

UNIVERSITY OF ZULULAND



EXPERIENCES OF COMMUNITY SERVICE NURSES AND UNIT MANAGERS IN A RURAL PUBLIC HOSPITAL IN ZULULAND DISTRICT, KWAZULU-NATAL PROVINCE

Submitted in fulfilment of the requirements for the degree of

MASTER OF NURSING SCIENCE

In the

FACULTY OF SCIENCE, AGRICULTURE AND ENGINEERING

Candidate: Jabulisiwe Gertrude Jiyane

Student number: 19931069

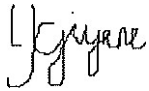
Supervisor: Dr NSB Linda

Submission Date: December 2022

DECLARATION

I, Jabulisiwe Gertrude Jiyane, declare that the dissertation titled *Experiences of community service nurses in a rural public hospital in Zululand District, KwaZulu-Natal Province* is my own work. All sources that I used or quoted are indicated and acknowledged by means of citations and complete references. I also declare that this work has not been submitted before to any other institution for any degree.

Jabulisiwe Gertrude Jiyane (Candidate)

Signature: 

Date: December 2022

Dr NSB Linda (Supervisor)

Signature: 

Date: December 2022

ABSTRACT

Introduction

Community Service Nurses function under the Nursing Act No. 33 of 2005 and South African Nursing Council Regulation R765 of 24 August 2007. In South Africa, all nursing graduates who are citizens of South Africa should perform remunerated community service for one year, in public healthcare facility. The period of transition from being a student nurse to becoming a qualified professional nurse is often stressful. The nurses surfing through this transition sometimes feel inadequately prepared for the clinical environment.

Purpose of the Study

The purpose of the study is to explore and describe the experiences of the community service nurses in the rural public hospital located in a rural area during their one year period of community service.

Methodology

A qualitative, explorative, descriptive, and contextual research design was conducted, using semi-structured interviews with (5) five Unit Managers and (8) eight Community Service Nurses. Purposive sampling was used. Data were analysed using thematic method of content analysis.

Results

Five themes and sub-themes emerged, the key themes being: inadequate human and material resources, supportive learning environment, and management of a clinical unit, allocation to nursing units and experience or role taking in leadership.

Conclusion

The community service nurses received inadequate supervision and support by experienced professional nurses in the various nursing units due to staff shortages. The challenge limited the CSNs' opportunities to acquire clinical skills and competencies for delivery quality care to patients.

Key Concepts: *Community service nurses; newly appointed nurses, nursing experiences; rural public hospital; Unit Managers; nursing support*

ACKNOWLEDGEMENTS

I am humbled and grateful and wish to praise my God for giving me this opportunity to pursue and complete this study. We must always remember that God is good all the time.

I also wish to express my appreciation to the following people who supported me throughout my study:

- My Supervisor, Dr N.S.B. Linda, for your guidance throughout the project. You gave me the support and encouragement that eventually built my confidence to complete this study.
- My late husband, Mr Sipho Ezekiel Jiyane, for his encouragement and support.
- My lovely children, Nqobile, Mbalenhle, Siphелеle, Ayanda, Ndlelenhle, Nokwanda and Halala, for your love and support.
- My grandchildren, Sisanda, Nkanyezi, Mpilwenhle, Kuhlekonke, Wakhiwe, Ndabezinhle, Malande, Anele, Ingiphile, and Nokuphiwa, for your encouragement when I needed it most, and especially for helping me to use technology.
- My colleagues, Mr D.T. Mhlungu, Ms P. Mbanga, and Ms N.N.T. Ndlela, for your encouragement.
- All the study participants for your time and for providing valuable information that made the completion of this study possible.
- The University of Zululand Research Committee for approving the research.
- The Management Team of the hospital where this study was conducted.
- The Department of Health of KwaZulu-Natal Province and the Zululand District Department of Health for granting permission to conduct this study in the selected hospital.
- My editor Coetzee Linda for her assistance with my final Thesis document.

DEDICATION

I dedicate this study to my late husband, Mr Sipho Ezekiel Jiyane, and my late mother, Mrs Mirrieth Zulu. May their souls rest in peace.

Table of Contents

DECLARATION	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	v
DEDICATION	vi
LIST OF TABLES	xi
LIST OF FIGURES	xii
LIST OF ACRONYMS	xiii
LIST OF ANNEXURES	xiv
1.1 Introduction	1
1.2 Background to the Study	2
1.3 Problem statement	4
1.4 Purpose of the study	7
1.5 Research Objectives	8
1.6 Research Questions	8
1.7 Significance of the Study	8
1.8 Definition of Terms	10
1.9 Thesis Chapter Layout	11
1.10 Conclusion	11
CHAPTER 2: LITERATURE REVIEW	12
2.1 Introduction	12
2.2 Defining the Literature Review	12
2.2.1 The nature and purpose of a literature review	12
2.2.2 Access to literature that informed the study	13
2.3 Community Service as a Health Care Initiative in South Africa	13
2.4 The role of the South African Nursing Council on Community Service Programme	16
2.4.1 The legal framework: Nurses' registration and Scope of Practice	17
2.4.2 Registration, commencement, and duration of community service	18
2.5 Theoretical Framing	18

2.6 Factors that Exacerbate Novice Nurses' Stress	21
2.7 Empirical Literature Review	22
2.7.1 International studies	22
2.7.2 Sub-Saharan Africa	25
2.7.3 South Africa	27
2.8 Conclusion.....	30
CHAPTER 3: RESEARCH METHODOLOGY	32
3.1 Introduction	32
3.3 Qualitative Approach	32
3.4 Research Design	33
3.4.1 The qualitative research design.....	34
3.4.2 Descriptive approach.....	34
3.4.3 Explorative approach.....	35
3.4.4 Contextual approach.....	35
3.5 Research Setting.....	36
3.6 Population.....	38
3.7 Sampling	38
3.7.1 Recruitment of participants.....	38
3.7.2 Sampling procedure	40
3.7.3 Sample	40
3.7.4 Inclusion and exclusion criteria.....	40
3.8 Data Collection	41
3.8.1 Introduction to the study participants.....	41
3.8.2 Preparation of venue for data collection	42
3.8.5 The interview process	43
3.8.6 Use of probing questions to enhance data collection.....	45
3.8.7 Data management	46
3.9 Data Analysis.....	47
3.10 Trustworthiness	48
3.10.1 Credibility.....	48
3.10.2 Transferability.....	49

3.10.3	Dependability	49
3.10.4	Confirmability	50
3.11	Ethical Considerations	50
3.11.1	Informed consent.....	51
3.11.2	Respect.....	51
3.11.3	Beneficence.....	51
3.11.4	Justice.....	52
3.11.5	Autonomy.....	52
3.11.6	Confidentiality.....	52
3.12	Conclusion.....	53
CHAPTER 4: DATA ANALYSIS AND FINDINGS		54
4.1	Introduction	54
4.2	Demographic Data of the Participants	54
TABLE 3 FOR THEMES AND SUB- THEMES EMERGED		56
4.3.1	Inadequate human and material resources	58
4.3.2	Supportive learning environment.....	61
4.3.3	The management of clinical units or wards	69
4.4	The Allocation of CSNs to Nursing Units	79
4.4.1	The rotation of community service nurses among nursing units	79
4.4.2	The non-rotation of community service nurses among nursing units	80
4.5	Leadership	80
4.5.1	Time management	80
4.5.2	<i>Orientation for Optimal Clinical Experiences</i>	81
4.6	Conclusion.....	83
CHAPTER 5: DISCUSSION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION.....		84
5.1	Introduction	84
5.2	Challenges Related to a Lack of Resources.....	85
5.2.1	Lack of materials and equipment	85

5.2.2 Staff shortages	86
5.2.3 The need for a supportive learning environment.....	88
5.2.4 Leadership and management of wards and units.....	90
5.2.5 Nursing practice in a clinical setting	91
5.2.6 Rotation, orientation, and communication	93
5.3 The Imposter Syndrome	94
5.4.1 Benefits to the newly qualified professional nurses:	95
5.4.2 Benefits to the employer	95
5.5 Limitations of the Study	96
5.6 Recommendations	97
5.6.1 Clinical practice.....	97
5.6.2 Education and training	98
5.6.3 Management and the legal aspects of nursing.....	98
5.6.4 Professional practice.....	99
5.6.5 Education (Clinical and Curriculum)	99
5.6 Conclusion.....	100
6. REFERENCES	102
Ackerson, K. & Stiles, K.A. (2018) Value of nurse residency programs in retaining new	102
Graduates nurses and their potential effect on the nursing shortage. The journal	102
Of Continuing Education in Nursing, 49 (6), 282-288.	102
APPENDICES.....	113

LIST OF TABLES

4.1. Demographic characteristics of Community Service Nurses

4.2 Demographic data of the Unit Managers

4.3 Table of themes and Sub-themes

LIST OF FIGURES

Figure 3.1: Map of Zululand District Municipality (DC26)

LIST OF ACRONYMS

CSN	Community service nurse
NQN	Newly qualified nurse.
NQPN/s	Newly qualified professional nurse/s
DoH	Department of Health
SANC	South African Nursing Council
UM	Unit Manager
WHO	World Health Organisation
KZN	KwaZulu-Natal
EN	Enrolled nurse
ENA	Enrolled nurse auxiliary

LIST OF ANNEXURES

Annexure 1: Provisional Approval - Ethical Clearance Certificate

Annexure 2: Ethical approval by the Manager of the selected hospital

Annexure 3: Ethical approval by the KwaZulu-Natal Provincial Department of Health

Annexure 4: Ethical approval by the University of Zululand

Annexure 5: Permission letter by the CEO of the Benedictine Hospital

Annexure 6: Informed consent for Participants

Annexure 7: Statement of Agreement letter to the University of Zululand

Annexure 8: Semi-structured interview guide - Unit Managers

Annexure 9: Semi-structured interview guide - community service nurses

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

In South Africa, it is compulsory for the nurses who have qualified as a nurse (general, community, psychiatry, and midwifery, leading to registration in Government Notice No. R425 of 22 February 1985 (South Africa, 1985). The South African Community Service Nursing Programme No. R765 of 24 August 2007, is a key transformative development that was introduced with the aim of guiding the practices of newly qualified professional nurses, while the South African Nursing Council is the responsible authority that regulates the career trajectory and pathing of newly qualified nurses who graduate from both nursing colleges and universities. Both the professional four-year diploma and four-year degree courses in general nursing, community nursing, psychiatry, and midwifery are regulated by Government Notice No. R425 of 22 February 1985 (South Africa, 1985), and community service nurses (CSNs) are bound by this framework when they are placed in community service programmes.

According to R425, a person who qualifies as a nurse in any of the specialisation fields (general nursing, psychiatry, community nursing, or midwifery) should be adequately equipped in knowledge and skills, should be able to practise independently, and should accept his/her professional responsibilities without question (South Africa, 1985). She or he must have the cognitive, psychomotor, and affective skills to provide high quality care to patients and should also be willing to engage in continuing education (South Africa, 1985). The South African Nursing Council (SANC) guides the development of competencies for various nursing categories in South Africa. Its main aim is to ensure quality patient care as stipulated in the generic competency framework for nurse practitioners. In addition, the SANC develops competencies for nurse educators under the provisions of Regulation 118 of the South African Nursing Act of 2005 (South Africa, 2006). This regulation provides guidelines to ensure a high standard of the education and training of nurses in South Africa.

However, it is a notable fact that trained nurses who are newly appointed as CSNs, cannot accomplish all the expected nursing practice competencies without the

assistance of experienced professional nurses. These professional nurses (PNs) should display ability and insight and utilize their previous experiences to guide newly appointed Community Service nurses to provide appropriate patient care using suitable nursing interventions. The PNs are also required to provide supervision and guidance to CSNs regarding nursing care and treatment and they should establish and maintain a conducive environment in which an exchange of safe health care occurs in line with the Scope of Practice for Professional Nurses (South Africa, 2020). The SANC Regulation No. R765 of 24 August 2007 regulates the nursing profession and acknowledges the appointment of professional nurses based on their qualification (South Africa, 2007).

1.2 Background to the Study

In South Africa, all nursing graduates who are citizens of South Africa are required to perform remunerated community service for one year after having successfully completed a four-year nursing diploma or degree course Regulation R425 (SANC, Regulation No.R425 of 22 February 1985). Community Service Nursing Programme started in January 2008 in South Africa. Community service is compulsory for all newly qualified nurses before they can be registered as professional nurses (SANC, Regulation No. R765 of 24 August 2007). During the transition period from students to professional nurses, they are placed, in terms of section 40(3) of the Nursing Act (Act No.33 of 2005), to work in a community service site according to the staffing needs of the Provincial Department of Health.

One of the reasons for establishing the Community Service Nursing Programme in South Africa was to afford new graduates nurses the opportunity to improve their clinical skills and knowledge while nurturing professional behavioural patterns and critical thinking consistent with the profession, (SANC) in Regulation R765 of 24 August 2007. The study was based on the assumption that CSNs need the support and guidance of mentors during their placement. More specifically, it was accepted that unit /nurse managers and professional nurses who are experienced, should be tasked with the responsibility to ensure that CSNs successfully integrate their theoretical knowledge with their practice during this placement period. This means that the nursing skills and

competencies that Community Service Nurses acquired during nursing training should be polished and they should be equipped with practical knowledge and skills to render meaningful care to their patients. Experienced professional nurses and unit nurse managers should therefore provide meaningful support that will motivate CSNs by building their confidence that will allow them to execute nursing interventions and Manyisa and van Aswegen (2017) also found that community service nurses who were expected to work in nursing units without the supervision of experienced professional nurses due to a shortage of human resources felt overwhelmed and seemed incapable of performing their duties optimally, and that this situation contributed to poor health services being rendered. When novice community nurses are appropriately supported, it follows that it will improve their clinical practice and promote their personal development and understanding of professional issues in a health care setting. According to the Scope of Practice for Professional Nurses in South Africa, Government Gazette, 12 May (2020), it is the responsibility of experienced professional nurses to show, instruct, supervise, and serve as role models for newly appointed community service nurses under their supervision. Only when this occurs will they prepare them to become competent nursing professionals.

However, the shortage of human resources that is linked to a high turnover of qualified and skilled personnel is confirmed by Oshodi, Bruneau, Kinchington and Nayar (2019), who also argue that the transference of skills from experienced professional nurses to newly appointed community service nurses is hindered by staff shortages. The studies by Matlala and Lumadi (2019) also support this notion. Nkoane and Mavhandu-Mudzusi (2020), who conducted their study in a Tshwane District Hospital, also argue that community service nurses are generally overwhelmed with a heavy workload which results in a lack of confidence to perform their duties optimally in clinical settings. The latter authors also found that novice nurses displayed limited preparedness for their roles and responsibilities as registered practitioners.

Clearly, several challenges that community service nurses face contribute to workplace stress. These problems are exacerbated by management issues, inadequate material and human resources, and the negative attitude of experienced staff towards newly appointed community nurses. When the current study was conceptualised, it was

argued that these problems might be exacerbated in rural clinical settings due to various prevailing factors.

