences of new graduates.

There are reports claiming that more than 40% of NGs in the US are choosing not to practice nursing upon graduation. The majority of those who begin practicing as professional nurses do so in a hospital setting and a concerning 33-61% of these graduates have been cited as changing their place of employment or leaving the nursing profession within the first two years.

Result from this study also pointed out that 99(43.6%) of the respondents did not like working in the institution they are working now. This similarity else were in this world might be attributed by similarity in profession across this globe [26].

There is increasing evidence that inter-professional healthcare practice approaches can be effective in improving patient outcomes and reducing healthcare costs; however, there are a number of barriers to establishing effective integrated teams, including a lack of mutual understanding of roles and lack of interdisciplinary training among providers [5]. Even though the above idea is not expressed in statistical figure, its concepts were consistent with the findings from this study where 115(50.7%) of the respondents are complaining they never got equal

opportunity as students of other departments, 199(87.7%) of respondents informed that, hospitals had no formal mentorship program to new graduates.

There is a plethora of reasons, at both the individual and organizational level, that create barriers for staff nurses in the acute care setting. A lack of respect, an unwelcoming hospital culture, inappropriate utilization of nursing knowledge, a focus on fiscal management rather than quality work environments, and attractive alternatives to hospital nursing are primary contributors to the current acute-care nursing workforce deficiencies [26].

Results of this study identified that 44.1% of new graduate nurses complained lack of prestige and acceptance as health care team member. Among the complaints of new graduate nurses for inequalities in work area, 50.7% of them argued that at any educational setup they did not receive equal opportunity as other department's students, 55.5% of them complained physicians did not welcome nurses and help their difficulties and 48% of them again reported that senior nurses did not coach and supervise new graduate nurses in helping them to minimize the challenges and difficulties they face at work. Analysts argue that the subordinate role of nurses in relation to doctors and other specialists within health sector managerial strategies and organizational structures restricts nurses' ability to make clinical decisions. Consequently, this negatively impacts public perceptions about their contributions to public health and health care, including primary care and population health [41].

According to the finding of this research, 130 (57.3%) participants prefer not to continue as a Nurse which is almost congruent to a research done in Turkey, where it was found that 54.7% has the intent to quit the profession (n = 128) [48]

STRENGTHS AND LIMITATION OF THE STUDY

STRENGTHS

- The standardized and pretested instrument of data collection has been used.
- For compliance with the right of participants', the informed signed consent has been received before the commencement of data collection, briefing the right of the respondents not to involve and/or withdraw at any time they want not to respond.
- Using random sampling technique is also considered as strength since it is expected that it might reduce bias.

LIMITATIONS

- The cross sectional nature of the study, as the study was based on self report of challenges in transition of new graduate nurses to clinical work area, might increase the liability of the reports to social desirability bias and recall bias where the chance of over or underreporting is undeniable. Therefore, I cannot rule out the possibility of over or underreporting associated with reluctance to report highly sensitive issues like personal self efficacy, job satisfaction, support and expectations from other personnel.

- The cross-sectional nature of the data could also cause difficulty of determining the direction of the association between study variables. The associations could only be discussed in terms of plausibility. It could be difficult to establish temporality or causality in the observed relationships. It is possible that the observed relationships work in the reverse direction or that the outcomes are caused by unmeasured inter-mediate factors.

- The findings of this study is difficult to generalize for New graduate nurses elsewhere in Ethiopia as the research was conducted in only three selected public hospitals in Addis Ababa. The study had not included samples from different health care delivery institutions representatively.

- The research has interviewed only NGNs as proxy respondents for their educational preparation, work condition, interaction with other professionals, satisfaction or dissatisfaction and work environment condition. The results of reports on such area can be biased. However, the proxy respondents have been shown to produce reliable estimates or reports.

CONCLUSION AND RECOMMENDATION

CONCLUSION

In general, this study highlighted the overall challenges of new graduate nurses

Only few respondents criticized educational system that they passed through as poor (7%) and majority (85.9%) of the respondents agreed that they have got enough knowledge and skill upon graduation. On the contrary, the way practical education was being delivered was not satisfactory; nurse students did not receive equal opportunity and recognition as students of other departments in clinical practice.

Despite good perception about educational system, over three fourth of the respondents complained that they had faced difficulty to integrate theory into practice first at work. This difficulty in integrating theory into practice was complained as it was attributed by different factors. These factors were loose or lack of supervision at clinical practice, lack of formal mentorship program either by university or hospital, the loose inter-professional interaction, efforts of senior nurses to coach and supervise not satisfactory and their performance were not assessed in open-constructive way.

RECOMMENDATION

Universities/colleges should strengthen their educational delivery system giving special attention to clinical education that enhances practical skills during deployment in work area and that promote confidence and personal self efficacy of NGNs.

There is a need for structured orientation and socialization program by universities or colleges, FMOH/FMOE joint task force and employing organization upon graduation and before employment to work area that has ongoing communication regarding the challenges the entry-level nurses face as a professional RN.

There is also a need to establish joint special mentorship program by FMOH and FMOE to new graduate nurses before their placement into clinical work area so as to enable NGNs to undertake their role effectively in contributing to health care services of the nation. New graduate nurse transition programs should typically be designed within 3 to 6 months.

ANNEXES

Annex i. References

1. WHO (2006). Working together for health, World Health Report.
2. Oermann, M. and Garvin, M. 2002. Stresses and challenges for new graduate in hospitals. Nurse Education Today, 22 (3):225‐230.)
3. Maben, J., Latter, S. and Macleod Clark, J. (2006). The theory - practice gap: impact on professional‐bureaucratic work conflict on newly qualified nurses. Journal of Advanced Nursing, 55(4):465‐477).
4. Queensland Nursing Council (2006), Transition Support Process, Queensland Nursing Council, Brisbane.
5. Quinn, F. M. (2000). Principles and practice of nurse education. 4th Ed. Nelson Thornes Limited UK)
6. Kachiwala. (2005). Student Nurses' Regarding Clinical Learning Environment and Supervision Malamulo Hospital.
7. TGE (1993). Health Policy of the Transitional Government of Ethiopia.
8. TGE (1993). Health Sector Strategy.
9. Cueto M. (2005). The promise of primary health care. Bull World Health Organization; 83 (5): 322.)
10. From *Focus: Nursing an infrastructure to Advance the Scholarly Work of Staff nurses*)
11. Lavoie-Tremblay, M., O'Brien-Pallas, L., Genlinas, C., Desforges, N., Marchionni, C., (2008). Addressing the turnover issue among new nurses from a generational viewpoint. Journal of Nursing Management, 16, 724-733]

12. *Kara Solem, Tammy L. Stuart. (2013)* Examining the Transition for New Graduate Professional RN. Journal of Nursing).
13. Hooper-Kyriakidis, P. (Speaker). (2005). From Novice and Beyond: Applying the Benner Model. DVD recording Presentation at Mount Wachusett Community College).
14. Wu TY, Fox DP, Stokes C, Adam C (2012): Work-related stress and intention to quit in newly graduated nurses. Nurse Educ Today 32 (6):669 – 674].
15. Mooney M (2007): Professional socialization: the key to survival as a newly qualified nurse. Int J Nurs Pract,13(2):75– 80].
16. Ho HH, Liu PF, Hu HC, Huang SF, Chen HL (2010): Role transition and working adaption in new nursing graduates: a qualitative study [Chinese]. J Nurs, 57 (6):31– 41.
17. O'Shea M, Kelly B:(2007) The lived experiences of newly qualified nurses on clinical placement during the first six months following registration in the Republic of Ireland. J Clin Nurs ,16(8):1534– 1542
18. Ellerton M, Gregor F (2003): A study of transition: the new nurse graduate at 3months.J Contin Educ Nurs,34(3):103 –107
19. Huang LH (2004): Transition from student nurse to staff nurse [Chinese]. J Nurs, 51 (4): 33-36.
20. *Hugman R (2005). New Approaches in Ethics for the Caring Professions. Palgrave Macmillan; New York, NY, USA*]
21. UN, 2011; WHO, 2006.
22. Spence Laschinger et al. (2001)
23. Strategic plan for nursing education, training and practice 2012/13-2016/17

24. American Organization of Nurse Executives (2008, May). AONE's guiding principles for future patient care delivery; Nursing care across provider settings. Presented at the 118th meeting of the National Advisory Council on Nurse Education and Practice, Rockville, MD.

25. Duchscher (2013). Nursing transition Theory. Nursing the Future.

26. *The Future of Nursing Education: Ten Trends to Watch Barbara R. Heller, Marla T. Oros, and Jane Durney-Crowley*

27. Weekes, D. (2008, May). Discussion. From the 118th meeting of the National Advisory Council on Nurse Education and Practice, Rockville, MD).