1.3 Problem statement

The South African Nursing Council (SANC), in Regulation R765 of 2007, requires every newly qualified professional nurse trained in South Africa to perform remunerated community service in a public hospital for a period of one year before registration as professional nurse. Community service affords new graduate nurses the opportunity to improve their clinical skills and knowledge while nurturing professional behaviour patterns and critical thinking skills. Most unfortunately, CSNs are inadequately supervised and supported in rural public hospital due to staff shortage.

The period of transition from student status to being acknowledged as a qualified professional nurse is often quite stressful (Netshisaulu & Maputle, 2018). The authors affirmed this in a study that was conducted among newly appointed nursing graduates who had been placed for community service. They found that these nurses lacked a sense of independence and commitment to patient care. These nurses could not perform their duties satisfactorily with respect to ward coverage as was expected by midwives. Furthermore, the new nurses surfing through this transition phase sometimes felt inadequately prepared for the clinical environment. This inadequate preparedness may not only be stressful to community service nurses, but it can endanger patients or compromise their speedy recovery and timely discharge.

The literature affirms that the gross shortage of nurses globally poses serious problems that contribute to the endangerment of patient care and safety, Shin, Park & Bae (2017). In addition, it has been acknowledged that the shortage of nurses deprives the nursing profession of appropriate services, expertise, and role models that will ensure sustainable and sound nursing practices. Problems such as stressful transition of community service nurses and their inadequate support also exacerbate other work-related challenging conditions for them in clinical placements. This means that, generally, community service nurses are placed in health settings where there is a critical need for nurses. These clinical sites may be unfamiliar to the novice nurse, and this may cause discomfort, anxiety, and even emotional instability as the nurse needs

to adapt to a new role and environment. The sense of emotional instability may even trigger confrontation as there may be a vast gap between the novice's expectations and the reality of the place and conditions of work. Adaptation challenges are thus a real threat to the stability of newly appointed community service nurses who require support and a conducive environment where they can function optimally. Another reality is that a nursing practitioner who does community service in any institution that is not designated by the Minister of Health will not be registered as the period of community service in an unauthorised facility will not be recognized (South Africa, 2005). Moreover, community service nurses are expected to be ready to provide nursing care after the completion of their pre-entry training as a nurse. Nursing practice entails caring for patients with various afflictions in a health care facility. The relationship between the patient and nurse should be characterised by the nurse's intention to care for the patient with the primary foci on alleviating pain and suffering, expediting recovery, and providing a setting for a dignified death where the latter is inevitable. However, many community service nurses struggle to find a balance between their environment and their intention to practise a holistic approach to caring for their patients Maria, Mei & Stanely (2017). The conditions in which they work are often contrary to their expectations of the care they need to provide, and many struggle to adapt to the clinical setting while they experience feelings of uneasiness, anxiety, and fear of committing mistakes. Gaundian & Mohammadnezhad (2018) cited that another reason for Newly Qualified Professional Nurses (NQPNs) to struggle in their first month in clinical setting is the heavy workload. Being responsible for an enormous number of patients cause NQPNs to feel uneasy in terms of whether they can meet expectations or not (Hoeve, Kunnen, Brouwer & Roodbol (2018). Consequently, such situations result in ineffective and poor-quality patient care. This affirms the necessity for the support and encouragement of experienced professional nurses as novices' transition from students to professional careers in health settings (van Rooyen, Jordaan, Hain Baloy & Caka, 2018).

A study conducted in the Tshwane District in South Africa on the perceptions of midwives regarding the shortage and retention of staff at public hospitals, revealed that the impact of the shortage of midwives resulted in poor quality care of patients. This resulted in increased workload that, in turn, led to low morale and burnout and these midwives felt demoralized and overwhelmed (Mosehle, Matlala & Lumadi, 2019). It is

generally acknowledged that midwifery is the backbone of the health care of women and children. A shortage of staff in maternity units is a crisis faced by many countries worldwide, and South Africa is no exception. In such a stressful environment, novice nurses in particular are demoralized and overwhelmed and feel unprepared for their new role. Furthermore, many newly appointed nurses cite a dire lack of mentoring as a severe problem, especially during the first phase of their involvement as professional nursing practitioners. For instance, Nolte, Downing, Temane and Hastings-Tolsma (2017), who conducted their study in Gauteng Province, highlighted that CSNs tend to be placed in a public health establishment in the absence of any experienced mentors. Based on their findings, they argue that working without mentors can be a challenging experience for community service nurses. The latter authors also stressed that newly appointed nurses usually experience some difficulty in adapting to the work environment due to limited support, role conflict, and an unexpected workload. Against this background, community nurse mentors need to enhance their clinical skills and knowledge as clinical conditions often do not accommodate novice nurses' needs. Manyisa and van Aswegen (2017) also argued that factors that contribute to novice nurses' dilemma are a shortage of material and human resources, the negative attitude of experienced nurses and other health professionals, poor orientation or induction programmes, and a lack of material resources.

A lack of professional support for novice community service nurses has also been identified by several other researchers, including Adiodum, Daniels, Pinner, and Chipp (2019), who attributed this to a lack of adequate staffing. This notion is also affirmed by Regan, Wong, Laschinger, Cummings, Leiter, MacPee & Read (2017) as well as Netshisaulu and Maputle (2018). The latter authors conducted a qualitative study in Limpopo Province and revealed that newly graduated midwives who were placed in community service settings lacked a sense of independence and commitment to patient care. It was found that they did not execute their delegated duties regarding ward coverage according to the expectations of experienced midwives (Netshisaulu & Maputle, 2018). They also found that nursing service managers perceived these nurses as lacking in practical skills and professional responsibility and that they were unable to exhibit basic practical nursing skills. The lack of independence and commitment had an impact on the increased workload and led to the frustration of experienced midwives

who were charged with supervising the novice nurses. The current study was thus conducted as the researcher envisaged that the findings and recommendations might assist to inform the nursing profession about the required improvement regarding the experiences of CSNs and unit managers during their placement in rural hospitals in the Zululand District of KwaZulu-Natal.

Therefore, understanding community service nurses' experiences during their transition phase at the selected rural public hospital was deemed critical to ascertain the practice and service delivery to patients by CNSs. The researcher realised that some of nurses allocated to the community service programme at this public hospital were inadequately supervised and supported due to shortage of staff. This was the cause of concern as community service nurses expected to be competent, confident and ability to work independently on completion of community service period of one year. This will definitely produce professional nurses of high calibre. Furthermore, the researcher identified that, there was no study conducted in rural public hospital in Zululand District, to explore the experiences of CSNs and unit managers in this particular area. The researcher only found a study on "Pre- Licensure experiences of nurses performing Compulsory Community Service in KZN South Africa" A qualitative study by Govender, Brysiewicz and Bhengu (2017). The study conducted in (3) three health districts , which were two urban and one rural district in KZN Province of South Africa. The health districts were Umgungundlovu, Ethekewini and Uthungulu. Therefore, the current study was undertaken to achieve the objectives of the study, with the aim of exploring experiences of the community service nurses and unit managers placed in the rural public hospital at Zululand District, Kwa-Zulu Natal Province. The specific attention of the study focused on the development of appropriate nursing skills, the acquisition of knowledge, the adoption of acceptable behaviours, and the ability to engage in critical thinking that all assist novice nurses in their personal and professional growth (South Africa. Department of Health, 2016).

1.4 Purpose of the study

The purpose of the study was to explore and describe the experiences of the community service nurses and unit managers in the rural public hospital at Zululand District (DC26) in Kwa-Zulu Natal Province

1.5 Research Objectives

The research objectives were to:

- Explore and describe *the experiences* of community service nurses with regard to supervision and support by unit managers during their community service year in a rural public hospital in Zululand District in Kwa-Zulu Natal Province.
- Explore and describe *the experiences* of the unit managers who supervise the community service nurses in the rural public hospital regarding their skills and abilities.

1.6 Research Questions

The main research question was: What are the experiences of community service nurses in the selected rural public sector hospital in the Zululand District in Kwa-Zulu Natal?

Based on this main research question, the following questions were addressed by eliciting data by means of semi-structured interviews with 13 participants:

1. What are the experiences of community service nurses in the selected rural public hospital in Zululand District (DC26) in Kwa-Zulu Natal?
2. What are the experiences of the unit managers who supervise community service nurses in the rural public hospital regarding their skills and abilities?
3. What support can be rendered to promote more positive experiences among community service nurses in the rural public sector hospital in Zululand District in Kwa-Zulu Natal?

1.7 Significance of the Study

The study will be of significant value to the Department of Health in Kwa-Zulu Natal, National Department of health, rural public hospitals for identifying support and supervision available to Community Service Nurses during period of community service. Furthermore, the results will provide all departments respectively with information about

experience of CSNs and unit managers while placed in rural public hospitals. Such information will assist in improving available support structures and orientation programmes. Several positive benefits are related to the introduction of the Community Service Nursing Programme in South Africa, including the placement for practical experience of every newly qualified nurse before he or she functions independently in the professional nursing environment.

Below is a list of **special benefits** that this study will identify for nursing practitioners:

- **Community service nurses:** They will be advised regarding learning opportunities related to different nursing units where they interact with patients with different conditions and where various nursing procedures are required. Furthermore, will enable nurse managers and nurses to better support CSNs and promote confidence and competence to practice within their scope of practice.
- **Nurse Managers:** They will become more responsible in terms of their novice nurse management role as they will be better informed regarding their scope of practice and job description. This will inform the appropriate allocation of duties to staff thus promote the standard of patient care in the various nursing units while limiting medico-legal risks. .
- **Researchers:** Scholars in the nursing field will be informed about gaps in the literature regarding the clinical exposure of CSNs. Coping strategies employed by CSNs in poorly equipped clinical facilities and unfamiliar environment may provide useful information.
- **Nurse educators:** The nurse educator is well positioned to prepare nurses mentally and theoretically during their final year of study. They are also tasked to guide trainee nurses' learning and practice and to expose them to practical challenges in preparation of their duties before they graduate. This period can prepare them to transition smoothly through the Community Service Programme and to become independent as professional nurses. Therefore, study findings may enhance their understanding of the needs of novice nurses and the

challenges they face, which may better prepare them for their educational responsibilities as nurse educators.

- **The public and patients:** Quality patient care can be improved, based on professional knowledge and skills acquired through research and findings of the current study.

1.8 Definition of Terms

Keywords used in the study are clarified as follows:

Experiences: Experiences confer with items that have happened to someone that influence the way one thinks and behaves Advanced Oxford dictionary (2010).

Experiences mean something that has happened to a person, or a person has seen or have a particular incident that have affected her/him negatively or positively. In this particular study experiences mean all what have been happening, seen and heard by community service nurses and unit managers while executing their duties in the nursing units.

Newly qualified professional nurses: These are nurses who were educated and trained under the South African Nursing Council Regulation R425 of 22 February 1985 (as amended) and who qualified as a nurse in a specialist field such as general nursing, psychiatry, community nursing, and midwifery or accoucheur.

Community Service: This is the process whereby any citizen of South Africa who intends to practise a profession in health care in a prescribed category must perform remunerated community service for a period of one year at a public health facility (South African Nursing Council 2007) Regulation R765 of 24 August (2007).

Support: Support means agreement with and encouragement for an idea, a group or a person. This means the person renders a service through support of another by helping that person to acquire enhanced knowledge, skills, and insight if and when they need

assistance. In the context of this study, support refers to the help an experienced health care professional renders to a novice nurse.

1.9 Thesis Chapter Layout

Chapter 1: This chapter provides the overview of the study and includes an introduction, a discussion of the background, the exposition of the aim, objectives, and research questions, the problem statement, and operational terms.

Chapter 2: This chapter presents the literature that was reviewed.

Chapter 3: In this chapter the research paradigm, research methodology, research approach, research design, and research methods are discussed. Information regarding the population, sample, sampling techniques, inclusion and exclusion criteria, data collection methods, and data analysis methods is provided. The trustworthiness of the study and ethical considerations are also addressed.

Chapter 4: This chapter presents the data analysis and the findings.

Chapter 5: The dissertation is concluded with a discussion of the main findings, relevant recommendations, and a discussion of the limitations of the study. Final concluding remarks are presented.

1.10 Conclusion

This chapter addressed the problem statement, the aim and objectives of the study, conceptual clarification, and a brief synopsis of the dissertation structure. The next chapter provides a review of relevant literature that illuminates the research topic.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter focuses on the literature that was reviewed to explore the phenomenon of interest. The discourse addresses empirical studies and theoretical underpinnings that supported the study. Aspects that are highlighted include: (i) The reasons why SANC regulates the training of nurses who obtain a degree or diploma in nursing; (ii) basic information regarding the education and training courses of nurses in colleges and at universities; (iii) the role of SANC as the regulator of community nursing services; (iv) guidelines regarding the appointment of and requirements for registration of nurses in the community service sphere; (v) the requirements for the commencement of community service; (vi) the duration of community service practical training; (vii) registration for employment as a community service practitioner; (viii) the transition from being a student to becoming a community nurse practitioner; and (ix) an international perspective on community service provisioning with emphasis on studies that were conducted internationally, in the sub-Saharan region, and in South Africa.

2.2 Defining the Literature Review

A literature review is usually an insightful summary of existing knowledge on a subject of interest that is critically analysed by a researcher, with the intention of either supporting an argument or refuting it. The literature review addresses the phenomenon of interest by contextualising the research problem and placing the study in a particular context that is exposed to scholarly investigation (Polit & Beck, 2020).

2.2.1 The nature and purpose of a literature review

Generally, the literature review should show that the research is able to contribute to the understanding and knowledge of the sphere under study, and it was therefore helpful when the researcher interprets the findings of the current study. The literature review also helps the researcher to develop a literature background within which the matter under study is framed (Brink, van der Walt & van Rensburg, 2018). The latter authors define the literature review as “a systematic and explicit approach to the identification,

retrieval, and bibliographical management of independent studies for the purpose of locating information on a topic, synthesizing conclusions, identifying areas for future studies, and developing guidelines for clinical practice”.

Creswell (2020) states that the literature review provides a framework for comparing the results of various studies in a particular field and therefore to establish the importance of the current study. The findings of the literature sources that were consulted are thus used to support the discussions of the current study’s outcomes. Against this background, the literature sources that the current researcher reviewed also enabled her to obtain information regarding the methodology and instruments that would be appropriate for this study (van der Walt & van Rensburg, 2018). The researcher was thus equipped with information on what had and had not been attempted with regards to approaches and methods that would be suitable for a study of this nature. Also, the review provided the researcher with knowledge of the types of data collecting instruments that would be suitable.

2.2.2 Access to literature that informed the study.

The databases that were accessed included Google Scholar, Pubmed, MEDLINE (Medical Literature Online), and textbooks and scholarly journals of peer-reviewed articles. The search terms included ‘experiences of community service nurses. The literature sources that were reviewed provided an extensive background on which this study could build. Also, certain search terms were combined while performing the search, for instance ‘community service nurses’ was combined with ‘newly qualified nurses’ and even ‘novice nurses. This approach assisted the researcher in gaining rich knowledge of the topic under investigation.

2.3 Community Service as a Health Care Initiative in South Africa

The Department of Health (DoH) introduced community service into the public sector for eleven different categories of health professionals between 1998 and 2000. These categories include doctors, dentists, physiotherapists, and radiographers (Human & Mogotlane, 2017). Community service is a strategy that was designed to limit the

challenges within the health care system. Its implementation was expected to improve the quality of nurses' care in health care settings by ensuring that newly qualified nurses would be appropriately and professionally socialized into the nursing profession (South Africa, 2005). The community nursing service was introduced in January 2008 by SANC under Regulation No. 765 of 24 August 2007 (South African Nursing Council, 2007). The community services that are conducted by appropriately qualified nurses have been managed by the National Department of Health (DoH) since 2004. The aim of introducing this category of nurses was to support experienced qualified nurses as per the Nursing Act 2005 (Act No.33 of 2005). It was also introduced to increase the confidence of newly qualified nurses during their transition from student status to clinical practice as qualified professional nurses. All community service nurses are registered with the South African Nursing Council in the category 'Community Service' and they are required to perform their duties under the supervision of experienced professional nurses in the first year of placement. The supervision of newly appointed nurses (also referred to as novice nurses) should thus occur in public sector hospitals for a period of one year (South Africa, 2005). The DoH broadly defines the objectives of the community service programme as a means to improve the provision of health services in South Africa. Community service nurses are expected to continually develop their health care skills, acquire knowledge, develop behavioural patterns, and engage in significant thinking to enhance their professional development during this one-year period. Ideally, these nurses should be empowered during this period to function effectively and independently in health care settings (SANC Regulation R765 OF 24 August 2007).

The concept of 'community service practitioner' is included in a section of the Nursing Act 2005 (Act No.33 of 2005). This term includes the idea of the support of nurses who have completed a four-year nursing diploma or degree and who will be registered as practicing nurses in one of the various nursing fields. Community service by newly appointed nurses is practised for one year of remunerated employment (South African Nursing Council Regulation R765 of 24 August 2007). Upon registration, the community service practitioner is guided by the Code of Conduct for Professional Nurses and Midwives (South African Nursing Council, 2007). For instance, the community service nurse is mandated to provide nursing care in accordance with human needs and with respect for human dignity. This pledge of service obligates community service nurses to

respect patients despite their social standard such as race, creed, nationality and social, political, and economic standing. They are also required to safeguard all confidential information about patients.

In KwaZulu-Natal where the study was conducted, community service nursing was introduced in July 2004 and was implemented in July 2009. This was done to promote an equitable distribution of newly qualified professional nurses to disadvantaged and underserved communities. The community service initiative was an effort to improve access to quality health care for all South Africans. On completion of community service, the Deputy Nurse Service Manager of the hospital must submit a report on each nurse prior to their professional placement. The report is a declaration, and it is signed by both the Deputy Nurse Service Manager and the community service nurse (South African Nursing Council, 2007).

The focus of this study was to explore the experiences of community service nurses during their placement in a clinical setting in a rural public hospital. Community service nurses need clinical learning and support from experienced professional nurses, as this enhances their effectiveness and job satisfaction. For the first six months of practice, community service nurses mostly focus on learning practically about their duties as nurses in a clinical setting, while they also enhance their practical knowledge about nursing procedures and practices.

Induction and professional development processes need to be employed to facilitate the novice nurse's transition from being a student to becoming a professional nurse. Such a programme also needs to enhance the novice nurse's clinical competence and professional socialization. A formally structured induction and professional development support programme for newly qualified nurses could be a positive professional socialization experience and should enhance the confidence, competence, and independence of all nursing practitioners. A successful programme might even reduce the high attrition rate of newly qualified professional nurses that is a threat in healthcare services globally.

2.4 The role of the South African Nursing Council on Community Service Programme

SANC is a statutory professional body that is mandated to set and maintain standards of nursing education and practices in South Africa. It also maintains a register for nurses. SANC was established in accordance with Act No. 33 of 2005 (SANC 2007). Regulation No. R765 Government Gazettee 24 August 2007 states that, to practise as a professional nurse in South Africa, all diplomats and graduates who are citizens of South Africa must perform compulsory remunerated community service for one year at a public hospital before they can register with SANC as professional nurses. However, these community service nurses require special supervision and support by experienced professional nurses during the community service year. This 'in-service' training allows them to gain deep practical knowledge and skills related to the scope of practice and the professional regulations that guide the profession.

The Nursing Act No. 33 was promulgated in 2005 and consolidated changes in nursing legislation and the management of SANC (SANC, 2005). One change that this newly promulgated Nursing Act introduced is that registered nurses no longer vote for members of the Council, but that all members are appointed by the Minister of Health. Nursing Act 33 of 2005 also makes provision for a new category of nursing services, namely community nursing. The former Minister of Health, Dr Manto Tshabalala-Msimango, motivated the implementation of compulsory community service for novice nurses commencing in January 2008. She also determined that the programme be regulated by SANC. Regulation R765 of 24 August 2007 was then included as a section in the Nursing Act (South African Nursing Council, 2007). New graduate and diplomat nurses are thus compelled to do a one-year community service after completing their respective courses (Human & Mogotlane, 2017). The purpose of the introduction of a community service initiative remains the alleviation of the dire shortage of nurses and midwives in South Africa. However, although SANC keeps a register of all community service nurses, their implementation and control are vested in the Department of Health.

2.4.1 The legal framework: Nurses' registration and Scope of Practice

SANC must employ the Nursing Act No. 33 of 2005 and Regulation No. R765 of 24 August 2007 to ensure that guidance is provided to all nursing graduates and diplomats who are South African citizens regarding sound community service practices. SANC thus mandates qualified nurses to perform remunerated community service for a period of one year at a predetermined public hospital before they are registered as professional nurses. A completed application in the category 'Community Service' must be lodged with the South African Nursing Council. If the applicant studied at a South African nursing education institution, the application must be submitted within 30 days of completion of the course SANC Regulation R.765 of 24 August (2007)

The applicant must be a South African citizen who will register for the first time as a professional nurse. The applicant must have completed a four-year training program leading to registration in accordance with Government Gazette Notice No. R425 of 22 February 1985. He or she must also meet the minimum requirements as prescribed for the education and training of a nurse in one of the four categories as stated earlier (South Africa, 1985). If the applicant qualified outside the Republic of South Africa, she or he should follow the transitional procedure to apply for acknowledgement of a qualification obtained outside South Africa. If, after evaluation of her/his qualification, it is determined that the applicant qualifies as a professional nurse, she or he will be accepted into the community service programme SANC Regulation (R765 of 24 August 2007). It is noteworthy that none of the participants in the current study entered the programme as foreign applicants.

Regulations regarding the Scope of Practice of Nurses and Midwives and Regulations setting out the Acts or Omissions in respect of which the Council may take Disciplinary steps were formulated by the South African Nursing Council (SANC) in collaboration with the Minister of Health. These Regulations are: (i) R786 of 15 October 2013 which is the Scope of Practice of Nurses and Midwives under New Qualifications; and (ii) R767 of 1 October 2014, which sets out the Acts or Omissions according to which SANC may take disciplinary steps against nurses if warranted.

2.4.2 Registration, commencement, and duration of community service

The community service nurse practitioner must immediately inform the Nursing Council as soon as he/she has assumed duty on the due date and must confirm the name of the designated public health establishment website where she/he is performing community service. If everything in the application is in order, SANC will issue the practitioner with a certificate of registration to declare his/her capacity as a community service practitioner. In terms of the Nursing Act (South Africa, 2005), this certificate is proof of registration for one year from the date of registration. Thereafter, a practitioner whose community service extends into a second year will have to pay the required fee to remain on the register. Currently, the regulation prescribing the conditions for community service determines that only those nurses completing the R425 comprehensive programme for registration as a nurse and midwife are obliged to do community service.

On completion of the one-year community service, they receive full registration after which they can practise in a chosen healthcare facility. Failure to complete community service implies that the nurse will not receive full registration (South African Nursing Council, 2007). Any interruption of service must be made up within a period of two years calculated from the date of commencement of the community service. If the 12-months community service is not completed within two years, the period already served will lapse and the practitioner will need to redo the full period of community service. This crucial information is disseminated to nursing students towards the completion of their four- or three-year course to alert them timeously.

2.5 Theoretical Framing

According to Vian and Deason (2021) the impostor syndrome, also known as impostor phenomenon or impostorism, “is a psychological occurrence in which an individual doubts their skills, talents, or accomplishments and has a persistent internalized fear of being exposed as a fraud”. A grounded theory was conducted to explore the experiences of community service nurses during their year of community service. The term grounded theory reflects the way that the explanation or theory which emerges from the research is grounded or justified by the data collected. (Maz 2013). Moreover,

Maz (2013), also stated that grounded theory has been widely used in social research, particularly in nursing, providing means to explore and explain human social and psychological behavior. Therefore, in the current study, this theory was employed to explain CSNs' anxiety and fear when they find themselves in a clinical setting where they may lack supervision and support by unit managers while executing nursing interventions. The CSNs often experience critical events in the clinical setting and unit managers may not supervise or support them adequately due to staff shortage and high workloads.

More often, community service nurses experience many stressful situations during their transition from student to community nurse practitioner. However, the provision of emotional support by more experienced nurses can eliminate such work-related tension and confirm their worth as valued health care providers. John & Sons (2019) supports the above statement when he stated that some people doubt their competence in clinical settings. The latter author argues that community service nurses have tense feelings and self-doubt when it comes to their job performance. Such experiences might contribute to the 'imposter syndrome' which often appears among nurses who transition from student status to professional nurse status, as well as among those who progress within the profession. This syndrome has destructive effects on the psychological well-being and professional development of nurses. Ghayan and Churchill (2017) argue that any new role comes with its own challenges as well as a period of adjustment. Adjusting to a new environment, and adhering to new expectations, roles, and responsibilities, can be overwhelming. This usually occurs in the 3- to 4-month phase of the first-year transition from student to newly qualified nurse. It presents as feelings of inadequacy, unworthiness, and the inability to accept other accomplishments.

The imposter syndrome is common as it is possibly experienced by 70% of the population at some time in their lives (Gravina 2017). The 'victim' experiences distress which is destructive and has a negative effect on job satisfaction and performance. This study therefore argues that it is essential to raise awareness among novice nurses of the imposter syndrome so that community service nurses are enabled to recognize it in themselves and deal with it. Such information will assist newly qualified nurses to be well informed about professional role changes and will assist them in better coping with

professional standards, expectations, and responsibilities. They should not be surprised that an uncomfortable period of adjustment will ensue, and they must consider that imposter syndrome will cause discomfort. If forewarned, novice nurses will gain strength and cope with the self-doubt that comes with their new role. Newly qualified nurses are particularly vulnerable as many of them doubt their knowledge, readiness for their professional role, and their ability to meet the expectations of patients, colleagues, and themselves. The understanding that the transition from student to registered nurse is accompanied by stress, anxiety, and self-doubt has been reported by researchers. Lalonde & Hall (2017) in their study stated that the preceptor should develop relationship with new graduate nurses. The researcher positively agreed with the statement in such a way that she also encouraged good interpersonal relationships amongst the CSNs and other nurses in the nursing units.

The literature suggests that novice nurses may go through three different stages, namely the 'doing stage', the 'being stage', and a stage of 'knowing' (Table 2.1). The 'doing stage' involves learning and performing new responsibilities while adjusting and being accommodating to others. This stage takes the average nurse 3-4 months. The 'being stage' lasts for 4-5 months. During this period nurses advance rapidly and consistently in their thinking, knowledge, skills, and competency. During this time, they search, doubt, examine, question, and reveal. The ultimate stage of knowing lasts for the remaining months of the first year when students show adjustment to their roles. This is known as a process of "separating, recovering, exploring, critiquing and accepting" (Duschscher & Windey 2018).

Table 2.1: Stages of nursing community service

Stage	Activities	Duration
1. Doing stage	<ul style="list-style-type: none">• Learning and performing new responsibilities• Adjustment and accommodating others	3-4 months
2. Being stage	<ul style="list-style-type: none">• The nurses advance rapidly in their thinking, knowledge, skills development, and competency.• Search, doubting, examining, questioning, and reviewing	4-5 months
3. Ultimate stage of knowing	<ul style="list-style-type: none">• The nurses demonstrate adjustment to their roles.• This is known as a process of separating, recovery, exploring, critiquing and accepting.	Lasts for remaining months of the first year (usually 6 -12 months)

2.6 Factors that Exacerbate Novice Nurses' Stress

There are various factors that contribute to job-related stress among community service nurses, such as inadequate communication skills and negative workplace interactions. As the community service nurse progresses through the stages pointed out above, she or he is simultaneously impacted by job-related stress. Factors that exacerbate this stress include inadequate communication skills and negative workplace interventions, among others. This occurs although nurses doing community service completed their basic qualification and are expected to function within the same scope of practice as a registered nurse (Human & Mogotlane, 2017). However, the main challenge is usually their lack of confidence as they are inexperienced.

The categories of nursing and midwifery are laid down in the Nursing Act No. 33 of 2005 (South Africa, 2005). The scope of practice of each category is determined by the profession and regulated by SANC, and this scope of practice requires full responsibility and accountability, even for inexperienced community service nurses. For instance,

according to Regulation R2598 of 30 November 1984 as amended (South Africa, 1984), the registered nurse must be able to execute nursing interventions according to the scope of practice. Therefore, the community service nurses are required to develop insight, reasoning and organizational skills and be observant. This will enable them to diagnose patient care needs which should be referred to a medical practitioner or other members of the health team. For such reason, the CSNs should be assisted by experienced professional nurses in clinical practice although they know that, this has been taught in theory but reinforcement in the nursing units is essential.

The most important aspects of the professional nurse's tasks are to prevent harm to patients and to adhere to practices that will ensure quality patient care. Therefore, the professional nurse/community service nurse needs to be able to correlate theory with practice. Theoretical knowledge is the foundation for nursing interventions in the clinical setting, and for this reason it is important to realise that a sound theoretical background forms the basis for sound nursing practice.

It is noteworthy that this study involved community service nurses who were in the 'stage of knowing' (i.e., 6-12 months) of their clinical placement.

2.7 Empirical Literature Review

Empirical literature comprised journal articles that were consulted when conceptualising the study. The process was repeated when discussing the findings of the study.

2.7.1 International studies

According to Symthe & Carter (2022) in their respective study United Kingdom (UK), cited that transition from nursing student to qualified nurse might be stressful in such that some newly qualified nurses (NQNs) could feel overwhelmed and vulnerable. Despite that the experiences and perceptions of NQNs remained an under researched area in the UK. Outside of the UK, Newly Qualified Nurses' experiences of transition to professional practice would vary for example, in the United States, nurses are offered nurse residency programmes, It is remarkable that, the period of postgraduate could be challenging in different forms therefore the nurses need support from experienced or

senior nurses. Finally, it is suggested that during pre-registration for nurses, they need to be prepared for realities of professional practice. The researcher supported that the nurses need to be well orientated during the final year of training to prepare them for clinical practice.