28. National Advisory Council on Nurse Education and Practice NACNEP. Addressing New Challenges Facing Nursing Education: Solutions for a Transforming Healthcare Environment. March 2010. Eighth Annual Report

29. Fealy, G. M. (2005). Sharing the experience: Interdisciplinary education and inter-professional learning. Nurse Education in Practice, 5, 317-319.

30. Dyer, J. A. (2003, July-August). Multidisciplinary and trans-disciplinary educational models and nursing education. Nursing Education Perspectives 24(4), 186-188.

31. Tseng et al.: Comparative study of an externship program versus a corporate-academic cooperation program for enhancing nursing competence of graduating student s. BMC Medical Education 2013 13:108. pp. 7 available at http://www.biomedcentral.com/1472-6920/13/108

32. Chang E, Daly J () transitions in Nursing. Preparing for professional practice. 3rd ed.

33. *Ministry of Public Health and Social Welfare of Paraguay, Department of Nursing, Partial Database 2009. Available online: http://www.businesspatrol.com/country-links/ministry-of-public-health-and-social-welfare.10886.html*

34. Chung YC, Feng YF, Chen HL, Yu CC: Effects of the corporate-academic cooperation on senior nursing students: a hemodialysis training program [Chinese]. T SMH Med Nurs J 2008, 14(2):61– 71.

35. Yeh M, Yu S: Job stress and intention to quit in newly-graduated nurses during the first three months of work in Taiwan. J Clin Nurs 2009, 18(24):3450 – 3460].

36. Chang YJ: Talking about nursing education from manpower and wastage of nurses [Chinese].The Educ Month 2012, 541: 29 – 33.

37. Kao CC: Multi-aspects of nursing manpower in Taiwan [Chinese]. Cheng Vhing Med J 2011, 7(3):41-46.

38. Kelly J, Ahern K (2009): Preparing nurses for practice: a phenomenological study of the new graduate in Australia. J Clin Nurs, 18 (6):910-918.

39. Pigott H: Facing reality: the transition from student to graduate nurse. Aust Nurs J 2001, 8(7):24–26.

40. Smith G: Charting the course for patient safety: closing comments. Nurs Res2008, 57 (1S):S22– S24.

41. *Hugman R. New Approaches in Ethics for the Caring Professions. Palgrave Macmillan; New York, NY, USA: 2005*.

42. Malvárez SM, Castrillón-Agudelo MC. Panorama de la Fuerza de Trabajo en Enfermería en América Latina, Segunda Parte. (Panorama of the Nursing Workforce in Latin America, Second Part) Rev. Enferm. IMSS. 2006;14:145–165.

43. Samuel Girma, Asfawesen G/Yohannes, Yayehyirad Kitaw, Yemane Ye-Ebiyo, Aklilu Seyoum, Hailay Desta, and Awash Teklehaimanot *Human Resource Development for Health in Ethiopia: Challenges of Achieving the Millennium development Goals*

44. *Castrillón, María Consuelo: Public Health Nursing in Colombia/Phone Interview by Gustavo Nigenda; 22 June 2009*.]

45. Boychuk Duchscher, J. (2001). Out in the real world: Newly graduated nurses in acute-care speak out. Journal of Nursing Administration, 31(9), 426-439.

46. Casey, K., Fink, R., Krugman, M., & Propst, J. (2004). The graduate nurse experience. Journal of Nursing Administration, 34(6), 303-311.

47. Kovner, C. T., Brewer, C. S., Fairchild, S., Poornima, S., Hongsoo, K. & Djukic, M. (2007). Newly licensed RNs ‟ characteristics, work attitudes and intentions to work. American Journal of Nursing, 107(9), 58-70.

48. Tastan S., Unver V. and Hatipoglu S. (2013) An analysis of the factors affecting the transition period to professional roles for newly graduated nurses in Turkey. International Nursing Review 60, 405–412.

49. Brown CE, Wickline MA, Ecoff L, Glaser D. Nursing practice, knowledge, attitudes, and perceived barriers to evidence-based practice at an academic medical center. J. Adv Nurs. 2008; 65(2):371-81.

50. Pravikoff DS, Tanner AB, Pierce ST. Readiness of U.S nurses for evidence-based practice. Am J Nurs. 2005; 105 (9):40-51.

51. Kajermo KN, Unden M, Gardulf A, Eriksson L E, Orton ML, Arnetz BB, et al. Predictors of nurses' perceptions of barriers to research utilization. J Nurs Manag. 2008; 16 (3): 305-14.

52. Silka CR, Stombaugh HA, Horton J, Daniels R. Nursing research in a nonacademic health setting: measuring knowledge, attitudes and behaviors. J Nurs Adm. 2012;42(7/8):386-92

53. City Government of Addis Ababa. Bureau of Finance and Economic Development. Policy Study and Analysis Sub Process. (2013, May). Socio Economic Profile of Addis Ababa for the Year 2004 E.C/2011/12G.C

Annex ii. Questionnaire

Appendix 1: Letter of Information for the Pilot Study

I am writing to invite you to participate in a pilot study entitled "Challenges in transition of New Graduate Nurses to Clinical Work Areas (Pilot)". This pilot study is designed to test a questionnaire which I will use in a later research study that will investigate the transition of new graduate nurses from education to practice area, the Challenges in transition of New Graduate Nurses (NGNs) to clinical work areas. The purpose of this pilot test is to identify any difficulties with the questionnaire itself, rather than to investigate your responses to the clinical environment.

I am a registered nurse who is a master degree student in the Graduate Department of Nursing and Midwifery at Addis Ababa University. I am conducting this study in partial fulfillment of the requirements for the Master (Child Health Nursing) degree. My proposal has been approved by Nursing and midwifery department IRB. I have also received ethical approval from the Office of research ethical committee for the conduct of this research.

Your participation in the study is completely voluntary. Your involvement would consist of completing a questionnaire and providing feedback about the questionnaire. The questionnaire will take approximately 45 minutes to complete. Your answers are confidential and your name is not required on any documents. Your name will not be used in any publications or presentations of the results of the study. You may refuse to answer any of the questions and you may choose not to participate or you can withdraw at any time you like if you are not willing to take part.

There are no known risks associated with participating in this study. There are also no direct benefits, however it is hoped that through this pilot study the survey which will be sent out to new nurses is designed to gain the best responses possible. The study will help me to gain a better understanding of issues that are important to new nurses working in selected public hospitals in Addis Ababa, which may lead to changes that will benefit future newly graduated nurses.

If you agree to participate, please complete the consent form. Please complete the questionnaire and the Feedback Form to the best of your ability. If you have any feedback regarding specific questions, you may also indicate these directly on the questionnaire. If you have any questions or comments about the study, please feel free to contact me and I will be happy to provide you with any information I can. My address, phone number and email address are available on the consent form.

Thank you very much for your assistance with the study.

Gamachu Kediro, RN, MSC Candidate

Department of Nursing and Midwifery, Addis Ababa University

Email: gamachuke@gmail.com

Cell phone: +2551-912-907709

Appendix 2: Study Information Sheet

Good morning/afternoon [According to its convenience]. I am _____ who is the data collector for a research to be conducted by Gamachu Kediro, a Master's student at Addis Ababa University, Department of Nursing and Midwifery. Today, I am here to collect information on "*assessment of Challenges in transition of New Graduate Nurses to Clinical Work Areas in Selected Governmental Hospitals in Addis Ababa Ethiopia, 2014*" where it is expected to identify the challenges to new graduate nurses in transition to clinical work area, so I want to ask you some questions. There is no immediate and direct benefit in terms of money that you will earn from this information; rather I hope, you might get moral satisfaction due to the information you give now, where it is a resource in contributing for the community welfare and nursing practice in general. We believe that the study findings will help improve the care for the community at large and quality of nurses work life.

If you take part in the study it will not take us more than 45 minutes, your name will not be included in the information, I promise to keep the confidentiality of your reply. There is no risk that comes due to your involvement in the study. Your participation is completely voluntary and you have full right to withdraw at any time in the course of data collection even after you get involved without being subject to any intimidation and incrimination to you. However, I hope that you will participate in this study considering that single genuine information you provide will contribute a lot to the fulfillment of the objective of the study.

As a result, I request you sincerely to participate in the interview by providing authentic answers.

Do you have any questions that you need to be clarified more?

If you have any question you can contact the principal investigator at any time convenient for you using the following addresses:

Address: Addis Ababa University, Department of Nursing and Midwifery

Cell phone: +251-912-907709

E-mail: gamachuke@gmail.com

ii. **Consent form:**

I have been briefly informed about the study and I clearly understood the purpose, risks, benefits, and the right to participate and withdraw at any time. Since it doesn't affect my personal life, I agreed to take part in the study. I have been informed that there is no direct financial benefit for my participation. Consequently, I here approve my consent to take part in the study as an interviewee with my signature.