In Australia, newly qualified nurses in a neonatal intensive care unit felt unprepared and had a need for a supportive environment. The participants reported overwhelming feelings of stress, emotional exhaustion, and fear of early career burnout. They were clinically underprepared for entering a neonatal intensive care unit, hence all the participants reported high levels of psychosocial distress (Renee & Mckenzie, 2021) Other factors that affected the transition from student to community nurse practitioner were work overload due to staff shortages and unrealistic role expectations. In terms of role expectations, the participants experienced various difficulties—from autonomy and responsibility issues to being left in charge of nursing units regardless of being inexperienced.

However, senior registered midwives felt an obligation to care for newly graduated nurses whom they perceived as still acquiring the skills to autonomously care for ill patients. For instance, John & Sons (2021) conducted an integrative literature review in the United Kingdom (UK). The participants felt socially isolated and overwhelmed by increases in accountability, workplace pressure, and the psychosocial demands placed on them due to their various roles.

Edward, Qusey, Playle and Glandinoto (2017) reviewed newly registered nurses in the United Kingdom and argue that the work readiness of newly qualified nurses continues to be a topic of debate and discussion amongst nursing professionals. Alrasheeday (2019) also conducted research on newly graduated nurses in Saudi Arabia and stated that these nurses reported that they felt insufficiently prepared for clinical practice.

A study that was conducted in Canada by Regan (2017) found that the experience of unpreparedness by novice nurses revealed that such nurses' knowledge and competence relied on the education and training they were exposed to during their study

period. However, it was found that these nurses were unable to apply the learned knowledge in practice. This showed a gap between theory and practice.

Another study that was conducted to explore the performance of newly qualified nurses in Australia revealed that their performance could increase stress and anxiety which, in turn, could lead to emotional stress and depression. Australia expects a significant number of graduate nurses to perform well and to demonstrate improved levels of critical thinking and higher cognitive processes (Aggar, Gordon, Thomas, Wadsworth & Bloemfield, 2018), but many felt that the transition from student nurse to a registered nurse was overwhelming. For instance, newly trained nurses felt excluded, violated, and unsupported when placed in nursing units. They also had to execute their duties without support and were rotated through three or four different clinical areas and had assigned study days. These participants agreed that they enjoyed the rotations, but they never felt that they gained the confidence they needed to perform optimally in the units where they were assigned. It was evident that problems encountered by community service nurses are not unique to South Africa but are globally experienced.

A study that was conducted in Denmark revealed that newly graduated registered nurses experienced feelings of anxiety, role ambiguity, and stress in the early stages of their professional development (Pasila, Elo & Kaariainen, 2017). It was discovered that support activities such as transition programs and assigning a mentor to each graduate was necessary to create a safe and positive working environment that increased job satisfaction. According to Herron (2018), newly graduated registered nurses struggle with limited confidence and competency and need a supportive environment to build confidence and competence.

A similar study was conducted in France by Tefera (2021) but the latter author revealed that the participants had more positive experiences than negative ones. For instance, they indicated that their expectations had been met in terms of knowledge transition, professionalism, and teamwork. Furthermore, the participants recommended a system of preceptorship. However, in general they acknowledged that the first year of practice was stressful for post-graduates who still needed to be registered as professional nurses.

Najafi, Jamshidi, Molazem, Torabizadeh & Sharif (2019) conducted a study in Iran on final year students' experiences in a clinical setting. These respondents argued that the educational environment was inadequate and contributed to confusion of identity which affected their experiences in clinical settings. Another qualitative study was conducted on nurses' experiences during the COVID-19 pandemic in Iran (Zamanzadeh , Valizadeh & Bagheriyeh (2021). This study revealed that, during the pandemic, healthcare professionals (especially nurses) were at the forefront of patient care. Nurses were the health team's frontline professionals who were in direct contact with community members and who played a crucial role in treating and preventing the upward trend of the disease. With such a special situation imposed by the pandemic, physical and mental distress became very severe for both newly qualified and experienced nurses.

The other study was conducted in Singapore by Woo & Newman (2020) on experiences of new qualified registered nurse during their transition to registered nurses position. On their respective study, the participants revealed that their transition experience was stressful. They indicated that the stress was attributed to a lack of experience and self-perceived knowledge deficit which affected their confidence. Other participants believed that their knowledge had prepared them for a registered nurses' role, while very few acknowledged that the knowledge gained in Nursing Education was adequate though they were not yet confident to handle various unfamiliar responsibilities that were delegated to them by registered nurses during transition. Such responsibilities were communicating with doctors, interpreting pathology investigating results and clinical diagnosis. Woo and Newman (2020)

2.7.2 Sub-Saharan Africa

In some nursing settings community service nurses are not recognised as real professional nurses. This was revealed in a study that was conducted by Govender, Brysiewicz and Bhengu (2017), who found that CSNs found themselves holding double titles depending on the situation in their respective facilities. For instance, at times CSNs were considered as students, while at other times they were considered as

replacements to fill registered nurse shortages. Govender et al. (2017) emphasised that hospital management should work closely with the Human Resource Department to develop a specific job description for CSNs to eliminate this confusion.

A qualitative study that was conducted in Botswana by Benton (2017) revealed that limited understanding of registered nurses' knowledge base, attitude, and lack of practices regarding the scope of practice towards their patients negatively influenced varying emotions related to their adaptation for expectations in their current roles. It was determined that registered nurses often practised beyond their scope of practice based on knowledge deficits and limited resources.

An Ugandan study conducted by Kaioko (2018) revealed issues such as an extremely low staff to patient ratio, high demands in terms of workload, lack of essential medicine and equipment, low salaries, and delayed payments for employees. These negative experiences, which were due to improperly implemented management and low staff morale, contributed to negative attitudes among newly qualified nurses who still needed adequate supervision.

According to A qualitative study by Tembo, Kabuluzi, Gondwe and Mbakaya (2019), in Malawi, found that newly qualified registered nurses perceived that they were incompetent, had an unsupportive system in the workplace and experienced negative attitude from senior nurses and inadequate resources. The newly qualified nurses had the perception that they had adequate theoretical knowledge, but little clinical training to company that knowledge. With the relation to lack of support structures, the new graduate nurses were of the opinion that the nursing managers and senior nurses do not provide adequate support. Furthermore, the lack of adequate human and material resources was identified as hinderance in the transition of newly qualified nurses (Tembo et al. 2019) The researcher identified that there is always a need to provide adequate supervision and support in the nursing units though, it seems as if is a worldwide problem due to lack of human and material resources in clinical area.

2.7.3 South Africa

Netshisaulu and Maputle (2018) found that, in the South African city of Tshwane, experienced midwives expected newly qualified nurses who had been placed for community service to be hands-on immediately upon arrival and to assume accountability and responsibility so that they could share the workload. Unfortunately, it was discovered that newly qualified midwives were not yet ready to practise independently soon after they had qualified and graduated. Instead, they still needed supervision and coaching by experienced midwives.

Quit and Shore (2018) assessed perceptions of preceptorship among community service nurses and found that, in the Western Cape, the perceived benefits and rewards for the preceptor role as well as heavy workloads had an impact on commitment to fulfil the preceptor function, and this, in turn, had a negative impact on the guidance and orientation of CSNs during their clinical practical phase. Therefore, in the current study was discovered that there is a need to recruit the preceptors in the clinical setting for the benefit of CSNs. In the Western Cape study by Beyer (2013) on experiences of community service practitioners who were deployed at a rural health facility revealed that managerial support from senior managers in the hospital that she expected for guidance was lacking. Other participants stated that they had a huge experience in such a way that they would motivate others to go to a rural area because they learnt a lot. This was a positive experience as she worked with the professional nurse for the first three months. They received good support as they were given orientation when started working. On the side of the researcher, this was a good and friendly experience required to motivate the CSNs. It also showed the sense of acceptance in the clinical setting. The conducive environment also contributes to their clinical knowledge, competencies, and skills.

There was also a study in Eastern Cape that was conducted by Mbatha (2021) on phenomenological analysis of experiences of newly qualified nurses doing community service in the Eastern Cape. The Community Service Nurses had expressed some challenges such as unclear policy guidelines for community service. The negative responses indicated the need for conducting further studies on experiences of CSNs in the clinical setting in order to assist in their supervision and support by experienced

professional nurses. This should be done in order to produce professional nurses who are well equipped with knowledge and skills on completion of community service period of one year.

In Kwa-Zulu Natal province, the study conducted by Govender, Brysiewicz and Bhengu (2017) on Pre-licensure experiences of nurses performing compulsory community service. The study revealed that, although the participants did not have a clear understanding of the objectives of Compulsory Community Service policy, they seemed to have taken on their role as professional nurses with enthusiasm and valued the opportunity to develop professionally. This was highly appreciated by researcher to identify such a positive response.

The researcher also reviewed a study conducted in Mpumalanga Province by Kholofelo, Mathaba, Abe, Pienaar, Leepileband Sehularo (2019) on community service nurses' experiences regarding their clinical competence. The results of this study were in line with that of Govender et al. (2017). The findings of these researchers revealed that CSNs find themselves holding "Double" titles depending on the situation at the respective facilities, where at times CSNs were considered as being "Students" while on the other hand, considered as replacement of registered nurses' shortage (Govender et al. 2017) The researcher concurred with the current mentioned information since, in the current study, one participant at a managerial level cited that, they acknowledged the availability of CSNs in the nursing unit. They expected CSNs to cover up the staff shortage and workload they were facing. For such information, the management should ensure that the job descriptions for CSNs are in place to all wards to minimise such confusion. They must always bear in mind that, the CSNs are there to develop more knowledge, skills and competences until they are confidence to work independently as nurse practitioners.

In Northwest Province, the research was conducted by Jarden, Weiland, Taylor, Brockenshire and Gerdtz (2021) on Registered Nurses' experiences of psychological well-being and ill-being in the first year practice: A qualitative metasynthesis. The researchers stated that, in their respective study, the graduate nurses revealed both positive and negative dimensions related to their psychological well-being and ill-being.

The positive experiences were, feeling valued and part of the team and learning from and feeling supported by other nurses. Negative experiences and emotions such as feeling overwhelmed, stressed, alone and inadequately prepared were also identified. Through this study, specific examples of strategies that may promote transition nurses' well-being and prevent ill-being were identified such as social connection and support. The researcher highly acknowledged the strategies identified in order to retain and increase the number of the new qualified nurses worldwide in nursing profession for delivery of quality care to patients.

In the Free State the researcher couldn't identify research study related to experiences of community service nurses instead viewed study by Jacobs (2020), on the benefits of experiential learning during a service-learning engagement psychiatric nursing education. The study objective was to explore and describe students' community-based learning experiences during outreach programme. The students were able to practice their professional development with a collaborative environment, which built self-confidence and stimulated critical thinking. They indicated that the experience made them aware of the needs of the community and enabled them to share reciprocal knowledge. It also helped them to integrate theory with practice, developed responsible nurses and enhanced professional development. The researcher identified the study as essential to student nurses as were developed during training about professionalism ethical responsibility and personal growth to become responsible citizens who can engage with mental health users in the community. Therefore, the study prepared the learners at their training, such exposure will assist them when they become professional nurses in the near future.

Maputle and Netshisaulu (2018) in their respective study in Limpopo, cited that when community service nurses placed in a hospital with the first year of community service after qualifying to obtain clinical experience under supervision of experienced professional nurses, they were expected to be job ready, demonstrate competence clinically, practice independency, accountable and responsible for their own actions. This study was conducted under five districts in Limpopo, those were, Vhembe, Mopani, Capricon, Waterberg and Sekhukhune Districts. The findings revealed that newly graduated midwives failed to meet the perceived expectations by experienced midwives,

this was reflected in sub-themes. Here, it was discovered that they had limited sense of independence, limited participation in sharing and commitment and competence versus incompetence to patient care. Lastly, it was discovered that the midwives were disappointed since graduates did not meet their expectations. The researcher viewed this as lack of insight and good reasoning skills on the part of experienced midwives because a new graduate needs to be supervised, coached and guided until she/he develops effective knowledge, skills, competences and confidence in the clinical practice as well as nursing procedures. For such reasons, the new qualified community service nurses still need close observation and support by experienced professional nurses clinically.

Another study was conducted by Simane-Netshisaulu and Maputle (2021) in Limpopo province on exploring supportive relationship provided to newly qualified midwives during transition period. Findings revealed negative unsupportive relationship expressed by participants resulting in poor performance. Participants expressed dislike experienced from senior professional nurses. In this aspect, the researcher motivated that, the establishment and maintenance of positive relationship between experienced and newly qualified midwives should be enhanced to promote effective transition period.

2.8 Conclusion

The reviewed studies revealed that community service nurses experience similar challenges on a global scale. This is a concern that nursing education institutions, with the support of governments, need to address to make sure that the competencies of newly qualified nurses are adequate when they work with patients. It is a widely known fact that the nursing profession worldwide experiences a severe shortage of both human and material resources, and South Africa is not exempted from these challenges. The clinical competence of community service nurses could be improved if all the stakeholders, including professional nurses, community service nurses, hospital managers, and regulatory bodies collaborate. It was to this end that the current study set out to develop a competency evaluation tool that could be used in KwaZulu-Natal provincial hospitals, specifically in the Zululand District.

This chapter focused on the literature that was reviewed to support this study. Various sources regarding the experiences of community service nurses were consulted. The legal and theoretical frameworks were explored to detail the requirements for registration as a community service nurse, the duration of community service, and the role of SANC regarding community nursing services. The next chapter will focus on the research methodology and design that were employed to bring this study to fruition.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

Research methodology refers to the procedures, methods, and activities that are utilized by the researcher in the process of finding answers to the matter under investigation (Brink, van der Walt & van Rensburg, 2018). The researcher employed a qualitative research approach and utilised a descriptive, explorative, and contextual design. This approach and design were selected to delve deeply into human participants' feelings, values, and perceptions while uncovering the lived experiences of their daily encounters. In-depth semi-structured interviews were used to elicit the required data. Qualitative studies are mostly narrative and provide in-depth understanding of otherwise unexplained phenomena. The methodology used in the current study is presented under three components: (i) research paradigm; (ii) research approach; and (iii) research design. These were pivotal in the research methods that were used to conduct the study. Each of these aspects is discussed in detail below.

3.2 Research Paradigm

According to Brink et al. (2018) a paradigm is a worldview and a set of assumptions about the basic kinds of entities in the world, how these entities interact and the proper methods to use for constructing and testing theories of these entities. A paradigm structures the questions which need to be posed and eliminate the questions which are out of its boundaries and provide a limit to specific research methods. The current study focused on the truths from the narratives and lived experiences of the community service nurses during their placement in a rural public hospital as well as experiences of unit managers who supervise them in nursing units. The researcher chose to use qualitative research in order to obtain in depth rich information, also opted for semi-structured interviews as data collection methods.