Signature _____

Date _____

Questionnaire Number ☐

Date of data collection: _____Name of Hospital: _____

Name of Data Collector: _____

A. **SOCIO-DEMOGRAPHICS**

No	Questions	Responses	Skip	Code
1.	Age in years	_____		
2.	Sex	1. Male 2. Female		
3.	Marital Status	1. Single [Never married] 2. Married/live together 3. Cohabitation 4. Separated/divorced/widowed		
4.	Ethnicity	1. Amhara 2. Oromo 3. Guragie 4. Tigre 5. Silte 6. Others [Specify] _____		
5.	How long have you been since your graduation?	---------- months		
6.	How long have you been since employed?	---------- months		
7.	How you have been recruited or employed to current position?	a. Through competition (announcement) b. Assigned by FMOH/health bureau c. Upgrade from the same institution d. Assigned as a result of special case e. Exchange with someone		
8.	Please write the name of institution you work in now?			
9.	What is you status of employment?	a. Full-time b. Part-time c. Casual d. Other. Please specify_____		
10.	Which Department/Ward you work in?	1. Pediatrics ward 2. Medical ward 3. Surgical ward 4. oby/gyne ward 5. Specialty Unit _____		
11.	How many hours do you work in a week?	_____ hours		

12.	What shift do you work?	a. **Day shift** (beginning not earlier than 6 am and ending not later than 7 pm) b. **Evening shift** (beginning not earlier than 2pm and ending not later than midnight) c. **Night shift** (beginning not earlier than 6 pm and ending not later than 8 am) d. **Rotating shifts** (any combination of the above		
13.	Did you receive orientation on your work before this position or included in the staffing count?	1. Yes 2. No		
14.	If yes for How long?			

B. **PREVIOUS EDUCATION SETTING AND PREPARATION**

The following questions are about the educational system and setting through which you passed. Please indicate the most appropriate answer to each question. Answer these questions in relation to your recent institution. If you have changed university or college, please respond with respect to the institution from which you earned your current educational achievement.

No	Questions	Responses	Skip	Code
15.	Please write the name of institution from which you have earned your BSC?			
16.	In which program you enrolled at BSC?	1. Regular (Full time) 2. Extension (Part-Time)		
17.	Did you join nursing on your choice?	1. Yes 2. No		
18.	If No, Are you ok now being a nurse?	1. Yes 2. No		
19.	How do you rate the educational system that you passed through?	1. Very good 2. Good 3. Poor		
20.	Do you think you got enough knowledge and skill upon your graduation?	1. Strongly agree (SA) 2. Agree (A) 3. Not agree (NA) 4. Disagree (D) 5. Strongly Disagree (SD)		
21.	Who handled your clinical practice mostly as mentor?	1. Teachers 2. Nurses at ward 3. Physicians 4. Alone without supervision		

22.	How do you rate your performance on clinical competence, critical thinking, patient care ability, communication skills, when you were at university?	1. Very good 2. Good 3. Poor		
23.	If your clinical competence was poor, what do you think as a cause?	1. lack of your own motivation 2. poor educational delivery system 3. lack of proper practical teaching 4. teachers with poor practical skill		
24.	If your clinical competence was very good, what do you think as a cause?	1. My own motivation 2. Good educational delivery system 3. Proper practical teaching 4. Teachers with good practical skill		

		SA	A	NA	D	SD		
25.	All nurses in the ward felt student nurses as part of health care team							
26.	Do you think that you have got adequate practical skill in your practical session?							
27.	You as nurse student received equal opportunity and recognition as other departments' students							
28.	In general, ward staff helped you as student gain the widest possible experience.							
29.	Ward Nurses put a lot of effort into practical teaching nursing students							
30.	Your university upon graduation, had given orientation on challenges that might face in work area							

C. **SOCIAL SUPPORT SYSTEM**

These questions deal with the people in your work place. Please indicate the most appropriate answer to each question. Answer these questions in relation to your current work setting or your primary employer. *If you have changed jobs, please respond with respect to your current nursing employer*.