3.3 Qualitative Approach

Qualitative studies provide a rich source of knowledge that can be used to provide new information about a phenomenon. Such studies promote insight and awareness of

human experience and support the development of formal frameworks and tools (Brink et al., 2018). At the most basic level, qualitative findings can encourage insight and empathy and raise awareness of what it feels like to be in a particular situation. More formally, qualitative findings can also serve as a basis for assessment that allows nurses to compare the status of their patients with the knowledge that they gained during the nursing training period. In the current study, the researcher adopted a qualitative approach (Gray & Grove (2021), defined it as “a systematic interactive, subjective approach used to describe experiences of participants and the meaning they ascribe to their experience”. Furthermore, Gray & Grove, (2021) explained that qualitative research is an umbrella term for a few diverse approaches that seek to understand, by means of exploration, human experiences, perceptions, motivation, intentions, and behaviour. It is mostly used to describe and explore phenomena of which little is known. The researcher believed that the qualitative approach would assist her to obtain in-depth information related to the experiences of CSNs in the context of a rural public hospital.

The qualitative research approach was appropriate for exploring and describing the experiences and views of community service nurses and the Unit Managers who supervised them in a rural public hospital in the Zululand District in KwaZulu-Natal Province. Brink et al. (2018) argue that qualitative research approaches focus on understanding phenomena in their natural settings, and thus the researcher used this approach to explore the participants’ experiences that revealed their feelings and emotions related to community service placement. Semi-structured interviews and an interview guide were used for data collection. Field notes were also used to augment the data that were collected by means of the interviews.

3.4 Research Design

According to McCombes (2021), a researcher uses a particular research design as a strategy for answering the research questions using empirical data. It is thus the ‘plan’ that the researcher uses to address the research questions and it relies on certain specifications to enhance the study’s integrity and credibility. It is also referred to as the blueprint for conducting a scientific study because, when appropriately applied, it maximizes control over factors that might interfere with the credibility and validity of the findings. The choice of research design depends on what is known and not known about

the research problem (Gray & Grove, 2021). An appropriate research design guides the planning and execution of a study in a way that is most likely to promote accomplishment of the intended goal (Gray & Grove, 2021)

The research design is also defined as “a framework of methods and techniques chosen by a researcher to combine various components of research in a reasonably logical manner so that the research problem is efficiently handled” (McCombes (2019) It provides insights about *how* to conduct the research and how to employ a methodology scientifically. The research design is therefore an overall plan that helps a researcher obtain answers to the research questions. It also assists researchers to handle challenges that will arise during the research.

3.4.1 The qualitative research design

To achieve the research objectives, the researcher utilised a qualitative research design using explorative, descriptive, and contextual strategies Creswell & Creswell (2017). This research design facilitated enhanced understanding of community service nurses' experiences in a clinical setting in a real-world context, as the study site was a rural public health facility in the Zululand District in KwaZulu-Natal.

3.4.2 Descriptive approach

A descriptive approach was used to describe the experiences, characteristics, and feelings of community service nurses and their supervisors in the clinical setting under study. Using a descriptive approach also allowed the elicitation of answers to the *how* and *why* questions that illuminated the participants' characteristics and experiences. It also addressed the question; for instance: *What are the characteristics of the population or situation under study?* (Creswell & Creswell, 2018).

Furthermore, the descriptive approach assisted in describing the situational realities of the CSNs in the clinical setting where they worked and illuminated a picture of the life experiences of these nurses during their community service placement. This allowed in-depth exploration of the research problem to the extent that the objectives and research questions were addressed. The findings could therefore aid future research in similar settings even if different research methods are employed. The descriptive

approach also facilitated a credible description of the problem under investigation, and the rich data thus provided a deep understanding of the research problem.

3.4.3 Explorative approach

An explorative approach was also adopted to clarify the experiences of the participants regarding the supervision and coaching they received from the unit/operational managers during the one-year period of their community service. The explorative strategy assisted the researcher to obtain deep understanding of these nurses' and managers' experiences.

3.4.4 Contextual approach

The study is contextual in that, it focuses on community service nurses placed to perform the community service of one year as well as unit managers working with them in the rural public hospital at Zululand district in Kwa-Zulu Natal Province. The context of a study refers to the physical location and the conditions of the world during which data are collected. In the current study, the focus is on the needs and experiences of CSNs in relation to the clinical supervision and support they receive from experienced professional nurses while executing nursing interventions. Supervision of CSNs is essential for quality patient care delivery. At the time of the study, the hospital served a population of about 230 000 people in Nongoma and surrounding areas.

In South Africa, the private and public health systems exist parallel to each other. The public system, that serves the majority of the population, is chronically underfunded and understaffed. This system is driven as a primary healthcare option to the poor and involves the delivery of essential affordable, accessible, and acceptable healthcare to a wide range of communities (Muller & Bester, 2018). It is therefore important that South African nurses are competent and prepared to meet the needs of the various urban, peri-urban, and rural communities they serve. According to Human and Mogotlane (2017), primary healthcare involves the provision of basic care at the individual's point of entry into the healthcare system. It focuses on the promotion of healthy living, disease prevention, the management of diseases, and a measure of rehabilitation. Primary health care is a priority of the National Department of Health in South Africa, and it is at the heart of the integrated district health system.

The community in the study area is commonly exposed to TB, HIV/AIDS, diabetes, eye and ear afflictions, mother and child diseases, teenage pregnancy, and arthritis, to name a few. Therefore, highly competent and knowledgeable nurses are required to provide appropriate health care at all stages of life to individuals and families. The researcher believes that CSNs should be comprehensively trained and supported to provide effective care of people's health needs at different stages of the health cycle, particularly in rural areas where some inappropriate traditional methods of health treatment still prevail.

3.5 Research Setting

A research setting is the physical, social, and cultural site at which the researcher conducts a study. This study was undertaken in one of the public hospitals in Nongoma, which is in the Northern part of Kwa-Zulu Natal. It is a district hospital that provides first-level care to a large community. The map below shows the geographical location of Nongoma where the study was conducted.

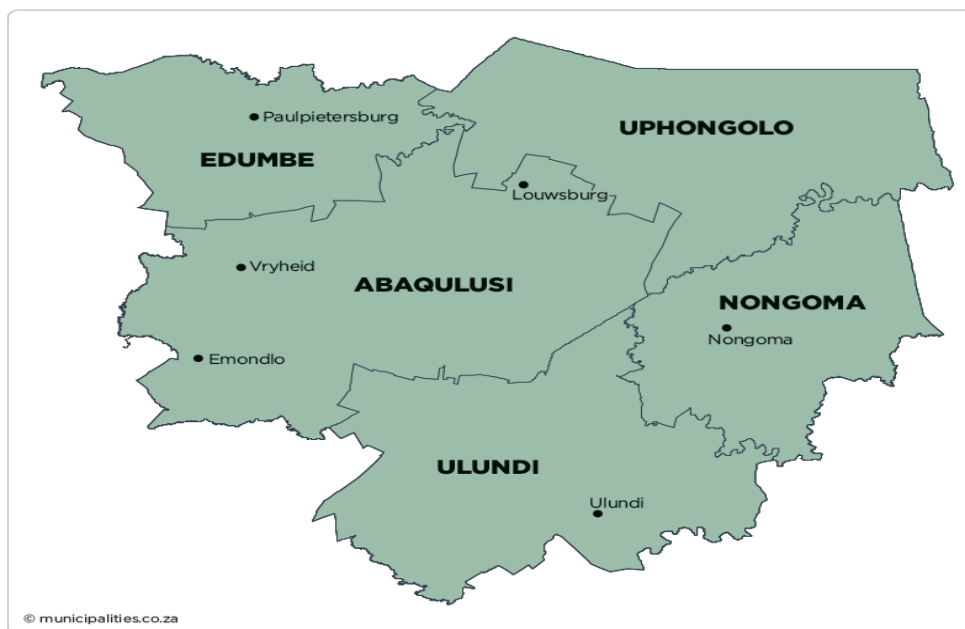


Figure 3.1: Zululand District Municipality (DC26)

Source: Zululand District Municipality, (year 2022)

The selected hospital serves a predominantly rural population of about 230 000 in Nongoma and surrounding areas. The hospital's vision is to provide optimal nursing services to the population within the catchment area. This hospital has a capacity of 363 beds and achieved the 'baby friendly' status in 2005. There are 15 fixed (PHC) facilities (clinics) in the area, of which thirteen operate seven days a week, eight hours a day, plus two on-call services that operate 24/24 hours. There are also six mobile teams serving 93 mobile points, 21 ward-based PHC outreach teams, 269 community health workers, and two school health teams.

Health services are rendered within the following nursing units: medical, surgical and orthopaedics, obstetrics, gynaecology, and paediatrics (medical & surgical). The hospital has an operating theatre, a high care unit, an outpatient department, a psychiatric unit, a paediatric outpatient department, an orthopaedic clinic, an eye clinic, a psychiatric clinic, and a gateway clinic. It also has voluntary male medical circumcision, physiotherapy, occupational therapy, and audiology departments, while a pharmacological unit and X-ray department are also available. The hospital also installed an isolation unit and vaccination site for COVID-19 cases in March 2020. This public hospital employs 400 nurses who provide health care in the local and surrounding communities.

There is also a training campus that offers various courses, for instance a four-year comprehensive course in General Nursing, Community Nursing, Psychiatric Nursing, and Midwifery. Students can also enrol for a one-year Diploma in Midwifery. The Campus has also been accredited to offer the following new training courses in 2022:

- A Diploma in General Nursing (R 171), which is a three-year programme that leads to registration with the South African Nursing Council as a General Nurse. A further education option exists under Regulation No. R171 of 8 March 2013, which leads to registration as Staff Nurse.
- An Advanced Diploma in Midwifery can be obtained (Regulation R1497). This is a full-time one-year programme that will enable the graduate to function as a clinically focused, service orientated, independent midwife who is able to render comprehensive midwifery care from the prenatal to the postnatal stage (South African Nursing Council) .Regulation No. R1497 of 22

November 2019 relating to the approval of the minimum requirements for the education and training of a learner leading to registration in category Midwife.

The largest component of workers at the hospital where the study was conducted is nursing personnel, who comprised a total of 400 in all nursing categories.

3.6 Population

The population of a study is all possible participants who comply with the sampling criteria for inclusion in a research study. Polit and Beck (2018) stated that a population is all the individuals or objects with common, defining characteristics that are ideal to answer the questions posed or resolve the challenges identified. A paper by Majid (2018) defined population as a study's target population that the researcher intends to study. In the current study, the target population was Community Service Nurses who have been placed for community service for (6) six months to (12) twelve months and Unit Managers from different wards. The CSNs at 6 -12 months experience would have gained adequate experience about their work and the time is not too long for them to have forgotten their experiences since started community service period of one year.

3.7 Sampling

In this section the recruitment process, the sample formulation, and the sampling procedures are discussed.

3.7.1 Recruitment of participants

The researcher had a meeting with the hospital management team to introduce the current study. The discussions at this meeting focused on the topic, purpose, objectives and significance of the study. The researcher explained that she would focus to Community Service Nurses who would be from six (6) months to (12) twelve months of their community service period. Further, targeted the Unit Managers who were supervising the CSNs in the respective nursing units. The CSNs who were serving below six months would be excluded from the study since they were still new in the clinical facility.

Once permission from the hospital administration had been obtained, the researcher made an appointment to meet potential participants and to explain the research study

and its advantage and purpose. This also allowed these nurses and managers the opportunity to address any unclear matters and to ask questions. The participants were also given an opportunity to express their concerns and to iterate their willingness to participate voluntarily in the study. Those who were not yet decided were advised to contact the researcher via cell phone or email. The recruited participants:

- were also informed that they would be interviewed once during data collection.
- that they might be consulted again during data analysis if the need arose to affirm data and enrich the findings of the study.
- that they were free to ask any questions or express a concern.
- And that they would only voluntarily participate in the study.

An information leaflet and consent form were handed to them, and those who were willing to participate were requested to sign the informed consent form. The researcher compiled an attendance register and ensured that confidentiality and privacy were maintained at all times. The researcher also ensured that the participants were well informed about the use of the voice recorder and obtained their permission to do so. The participants were also informed that the principle of anonymity would be adhered to throughout the research process, and that a password would be used to protect sensitive computer files. The participants who felt uncomfortable were allowed to withdraw from participating in the study.

At this meeting, the researcher made appointments to conduct the semi-structured interviews. Agreement was reached about the venues, dates, and times that would be suitable for the participants. Both community service nurses and unit managers were recruited. The inclusion criteria were based on the experience of the participants as community service nurses (i.e., those who were in the last six months of their placement) and the expertise of managers who had mentored community service nurses before. The latter were required to be knowledgeable experts while the nurses were required to have experienced community service nursing for at least six months (van der Walt & van Rensburg, 2018).

3.7.2 Sampling procedure

Sampling is a process of selecting participants who are representative of the population being studied (Gray & Grove, 2021). Sampling is also defined as a procedure of selecting a sample from individuals or a large group of population for certain or specific kind of research purpose Bhardwaj (2019). Purposive sampling was used in this study, which is the type of sampling where sampling members are selected according to the purpose of the study (Bhardwaj 2019). According to Andrade (2021), purposive sampling is one whose characteristics are made for a purpose that is relevant to the study. The advantage of this method is that it allows the researcher to study only the population of interests. A sample frame, which is a comprehensive list of the sampling elements in the target population, was used. The names of community service nurses, unit managers and their sites of placement were obtained from the selected Nursing Service Manager's office.

3.7.3 Sample

According to Gray and Grove (2021), a sample is a subset or portion of the accessible population selected through sampling. There is no stringent rule for sample size in qualitative research as the size of the sample is determined by data saturation or redundancy. In the current study, the sample comprised community service nurses and Unit Managers who were selected based on the strategic time frame in their placement and potential experiences. All the participants were able to express their views regarding their experiences and feelings and could reflect knowledgeably on what it was like to be a community service nurse or Unit Manager. The final sample size was determined by data saturation. The sample was thus selected purposively as the participants were required to have a certain period of experience and a level of expertise that would ensure the elicitation of rich data. Furthermore, the researcher purposively selected community service nurses and unit managers as people who are judged to be having specific knowledge about the issue under study.

3.7.4 Inclusion and exclusion criteria

The researcher ensured that the inclusion and exclusion criteria were closely observed to maintain the eligibility of the sample, and the participants thus had to have specific characteristics to be part of the research study (van der Walt & van Rensburg, 2018).

Inclusion criteria are used to decide on the eligibility of participants while exclusion criteria were used to exclude certain elements from the population (van der Walt & van Rensburg, 2018).

The inclusion criteria for the Unit Managers were:

- Nursing staff who had been supervising community service nurses for at least one year in the selected hospital in the Zululand District.
- Those who were willing to sign an informed consent form.
- Those who were available for data collection; and
- Those who were willing to participate voluntarily.