Very much	Somewhat	A little	Not at all	Don't have any such person
4	3	2	1	0

No	Questions	Responses	Skip	Code
31.	How much does each of these people go out of their way to do things to make your work life easier for you?			
	A. Your immediate supervisor (manager)	4 3 2 1 0		
	B. Your coworkers	4 3 2 1 0		

32.	How easy is it to talk with each of the following people?								
	A. Your immediate supervisor (manager)	4	3	2	1	0			
	B. Your coworkers	4	3	2	1	0			
33.	How much can each of these people be relied on when things get tough at work?								
	A. Your immediate supervisor (manager)	4	3	2	1	0			
	B. Your coworkers	4	3	2	1	0			
34.	How much is each of the following people willing to listen to your problems about work?								
	A. Your immediate supervisor (manager)	4	3	2	1	0			
	B. Your coworkers	4	3	2	1	0			

		SA	A	NA	D	SD		
35.	Have you faced difficulty to integrate theoretical knowledge into practice when you first entered clinical area?							
36.	The institution (hospital) had formal mentorship program to new graduates							
37.	Senior nurses (staff) made a real effort to understand difficulties that you faced in your work							
38.	Senior nurses made a real effort to coach and supervise you in your work							
39.	Physician welcomed you and made a deal of effort helping you and understanding your difficulties.							
40.	Did your performance assessed in an open, constructive way.							

D.**PERSONAL SELF-EFFICACY**

Think about your ability to do the tasks required by your job. When answering the following questions, answer in reference to your own personal work skills and ability to perform your job.

If you have more than one employer in nursing, please choose one as your primary employer and answer the questions with respect to this employer. If you have changed jobs, please respond with respect to your current nursing employer.

Strongly agree	Agree	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Disagree
1	2	3	4	5	6

No	Questions	Responses	Skip	Code
41.	I have confidence in my ability to do my job	1 2 3 4 5 6		
42.	There are some tasks required by my job that I cannot do well.	1 2 3 4 5 6		
43.	When my performance is poor, it is due to my lack of ability	1 2 3 4 5 6		
44.	I doubt my ability to do my job.	1 2 3 4 5 6		
45.	I have all the skills needed to perform my job very well.	1 2 3 4 5 6		
46.	Most people in my line of work can do this job better than I can	1 2 3 4 5 6		
47.	I am very proud of my job skills and abilities.	1 2 3 4 5 6		
48.	I feel threatened when others watch me work.	1 2 3 4 5 6		

E. **WORK ENVIRONMENT CONDITION**

No	Questions	Responses	Skip	Code
	a. Demands Scale Please answer the following questions with reference to your workload **on an average day**. *If you have more than one employer in nursing, please choose one as your primary employer and answer the questions with respect to this employer. If you have changed jobs, please respond with respect to your current nursing employer.*			
49.	How much workload do you have?	1 2 3 4 5		
50.	How much of a reduction workload do you experience?	1 2 3 4 5		
51.	How much time do you have to think and contemplate?	1 2 3 4 5		
52.	What quantity of work do others expect you to do?	1 2 3 4 5		
53.	How much time do you have to do all your work?	1 2 3 4 5		
54.	How many projects, assignments, or tasks do you have?	1 2 3 4 5		
55.	How many lulls between heavy workloads do you have?	1 2 3 4 5		

A great deal	A lot	Some	A little	Hardly any
5	4	3	2	1

b. Control Scale

Below are listed a number of statements which could be used to describe a job. Please read each statement carefully and indicate the extent to which each is an accurate or an inaccurate description

of your job by writing a number in front of each statement. If you have more than one employer in nursing, please choose one as your primary employer and answer the questions with respect to this employer. If you have changed jobs, please respond with respect to your current nursing employer.

Very little	Little	A moderate amount	Much	Very much
1	2	3	4	5

56.	How much control do you have over the variety of methods you use in completing you work?	1 2 3 4 5		
57.	How much can you choose among a variety of tasks or projects to do?	1 2 3 4 5		
58.	How much control do you have personally over the quality of your work?	1 2 3 4 5		
59.	How much can you generally predict the amount of work you will have to do on any given day?	1 2 3 4 5		
60.	How much control do you have personally over how much work you get done?	1 2 3 4 5		
61.	How much control do you have over how quickly or slowly you have to work?	1 2 3 4 5		
62.	How much control do you have over the scheduling and duration of your rest breaks?	1 2 3 4 5		
63.	How much control do you have over when you come to work and leave?	1 2 3 4 5		
64.	How much control do you have over when you take vacations or days off?	1 2 3 4 5		
65.	How much are you able to predict what the results of decisions you make on the job will be?	1 2 3 4 5		
66.	How much control you have over how you do your work?	1 2 3 4 5		
67.	How much can you control when and how much you interact with others at work?	1 2 3 4 5		
68.	How much influence do you have over the policies and procedures in your work unit?	1 2 3 4 5		
69.	How much control do you have over the sources of information you need to do your job?	1 2 3 4 5		
70.	How much are things that affect you at work predictable, even if you can't directly control them?	1 2 3 4 5		