The inclusion criteria for community service nurses were clinical placement for at least six months or more; willingness to sign the informed consent form; willingness to participate voluntarily; and the ability to avail themselves on the day of data collection.

Exclusion criteria apply to members of a population who don't possess the characteristics that are required to urge information that may answer the study questions. In the current study exclusion criteria naturally applied to all those on the list who did not comply with the inclusion criteria as set out above.

3.8 Data Collection

Data were collected through in- depth interviews using semi-structured interview guides from a purposive sample of (13) thirteen participants composed of eight (8) community service nurses and (5) five-unit nurse managers. The researcher formulated two interview guides, one for the CSNs and another one for Unit Nurse Managers. All participants were from selected hospital.

3.8.1 Introduction to the study participants

In qualitative research, data are collected to explore the experiences of participants and to address the objectives of the study. In this study, in-depth semi-structured interviews were the main data collection tool. Two groups of participants were individually interviewed, namely Unit Managers and community service nurses. The researcher

prepared an interview guide with pertinent questions for each group based on the objectives of the study. After obtaining ethical clearance from the university where the study was registered and permission letters from the DoH and the CEO of the selected hospital had been received, the researcher made appointments with the Chief Executive Officer and Deputy Nursing Service Manager of the hospital. The aim was to request permission to conduct the research at this site and to discuss the purpose and significance of the study with them.

The researcher also utilized this opportunity to request a list of CSNs from the Deputy Nursing Manager as she is responsible for allocating these nurses to units as delegated by the DoH. The researcher obtained permission to make a presentation about the study to the CSNs and Unit Managers. Thereafter, acceptable dates and times were determined to meet the research participants at a suitable venue in the hospital.

3.8.2 Preparation of venue for data collection

A suitable venue where the interviews could be conducted was allocated by the Deputy Nursing Manager. Data collection was conducted during the COVID-19 pandemic; therefore, all protocols were strictly observed. All precautionary protective measures, as stipulated by the World Health Organization (WHO) and the South African COVID-19 Command Council led by President Cyril Ramaphosa (April 2020) were rigidly adhered to. These included social distancing of 1.5 meters, wearing masks, keeping the venue well ventilated, avoiding any crowding, washing hands with soap and water, and sanitising when entering and leaving the venue. Additionally, a daily staff screening tool was provided as a safety measure. The researcher also reviewed the *General Guide on Management of COVID-19 in Kwa-Zulu Natal Province* of 12 August 2020.

3.8.3 A pilot study.

A pilot interview was conducted with one Community Service Nurse (CSN#01) allocated in casualty department before the main study. The aim was to determine any flaws in the semi-structured interview guide and feasibility of the study (Brink van der Walt & Van Rensburg, 2018). The recorded interview session was referred to the supervisor to

review the discussion and responses. Based on the interview session, the supervisor could identify certain loop holes on the part of the researcher, such as leading questions by researcher. Therefore, the researcher could re-arrange her interview guide in a particular sequence to eliminate any leading questions. Such supervisor's comments encouraged the researcher to motivate participants to explore their experiences freely as much as possible during the interviews.

3.8.4 Data collection tool

Semi-structured questionnaires were developed for use in the interviews for both Unit Managers and Community Service Nurses see appendices 8 and 9. The questions were open ended. For unit managers: the question was divided into four aspects namely; Biographic data, main question, follow up and probes as well as for community service nurses respectively. The broad questions were:

(i) Community Service Nurses: What are the experiences of community service nurses in the selected rural public Hospital?

(ii) Unit Managers: What are the experiences of the unit managers who supervise community service?

Nurses in the rural public hospital regarding their skills and abilities?

3.8.5 The interview process

The researcher informed the participants about the time frame for each interview (i.e., about 20-25 minutes each) and the COVID-19 protocols that would be adhered to. Three main interview questions guided the conversations. These questions were adapted for the community service nurses and the unit managers.

The community service nurses were asked the following questions:

- (i) You are currently doing your one-year community service. What are your experiences as a community service nurse in this rural public hospital?
- (ii) What are your views regarding the community service that nurses must complete in a rural public sector hospital?
- (iii) What recommendations can you offer to support and promote nurses' positive experiences of community service in a rural public hospital?

The unit managers were asked:

- (i) What are your experiences of community service nurses who do their one-year community service in your unit in this hospital?

Apart from the above questions, the researcher also availed herself of the interview guide that helped her to pose similar questions to all the participants. It helped her to know what to ask and in what order to ensure that the participants' experience was similar.

The interview guide was developed by the researcher with the assistance of the supervisor prior to the interviews. The interviews were conducted by the researcher and the interviews were audio recorded with the permission of the participants. Each interview lasted for 20-25 minutes. When the transcriptions were conducted, each participant was allocated a code (e.g., CSN#01 and UM#01) to preserve their anonymity. The interviews were conducted during regular working hours to facilitate involvement. The researcher started each interview by asking the questions about the period of community service or the rotation of nurses to nursing units in order to understand the background. The researcher also respected the participants' pauses and did not judge whatever they were saying.

The researcher ensured that the interview questions and responses always focused on the topic and she refrained from any suggestive answers. She also did not ask leading questions that left the participants no room to elaborate, or that could slow the interview's pace. As recommended by van der Walt and van Rensburg (2018), the researcher bracketed out any preconceived ideas so that she could consider every available perspective. In other words, the researcher identified and set aside any preconceived beliefs and opinions that she might have had about the phenomenon under investigation. This was also achieved by attempting to withhold all prior knowledge and past experiences which would contaminate the research data. The researcher ensured that clear and direct questions were asked. She also created a warm, pleasant, and informal atmosphere to eliminate any fear and discomfort that could have hindered the participants' responses.

The researcher recorded all that was seen, heard, and encountered in detailed field notes. Face-to-face semi-structured interviews were the main data collection tool and they provided the required information to a point of saturation. The descriptive strategy was suitable in assisting the researcher to obtain the in-depth information she required for the study as data were obtained that illuminated the studied phenomenon in its entirety rather than fragmented concepts (van der Walt & van Rensburg, 2018). As the environment in which the study was conducted was familiar to the participants, they were relaxed and confident thus responded positively and frankly to the questions posed to them. Using a prepared interview guide, the researcher collected new and authentic information from the participants until the data were saturated, and she thus obtained answers to the research questions and achieved the objectives of the study. Creswell (2018) argues that the explorative data collection strategy is employed to gain insight about important situations that can provide answers that address the matter under study.

3.8.6 Use of probing questions to enhance data collection.

Probing means to ask follow-up questions when the interviewer does not fully understand a response, when answers are vague and ambiguous, and when the researcher needs to obtain more specific or in-depth information (Brink, van der Walt & van Rensburg, 2018). Probing questions often begin with "What? And "How?" because they invite more detailed answers to questions that begin with "Do you...?" or "Are you...?".

Some "Why?" questions can be problematic as they may put participants on the defensive or result in little useful information, and they thus require probing. Therefore, the researcher was very careful when asking probing questions. The participants' first responses were sometimes followed by probes and prompts to encourage them to describe or explore their experiences in more depth. Field notes were taken after each interview. The researcher listened attentively to what the participants were saying and also observed their body language and gestures. For example, it was noted if the participants nodded their heads or displayed interest and understanding.

The data collection process did not discomfort the participants but allowed them to voice how they felt and what they knew about the phenomenon under investigation. Audio recordings were made to ensure retention of the original information. These recordings were used during data analysis as a backup of the information that was collected. Using audio recordings during the interviews helped the researcher to capturing rich, authentic data. The data were stored in the researcher's office in a lockable cupboard during data collection and throughout the analysis process. All the data will eventually be stored with the researcher's supervisor for a period of five years, when it will be shredded and the recorded data will be erased (Polit & Beck, 2018).

Data collection continued until data saturation, which was when no new information unfolded. This happened when additional sampling yielded no new information but only redundancy of knowledge that had already been collected (Brink, van der Walt & van Rensburg, 2018). When the researcher felt that all the semi-structured questions had been discussed and that the time set aside for the interview was up, the participant was asked if he/she had anything to add. If not, she thanked the participant for participating in the study. Soon after each interview, the researcher summarised what the participant had said and wrote down her impressions and anything that stood out. This enhanced data collection as written transcriptions of spoken words were created.

3.8.7 Data management

Data was solely used for the purpose of completing this study. During the process of data analysis, empirical data were kept by the researcher in a locked-up steel cupboard to ensure confidentiality. Furthermore, during analysis and report writing data would be captured electronically in a computer with a password for information protection. Afterwards all the data would be safeguarded in the office of the research supervisor in University of Zululand for period of five years. Thereafter, the data on hard copies would be disposed by means of a paper shredder at the UNIZULU Nursing Science Department.

Before the data were analysed, the researcher started by transcribing the audio taped interviews thoroughly. Each transcription was read and re-read in order to offer the researcher the opportunity to re-think messages and see features that had not been

noticed during the initial reading. At this point the researcher aimed at being sufficiently familiar with the textual information to be able to summarize that information from memory. The reading and re-reading of transcripts was meant to raise deeper understanding of what the entire data set was about. During this process the researcher became familiar with the information, and she was able to spot certain similarities or patterns within the data.

3.9 Data Analysis

Data analysis is the systematic organization and synthesis of the research data. It entails categorizing, ordering, manipulating, and summarising the data and describing it in meaningful terms (Brink, van der Walt & van Rensburg, 2018). In this study, the data were analysed using qualitative techniques. To commence, the researcher perused the transcribed text and searched for patterns of similarity and differences that connected data elements. The data were analysed using Nowell, Norris & White (2017) thematic analysis which was built on Clarke and Braun's (2013) six phases of thematic analysis to identify patterns of meaning across the dataset that provided answers to the research questions. Patterns were identified through a rigorous process of data familiarization, data coding, theme development and revision using the following six thematic steps: (i) familiarization with the collected data; (ii) coding the data; (iii) searching for themes; (iv) reviewing the themes; (v) defining and naming themes; and (vi) writing up the report.

Familiarization with the data: This is the accumulation of knowledge that results from direct participation in events or activities. In the current study, the researcher immersed herself in the data by reading and re-reading the transcribed text and listening to the audio tapes. The researcher also made initial analytic observations as she became familiar with the data.

Coding: This is how the researcher defined what the analysed data were about by categorising and sorting the information for analysis. Coding is the process of labelling and organising qualitative data to identify different themes and determine the relationships among them. When coding the participants' comments, labels were assigned to words and phrases that represented essential themes for each response. The labels could be words, phrases, or numbers. The researcher considered words and

short phrases as they were easy to remember, skim, and organise responses appropriately. This coding process was valuable as common themes and concepts emerged in this manner.

Searching for themes: A theme is a coherent and meaningful pattern in the data that is relevant to the research questions. At this stage, the researcher focused on broader levels of themes by sorting different codes into potential themes. These broad themes, such as a shortage of resources, were qualified by sub-themes, such as a shortage of staff and equipment.

Reviewing the themes: At this stage the emerging themes were refined. It was found that some themes overlapped with others whereas some needed to be broken down into smaller components.

Defining and naming themes: At this stage, the researcher composed a detailed analysis of each theme and determined how a particular theme fitted into the overall data. The essence of each theme was noted, and a concise, punchy, and informative name was devised for it.

Writing up the report: At this stage, the data extracts were woven together analytically and narratively in a scholarly and coherent discourse to inform the reader of the main findings. Finally, pertinent recommendations flowed from these findings.

3.10 Trustworthiness

Trustworthiness is the degree of confidence qualitative researchers have in the data (Polit & Beck, 2018). Specific criteria were applied to ensure rigour and trustworthiness in this study. These criteria are credibility, transferability, dependability, and conformability.

3.10.1 Credibility

Credibility refers to the confidence in the truth of knowledge and interpretations that emerge in a study (Polit & Beck, 2018). This includes enhancing the believability of the findings and taking steps to display credibility to external readers. To support the

credibility criterion, the researcher audio taped the interviews to ensure retention of all authentic data. In addition, field notes were taken as a backup to mitigate any risk of loss of data that might be encountered.

Member checking was also done. This means that data interpretation and the conclusions that were reached, were shared with the participants. This process allowed the participants to clarify what their intentions were, to correct errors and to provide additional information if necessary. The supervisor also offered regular guidance throughout the study.

3.10.2 Transferability

Transferability is the ability to transfer the findings to other groups or to ensure that they are applicable to other settings (Brink et al., 2018). Furthermore, Polit and Beck (2018) refer to transferability as “the potential for extrapolation; that is, the extent to which the findings will be transferred to or have applicability in other settings or groups” The researcher was thus responsible for supplying sufficient descriptive data so that readers may evaluate the applicability of the data to other contexts (Polit & Beck, 2018). This was achieved by concise, concrete data collection and a comprehensive description of the research strategies and methods that were employed in the study.

3.10.3 Dependability

According to Polit and Beck (2018), dependability refers to the stability or reliability of knowledge over time and over various conditions. This criterion seeks to answer the question whether the study would give identical findings if it were to be repeated (Polit & Beck, 2018). Dependability is thus concerned with consistency and the reproducibility of the results. To adhere to this requirement, the researcher provides concise and adequate details of how the research data were obtained and affirms that authentic and accurate data were gathered. The researcher was thus able to focus on the research problem and to achieve the objectives of the study. The themes and sub-themes were identified accordingly with the assistance of the supervisor.

3.10.4 Confirmability

Confirmability refers to objectivity; that is, the potential for congruence between two or more independent people about the data's accuracy, relevance, and meaning (Polit & Beck, 2018). By adhering to this criterion, the researcher is able to affirm that the information collected represents the participants' information and that the interpretations are congruent with their responses (Polit & Beck, 2018). Moreover, the researcher ensured that her own preconceived ideas or knowledge were bracketed to avoid any biasness about the data and findings. When any doubts or problems arose, the researcher's supervisor availed herself for guidance and direction.

3.11 Ethical Considerations

The researcher took into consideration the nine bioethical principles as espoused by Emmanuel, Wendler and Grady (2014) framework was designed as a universal tool to use in many settings including developing countries. Thereafter in (2017) a Guide to Bioethics was developed by Emmanuel Kornyo, a eBook Published on 25 September (2017). The purpose of using these bioethical principles was to ensure that the participants were not coerced to participate, but that they voluntarily gave their consent to do so. It was also to ensure that no exploitation related to tangible or monetary rewards occurred, especially because poor communities might be easily exploited in exchange for money. As the rural part of Northern KwaZulu-Natal is generally underdeveloped or developing economically, this ethical issue might have occurred if the researcher had not been ethically sound or concerned about research ethics and principles (Emmanuel et al., 2004). According to Gray, Grove and Sutherland (2017), nursing as a profession is firmly based on the ethical principles of respect for person, justice, and beneficence, and the researcher paid detailed attention to adhering to all these ethical issues. The study was only commenced after ethical approval and permission had been granted by the following stakeholders: (i) The University of Zululand Ethics Committee, (ii) the Deputy Nursing Manager/Acting CEO of the selected hospital and its Management Team, (iii) the Department of Health, KwaZulu-Natal, and (iv) the participants.

3.11.1 Informed consent

The participants were given full and accurate information of the study prior to their involvement. The researcher obtained the informed written consent of the participants only after the purpose of the study, their roles and rights, and the possible risks and benefits of the study had been fully explained to them. In line with van der Walt et al. (2018), the researcher ensured that written consent was understood by the participants to eliminate misinterpretation and misunderstanding.

3.11.2 Respect

All individuals have the right to self-determination and decision making, and their decisions should be respected without prejudicial treatment. All the individuals' participation was therefore autonomous and voluntary and they were allowed the right to choose and make decisions about their participation in the study (Muller & Bester, 2018). They could also withdraw from the study at any time should they wish to do so.

3.11.3 Beneficence

Beneficence is an ethical principle that means to do no harm. This study posed no harm or burden to the participants, and it also had no financial implications for them as they would be involved during their spare time. Attention was also given to minimise harm and discomfort that might be either physical, psychological, emotional, spiritual, socio-economical, or legal. The researcher adhered to her obligation to protect the participants in all forms that might put their lives at risk (van der Walt et al., 2018). The participants were assured that the information they gave would not be traced back to them as individuals. The study explored the participants' views, experiences, behaviours, and interactions as a multidisciplinary health team, and therefore no individual's identity will be divulged at any point in this report or in subsequent publication of the findings.

The study focused on the actual experiences of community service nurses and their supervisors and explored their well-being and working conditions as crucial aspects of human life and dignity. They were made aware that they would not immediately benefit from the study's recommendations, but that future community service nurses and institutions might benefit should the recommended strategies be implemented in line with formulated policies.

3.11.4 Justice

This principle refers to health care practitioners' responsibility to enforce justice with equal distribution of advantages to all people. This means that one group should be prevented from benefiting to the detriment of another or allowing the exploitation of that group (Muller & Bester, 2018). The researcher was fair when selecting the participants as she was not driven by underlying desires for special benefits that the study might offer. The participants were selected for reasons directly associated with the problem under study and not due to their status or any other reason. This principle also guided the researcher to give full and accurate information before the participants were involved in the study. Moreover, participation was only confirmed once the study and their role had been fully explained to the participants and their rights and possible risks had been highlighted.

3.11.5 Autonomy

Autonomy refers to the human being's right to self-determination. This means that the participants had the right to choose whether they wanted to be included in the study. Respect for autonomy guided the researcher to ensure that the participants were able to freely decide whether to participate or not in the study according to their convictions (Muller & Bester, 2018).

3.11.6 Confidentiality

According to Muller and Bester (2018), confidentiality is a basic human right that often presents ethical dilemmas within the healthcare sphere. To address this principle, the researcher ensured that confidentiality was maintained throughout the study. Therefore, no participant is referred to by name as only codes appear in the study report. This will ensure that nobody can be linked to the information provided by any participant. All the information shared by the participants was treated as confidential and no information elicited from the participants will be carelessly divulged.

3.12 Conclusion

This chapter focused on the methodology of the research process while aspects such as trustworthiness and ethical considerations were also discussed. The next chapter will focus on data presentation and the results of the research study.

CHAPTER 4: DATA ANALYSIS AND FINDINGS

4.1 Introduction

In this chapter the data are presented, analysed, and interpreted. The discourse describes the authentic experiences and views of community service nurses and their supervisors in a rural public hospital in the Zululand District, KwaZulu-Natal Province. The demographic data of the participants, the themes and sub-themes that emerged from the data (these are either preceded or followed by a short interpretation of the participants' views using verbatim excerpts), and a conclusion are the main components of this chapter.

4.2 Demographic Data of the Participants

The demographic data of the participants are presented in two tables. Table 4.1 shows the demographic data of the community service nurses and Table 4.2 presents those of the Unit /Nurse Managers.

Table 4.1: Demographic characteristics of the participating community service nurses

Participant Code	Age	Gender	Unit Allocated to	Period Allocated	Unit Rotation
CSN#01 Pilot	28 years	M	Casualty	4 months	2 Units
			Paediatric	8 months	
CSN#02	26 years	M	Paediatric	8 months	1 Unit
			Psychiatry	4 months	
CSN#03	21 years	F	Operating Theatre	6 months	1 Unit
CSN#04	23 years	F	Gynaecology	3 months	2 Units
			Sick Antenatal	4 months	
			Maternity	3 months	
			Admission		
CSN#05	24 years	F	Sick Antenatal	3 months	2 Units
			Labour Ward	3 months (day	
			Post Natal Ward	& night)	

			Gynaecology	1 month	
CSN#06	28 years	F	Maternity	6 months	2 Units
			Sick Antenatal	4 months (day & night)	
CSN#07	24 years	F	Sick Antenatal	4 months	2 Units
Sick			Post Natal	2 month	
			Maternity	6 months	
			Admission		
			Labour Ward		
CSN#08	25 years	M	Paediatric unit	10 months	1 Unit
CSN#09	21 years	F	Operating theatre	6 months	1 Unit
CSN#10	21 years	F	Medical	5 months	2 Units
			Antenatal	and 5 months	
			Admission		

Table 4.1 provides pertinent data of the community service nurse participants in their first year, there were eight (8) community service nurses who were interviewed. One (1) community service nurse was in the 12-month of community service period and the rest were between 6- and 10-months of community service period. The participants came from different provinces such as KwaZulu-Natal, Eastern Cape, Gauteng (Tshwane District), and Limpopo. All the participants had obtained a Bachelor in Nursing Science degree from a university. Out of eight (8) participants, six (6) were females and two were males, whose ages ranged between 21 and 28 years. The participants were allocated to different units as indicated in Table 4.1 above. It must be noted that one female and one male were recused from data analysis. The male (CSN#01) participant was in a 12th month of community service period. He was involved in the pilot study, therefore the data that were shared by this participant were excluded from the main analysis and findings of the study. The female (CSN#07) was also on her 12th month of community service. The participant became sick on the day of the interview, and she was thus also excluded from the study.

Table 4.2: Demographic characteristics of the Unit / Nurse Managers

Unit Manager Code	Age	Gender	Unit
1. UM#01	57 years	M	Outpatient Department/Casualty
2. UM#02	58 years	F	Female Surgical and Orthopaedics
3. UM#03	51 years	F	Paediatric Unit
4. UM#04	43 years	M	Male Surgical and Orthopaedics
5. UM#05	40 years	M	Medical Ward

Table 4.2 indicates pertinent data of the Unit/Nurse Managers who were supervising community service nurses in their first year in different nursing units. Of the five, two were female and three were males, their ages ranged between 40 years and 58 years. These participants oversaw the different nursing units as indicated in Table 4.2 above.

4.3 PRESENTATION OF FINDINGS

This section provides an overview of the themes and sub-themes that emerged from data analysis from the Community Service Nurses regarding their experiences of community service placements and views of Unit Managers who were supervising the community service nurses in the selected rural public hospital in Zululand District at Kwa-Zulu Natal Province. Themes and sub-themes emerged are summarised in a table 3 below:

TABLE 3 FOR THEMES AND SUB- THEMES EMERGED

THEMES	SUB-THEMES
4.3.1 INADEQUATE HUMAN AND MATERIAL RESOURCES	4.3.1.1 Shortages of staff in nursing service 4.3.1.2 Inadequate equipment in the nursing units.

4.3.2 SUPPORTIVE LEARNING ENVIRONMENT

4.3.2.1 Teaching and learning needs for community service nurses.

4.3.2.2 Supervision of community service nurses in the nursing units

4.3.2.3 Need for support of community service nurses

4.3.3 MANAGEMENT OF A CLINICAL UNIT OR WARD

4.3.3.1 Relationship between Multidisciplinary team, Colleagues, Patients and Community

4.3.3.2 Professionalism of CSNs, professional nurses and Unit Managers

4.3.3.3 Good communication amongst the staff in the nursing units.

4.3.3.4 Poor Communication in the nursing units.

4.3.3.5 *The performance of CSNs in correlating theory with practice*

4.3.3.6 *Developing the ability to work independently*

4.4. Allocation to nursing unit

4.4.1. Rotation of Community Service Nurses in the nursing units

4.4.2 non-rotation in nursing unit

4.5 Experience or role taking in leadership

4.5.1 Time management in the workplace

4.5.2. Orientation for optimal clinical Exposure.

The main themes that emerged from the data were the following:

- Inadequate human and material resources
- The need for a supportive learning environment
- Management of a clinical unit or ward
- Clinical nursing practice
- Leadership

These themes and the sub-themes that flowed from them are discussed in detail in the sections that follow.

4.3.1 Inadequate human and material resources

The participants reported challenges relating to both human and material resources. The community service nurses said they did not have all the working tools needed to provide effective care to patients in the various units. According to the participants, the unavailability of medical materials and equipment made it difficult to improve their clinical service. The following sub-themes emerged in this regard:

4.3.1.1 Shortages of staff

The shortage of staff was reported as a major issue by both the CSNs and the Unit Managers. One CSN stated that he had to lead a shift in one of the nursing units without supervision. He had to report to Management when any problems were encountered as there was no senior nurse on duty in the unit. Another CSN stated that they still needed to be groomed because of staff shortages, and that he had to report to enrolled nurses or enrolled auxiliary nurses who assisted him. He stated:

CSN#02: "As a community service nurse I am leading the shift, [and] when I am having a problem I go to Management since I have no professional nurse to report to... As a community service nurse, I still need to be groomed."

Another CSN also reported that ENs (i.e., enrolled nurses) and ENAs (i.e., enrolled nursing auxiliary nurses) were there to assist. According to this participant, help from

the ENs and ENAs assisted in keeping the hospital clean, particularly the sluice rooms. The participants reported on their experiences as follows:

UM#05: *"We do have shortages. We try to help them but other times we are busy, so we postpone for tomorrow because of shortages."*

CSN#09: *"Today I have come here [but] it is a high-risk theatre. If I come to the ward, I must be prepared. It is a high challenging environment. I find a challenge here, they are understaffed. I must be prepared and if someone is absent, comes a problem."*

The majority of the participants stated that there was a shortage of experienced professional nurses in the nursing units, even to the extent that they did not receive proper orientation in the wards. Some reported that, at times, they lost interest as a result of staff shortages and being overworked. This comment was also supported by two Unit Managers who commented that, due to staff shortages, they had a problem with supervision and teaching, to the extent that they sometimes had to postpone assistance to the following day. Another CSN reported that she had been allocated to a Theatre and she had to be prepared for this high-risk environment. However, she found that it was challenging as this was an understaffed environment that required specific preparation on her part.

4.3.1.2 Inadequate equipment in nursing units

The participants reported that there was a shortage of material resources and that, as a result, they were unable to transfer the patients who were supposed to be tested for COVID-19. However, due to a lack of COVID-19 testing kits they were unable to transfer patients to the Medical Ward and thus nursed their patients in the Psychiatric Ward. The participants reported their experiences as follows.

CSN#02: *"Resources are there but are slow, so when you want to transfer a patient to the medical ward, there comes a fight."*

CSN#03: *"I haven't seen a regulator since I came here to regulate the IV [intravenous] line drops."*

CSN#04: *"I trained in a tertiary hospital where everything we needed was there, like staff and equipment. In [this] rural hospital we work under pressure and need to think or use our minds. If we don't have an ECG [Electrocardiogram] we must use a fetoscope. [There are no] stores, pharmacy, or other hospitals to assist."*

CSN#06: *"The materials [equipment] are not enough. We have three CTG machines for more than forty patients. In the Antenatal Ward, we take patients' vital signs. We do have materials but not enough. We start our CTG at 07h00 and end up at 14h00."*

UM#01: *"The greatest challenge is resources. Some equipment is so scarce... When coming to using Dayna maps they use B/P machines and find that other units will get new models. Some of the things in public [hospitals] we are improvising, and believe that on rotation will find other things..."*

UM#01: *"Equipment is sometimes not the same; for example, the thermometers they use are digital, and they need to be orientated on those things [equipment] if they go to other institutions..."*

The participants reported that the shortage of equipment hindered their practice. For example, one CSN indicated that she had not seen an Intravenous Regulator since she had come to this hospital. Another one said that she had trained in a tertiary hospital where they had no challenges with staffing and the availability of equipment. Furthermore, these participants said there were only three ECG [Electrocardiogram] machines in the Antenatal Ward which they needed to use for checking the vital signs of about forty patients. According to the participants, three ECG machines were not enough for such a high number of patients.

The above challenges mentioned by the CSNs were also highlighted by a Unit Manager who reported that scarcity of resources was a great challenge. For example, there was

no Dyna map machine available, and instead they used BP [Baumanometer] machines which are manually operated. He also stated that they were improvising and believed that, on rotation, the CSNs would find access other equipment. However, some units were using new BP checking device models. The participants thus revealed that the same quality of equipment was not available in all the units/wards. For instance, some units used manual thermometers while others used digital thermometers.

4.3.2 Supportive learning environment

A workplace learning environment is essential for the development of skills, attributes, and knowledge by newly graduated nurses as well as those still in training. Therefore, professional/registered nurses need to be appropriately prepared to maximise the training of CSNs during their year of clinical placement. A non-supportive environment causes stress and anxiety for novice nurses because they have to practically apply the concepts they learned in class and operationalise the skills they learned in a clinical training setting as they interact with patients, families, and other nurses. There were positive and negative responses under this theme.

4.3.2.1 Teaching and learning needs of CSNs

The majority of the CSNs reported that they received adequate opportunities to learn in their respective nursing units despite staff shortages. Furthermore, they also stated that they learnt much from experienced professional nurses who had long experience in the respective nursing units where they were deployed. These participants acknowledged their development during the community service placement period.

One participant reported that he had the opportunity to learn while he was allocated to a Paediatric unit. He was warmly welcomed and taught how to work with children. He got to know that children could get very sick and that some might need emergency attention. He further emphasised that the Paediatric Ward opened his eyes and that this was a 'teaching ward' for him because he learned a lot there. He also pointed out that a nurse needs to be open-minded and communicate freely with other nurses in the unit as one will learn a lot from them.

Most participants reported that they learned to respect others. Some also learned how to do procedures in Theatre without succumbing to the pressure. They were taught step by step how to work in the Recovery Room and the Operating Theatre as circulating and anaesthetic nurses. They were also taught how to assist a doctor in the operating room. The following are some of the comments they offered:

CSN#02: "I got an opportunity to learn. Paediatrics is a welcoming and teaching ward and opened my eyes to too much diagnosis. At first, I didn't know that children could get so sick. I didn't know that they might need emergency [attention]. Every day you meet different patients, [and you must be] prepared and able to help those in that situation [unacceptable conditions or being very sick]. Be open to your colleagues in the ward. You learn a lot from nurses who have long experience... There are things that you'll never know but they teach you contingency plans on how to manage patients. All the time you have to see new patients."