71.	How much control do you have over the amount of resources (tools, material) you get?	1 2 3 4 5		
72.	How much can you control the number of times you are interrupted while you work?	1 2 3 4 5		
73.	How much control do you have over the amount you earn	1 2 3 4 5		
74.	How much control do you have over how your work is evaluated?	1 2 3 4 5		
75.	In general, how much overall control do you have over work and work-related matters?	1 2 3 4 5		

F. PROPENSITY TO LEAVE AND JOB SATISFACTION

No	Questions	Responses	Skip	Code
a. <u>Propensity To Leave</u> For each statement, please answer accordingly that best describes your situation. If you have more than one employer in nursing, please choose one as your primary employer and answer the questions with respect to this employer. If you have changed jobs, please respond with respect to your current nursing employer.				
76.	If you were completely free to choose, would you prefer to continue working in this hospital?	1. Yes, I will continue in this hospital 2. No, I will not continue in this hospital		
77.	How long would you like to stay in this hospital? (Check one).	1. I would like to stay for as long as I can work 2. I would like to stay for quite a while longer 3. I would like to stay for a little while longer 4. I would like to leave soon 5. I would like to leave as soon as possible		
78.	If you had to quit work for a while (for example, because of pregnancy), would you return to this hospital?	1. Yes, I will return to this hospital 2. No, I will not return to this hospital		
79.	If you were completely free to choose, would you prefer to continue working as a nurse or would you prefer not to?	1. Yes, I will continue as a nurse 2. No, I will not continue as a nurse		
80.	How long would you like to stay working as a nurse? (Check one).	1.I would like to stay for as long as I can work 2. I would like to stay for quite a while longer 3. I would like to stay for a little while longer 4. I would like to leave soon 5. I would like to leave as soon as possible		

81.	If you had to quit work for a while (for e.g., because of pregnancy), would you return to this the nursing profession? (Check one.)	1.No, I definitely would not come back 2. No, I probably would not 3.Perhaps 4. Yes, I probably would 5.Yes, I definitely would come back		
b. **Job Satisfaction** The following are statements about you and your job. When answering, keep in mind the kind of work you do and the experiences you have had working here. If you have more than one employer in nursing, please choose one as your primary employer and answer the questions with respect to this employer. If you have changed jobs, please respond with respect to your current nursing employer.				
82.	All in all, are you satisfied with your job as a Nurse?	Yes, I am satisfied No, I am not satisfied		
83.	In general, do you like your job?	Yes, I like my job No, I don't like my job		
84.	In general, do like working here?	Yes, I like working here No, I don't like working here		
85.	If you are unsatisfied with your profession, what makes you feel unsatisfied?	1. Work load 2. Salary and payment 3.Lack of Prestige and acceptance as health care team member 4. lack of support system including mentorship, coaching, collaboration, guiding 5.Your own lack of competence 6. Others (specify)		
86.	How would you characterize the feelings of other professionals about the contribution of nurses?	1. Very good 2. Good 3. Bad		
87.	Are other professionals in your work area respectful?	1. Yes 2. No		
88.	If no, which professionals are more disrespectful?	1. Specialty physicians 2. General practitioners (GP) doctors 3. Pharmacy department 4. Laboratory department 5. Radiology department 6. others (specify)		

DECLARATION

I **Gamachu Kediro Chura**, the undersigned declare that this is my original work and has not been presented in this or any other University for a similar or any other degree award, and any partial or full sources of materials used should be fully acknowledged.

Name: **Gamachu Kediro Chura**

Signature: _____

Date: _____

This thesis has been submitted to:

Advisor: **Berhanu Dessalegn**

Signature: _____

Date: _____

This thesis has been submitted for certification to School of Allied Health Sciences Department of Nursing and Midwifery head.

Department Head: _____

Signature: _____

Date: _____

Place: Addis Ababa University College of Health Sciences, School of Allied Health Sciences Department of Nursing and Midwifery, Post Graduate program.