CSN#03: "What I learnt is respect and how to do procedures in Theatre and not putting [myself] me under pressure. That is, from recovery room then to other units... They teach us step by step. Their methods of teaching are very good. I understand how to work in the recovery room and also learnt to be a circulating nurse, a scrub nurse, and an anaesthetic nurse. Then inside [the operating room] I learnt how to be a scrub nurse and how to assist the doctor. Everything we were learning step by step."

CSN#05: "When I came [to this hospital] the staff was nice. They taught me and didn't say, 'Why didn't you do this...?' if I could not do something."

CSN#08: "The Operational Manager has good interpersonal relationships, is approachable, and is always willing to help and to teach... Since I came here, I have learnt a lot. If I can say, now [I can] work independently but do not know everything. For now, I'm able to perform my duties on my own but they are there to supervise us."

CSN#09: *“You know, at school we learn about leadership. To meet such seniors was very good...We are supposed to do things according to the ethos of nursing; that is when a senior person comes in you have to stand up...Nurses are very patient and direct us on how we must practise nursing. In Theatre we do some nursing procedures. Other procedures are not done [by us] as there are specialists’, because it is a District Hospital...I can say it is quite a stimulating environment. Where I come from, they do ask others for extra hands. I am trying to adjust to the area, but I can say I feel that we must practise and need to adjust ourselves. They taught me how to scrub as a circulating nurse. I also went to CSSD for autoclaving.”*

There were certain situations mentioned above that were supportive and conducive for learning, such as friendly staff and an approachable UM with good interpersonal relationships. One participant shared that she had learnt to respect others in the work environment and how to do procedures in Theatre. The participant stated that the methods of teaching were very good as they were taught in a step-by-step manner so that she understood how to work in the recovery room, being a circulating nurse and a scrub nurse, and how to assist a doctor. The focus of her practical experience was on the step-by-step manner in which her learning occurred.

In addition to the positive comments by the CSNs, the UMs also attested to the valuable role of CSNs during their placement period. One UM said the CSNs were also exposed to administrative work. These novice nurses were also exposed to emergency situations and most were willing to learn as they knew what they wanted to achieve. One manager commented as follows:

UM#01: *“They [CSNs] are also exposed to administrative work...and emergency [procedures]. Most are willing to learn [and] they know what they want to achieve...There are times when they are supposed to run teams. They do roll call in the morning and are told that they are in charge of the unit. They need to be equipped with skills if they are told to be in charge of the unit.”*

Not all the CSNs had smooth placement experiences as there were staff shortages, but the Unit Managers stated that most CSNs were willing to learn and knew what they wanted to learn. There were times when they were supposed to run teams, take the roll call for staff (which is a manager's role), and take charge of a unit. To do all these they needed to be equipped with skills. The following statement was made in this regard:

UM#03: *"They are able to correlate theory with practice and are willing to learn and teach, as nursing is dynamic."*

However, some UMs had negative experiences of CSNs. One comment was that university trained CSNs had no insight and lacked practice. The UM stated:

UM#04: *"What I know about university trainees is that they don't have insight and they have a lack of practice. They need to correlate theory with practice."*

The Unit Manager shared that the CSNs from Universities don't have insight, also have lack of practice. Therefore required assistance and encouragement. There was also a comment that nurses from the private sector needed to polish up, as doctors had no time to teach them basic clinical procedures and preferred those from the public sector who knew how to prepare for a doctor's rounds.

UM#04: *"Those from private sector need to polish up...Doctors also have no time for teaching and prefer those from the public sector as they know how to prepare for a round."*

The negative experiences of CSNs included working under pressure and a lack of briefing sessions. Despite this negativity, the participants acknowledged the value of an environment that was supportive simply because they were learning everything step by step. Some comments regarding this issue were the following:

UM#05: *"They are used to asking questions on how to manage the ward. We talk to them and educate them. They are eager to learn."*

CSN#03: *“We are learning to work under pressure due to staff shortages.”*

CSN#04: *“We don't have briefing sessions to teach each other as it is done in the tertiary institution. Here, due to shortages, they cannot teach, just go to work. This is a negative experience.”*

The UMs reported that CSNs were exposed to administrative work in the Casualty and Emergency units and were willing to learn as most knew what they wanted to achieve. There were times when they got opportunities to run teams, mark the roll call for staff, and being put in charge of a unit.

The UMs indicated that most community service nurses were able to correlate theory with practice because they asked questions on how to manage the ward. Therefore, they were teachable and eager to learn. However, some negative responses by the UMs highlighted the incompetence of some CSNs as they felt that they were teaching nursing students rather than new nursing practitioners. As a result, they had to take them step by step along the process to become professional nurses. They also argued that CSNs from the private sector needed to polish up their practical nursing skills and knowledge although their theoretical knowledge was good. It was unfortunate for some that doctors had no time for teaching; however, doctors preferred to work with CSNs from the public sector as they knew how to prepare for rounds.

4.3.2.2 The supervision of community service nurses in nursing units

CSNs must be supervised by experienced professional nurses while executing their nursing duties and procedures to provide quality care to patients. The supervisor must motivate learning by showing interest in the progress of individual nurses. The CSNs admitted that they were not fully competent yet, therefore they felt that professional nurses should assist them and maintain a good relationship with them. One used the example of a parent who must discipline a child who comes home late. While another CSN reported that she worked under no supervision and did procedures on her own, especially when she was on night duty and there were only three nurses looking after

more than forty patients in the Antenatal Ward. They were progressing patients for the latent phase and had to manage all conditions like eclampsia, diabetes and pre-term deliveries. They also needed to know when to transfer patients to the Labour Ward when they were in the active phase. However, some CSNs reported that they got more experience while working under no supervision as they had to make decisions on their own.

Some CSNs also accompanied patients to Theatre to receive new-born babies after Caesarean section deliveries. This was also done without supervision. One CSN reported this as a positive experience because she indicated that it forced her to work under pressure unsupervised and to learn to make decisions on her own. One of the UMs affirmed the lack of supervision due to staff shortages and acknowledged that there was no time to teach.

A CSN also pointed out that nurses of the same category were often reluctant to offer assistance, and when one was of a lower category they might assist, but if one did not ask one was not assisted. This comment highlighted the need by CSNs for assistance and guidance by experienced professional nurses. This is how they expressed this notion:

UM#04: "There is a problem with supervision due to staff shortages. Because of these shortages, there is no time to teach."

CSN#02: "If [we are] not competent, they [professional nurses] must assist us and have a good relationship with us. Even like a child: if she comes home late, as a parent you must correct it...Those people of the same category, they don't want to assist us. They say, 'Why did you train?' But if you go to one of lower category, they assist us. But if you keep quiet, they don't help you."

CSN#06: "In relation to supervision, I worked under no supervision, doing things [work procedures] on my own especially on night duty. We were three nursing staff to look after more than forty patients. In the Antenatal Ward we are progressing patients for latent phase and manage all the conditions in latent

phase. We manage eclampsia, PIH, APH, diabetes, and pre-term, and when in active phase, patients are transferred to the Labour Ward...All that I have mentioned were all my experiences of working under pressure and unsupervised, [but] it shapes us to make sound decisions on our own."

CSN#06: "I am getting more experience working under no supervision and making our own decisions. Also, in sick Antenatal Ward, we do a lot of work because we also go to Theatre to catch babies in case of Caesarean section deliveries. Then we gain a lot [of knowledge/experience]."

Conversely, some CSNs expressed their satisfaction with the supervision they received:

CSN#08: She [the Operational Manager] is always here in the ward for supervision. If not present, there are senior sisters who are supervising us. Ay! It is good here. Supervision is good here, even if there is a shortage [of staff]. For now, I'm able to perform my duties on my own but they are there to supervise us."

CSN#04: "Yes! Still functioning under supervision..."

The UMs also understood the problems due to staff shortages, but commended on private sector novices in particular:

UM#04: "There is a problem with supervision due to shortages. Because of staff shortages there is no time to teach. It is better to do indirect supervision, especially for those from public [colleges], but other ones [from the private sector] are not like those. You greet them and explain to them the patients' conditions. They do assess the patients and write assessment entries and reports."

UM#05: "They are eager to learn. They always ask since they doubt when they are alone but work well under supervision...They are working well and when they have to do certain procedures, they ask for supervision. They have the respect of the community."

The majority of the CSNs indicated that they lacked supervision by professional nurses in the wards. From the CSNs' perspective, supervision should be done to assist them to close the gaps in their training that had not been covered due to inadequate exposure. Participants agreed that supervisors should ensure that certain nursing skills are demonstrated to CSNs as they are working with them, for example how to prepare for procedures that doctors will do like setting up a trolley for a lumbar puncture, which is one of the basic procedures CSNs should handle. The above statements revealed that the CSNs were eager to learn, and therefore it is up to professional nurses to teach them as much as possible during teachable moments.

One of the CSNs had a positive view of supervision as she mentioned that the Unit Manager was always there to supervise them if necessary, while other professional nurses were also available to teach and supervise them. One Unit Manager indicated that there was a problem with supervision due to staff shortages as this did not allow time for teaching. Some UMs thus preferred to do indirect supervision of CSNs from public sector colleges, while those from the private sector also seemed to require more supervision as their practical knowledge was lacking. Another UM had a positive view of CSNs as he reported that they were eager to learn and asked for help when in doubt when working alone. Furthermore, he commented that CSNs respected the patients and the community, did patient assessments well, and wrote reports appropriately.

4.3.2.3 The need for support of community service nurses

The CSNs agreed that the Community Service programme had been introduced to polish nurses' skills and close the gaps in their training. However, to do this meant that they needed support. They stated:

CSN#02: "Other staff, they are supportive...We need supportive managers who will close up all the gaps. [But] They don't find out from you whether you are comfortable, or ask, 'what do you want us to help you with?'"

CSN#02: "It is true that they are not supportive [of our] orientation, etc. But they expect everything to be done perfectly, forgetting that we are still from training."

The CSNs reported that many staff members were supportive, but felt that they needed supportive managers too, who would close all the gaps in their training. Only very few raised the point that they were inadequately supported, and they felt that they were expected to do everything perfectly and that their superiors tended to forget that they were fresh from training.

4.3.3 The management of clinical units or wards

CSNs are taught some management roles as was affirmed several times by both the CSNs and the UMs. For instance, some were put in charge of nursing wards such as Casualty, Antenatal, Paediatrics, and Psychiatry. Moreover, some received new-born babies in Theatre post a Caesarean section while others were also required to do the roll call for staff. In general, the CSNs agreed that they needed to display respect at all times and communicate politely with other staff members, doctors, patients, and their families.

4.3.3.1 The relationship between multidisciplinary teams and patients

Both negative and positive responses were offered by the participants with regards to work-related relationships. All agreed that positive relationships create connectedness among CSNs, nurses, unit nurse managers, doctors, and patients. However, a few were concerned about the relationship between CSNs and some staff members in nursing units.

One of the CSNs reported that hospital Management did not have a relationship related to ethos and leadership as they did not use a participative management style but a discriminative management¹ style instead. Another CSN stated that the professional nurses should assist them and should build good relations with them. She compared this relationship with the relationship a parent must have with a child: loving but strict.

A UM also responded positively about relationships with junior staff members by mentioning that, as the community service nurses were still fresh from training and knowledgeable about theory, they needed practical support to perform their duties adequately. He pleaded for CSNs assistance and exposure to practice to ensure that procedures would be done correctly. These views were expressed as follows:

CSN#02: "They [Management] don't have that relationship, meaning the ethos and leadership. They don't use participative management– instead they use discriminative management."

CSN#02: "If [we are] not competent, they [professional nurses] must assist us and have a good relationship with us community service nurses. Even like a child: if he comes late at home, as a parent you must correct it."

Conversely, some CSNs reported positive experiences in their relationships with their superiors, stating that both doctors and more senior nurses forged good relationships with them and that they could perform their duties without any conflict. One CSNs stated that she was very happy to receive a rural allowance on her salary which boosted her income every month.

CSN#03: "The nurse-doctor relationship is cordial. The nurses and doctors have good relationships. You do all things [your duties] without any conflict."

CSN#04: "A good example is I get extra pay in my salary. I get a rural allowance as part of my salary. This is a rural fee for working in rural [underdeveloped] areas (smiling). ...Community service is to polish up and close the gaps that we have, [but] we need support."

UM#01: "[They need] support. These young people are fresh from school [training] and know theory. This means that we must expose them to practice ensuring that procedures are done well."

CSN#06: *"I received a warm welcome from the Hospital Manager and Management, up to the GOs [general orderlies]. Usually we are allocated for three months to a ward then allocated to the next ward. In Paeds [Paediatric unit] the staff had a good attitude towards me. The Paeds [Paediatric Department] I enjoy a lot, a lot each and every day, even the doctors have discussions with us every day. Since I came here, I feel honoured since I enjoy every activity in the ward. Even if there is crisis, they involve me. [They] don't say, 'You are a community service nurse'. They told me that I must ask and consult if I don't understand or don't know. Till now we are working well together as a team. It is very nice to be in this ward. Our Operational Manager is very cool and nice to work with. She has good interpersonal relationships and is approachable."*

CSN#6: *"I'm supposed to work for three months [in Paediatrics] but I like children and requested a nursing manager to extend my allocation and remain in the Paediatric unit."*

CSN#08: *"I met the Human Resources Officers. They are so good and doing that HR process in occupational [management] and orientated us very well. [They are] very friendly and reassured us. There are quite good doctors. They always do what is best and in the interest of the patient."*

CSN#08: *"No! It means that we work together, and the patients come first."*

UM#01: *"They [CSNs] work very well with doctors. They don't leave the doctor for emergency. They are prepared to take instructions and work. They work well with doctors. You can see that...we can attain many goals. And they leave, but a contract is a contract. At the end of the contract our worry is if they grasped something or will stay at home; otherwise, they are working well."*

UM#01: *"[It] is sad to see them go when their contract comes to an end. It is sad when they are leaving. Due to shortages in our unit...the worry is when they stay at home and are not employed and what they have grasped becomes washed away."*

UM#03: *“The relationship is good among colleagues, patients, doctors, even with the community. And professional behaviour is good. They are honest and maintain professional secrecy. [They] are reporting in and out movement from the ward.”*

The CSNs reported that they had good interpersonal relationships with the multidisciplinary health team members, including doctors, patients, and their relatives. This positive attitude made them feel comfortable and accepted in the various nursing units to which they had been allocated. The Unit Managers appreciated the CSNs' positive attitude to the extent that they felt sad when their contract came to an end and they needed to stay at home as there are limited opportunities for formal employment in public health facilities. The great challenge that the DoH must face is to create more posts to absorb CSNs on completion of their community service rather than allowing them to stay at home. The DoH should consider the fact that there is a wealth of knowledge, professional skills, and financial investment in CSNs, and letting this valuable resource in health care go to waste is a travesty.

4.3.3.2 Professionalism of CSNs, professional nurses and Unit Managers

Professionalism refers to the skills, good judgement, and polite behaviour that is expected from a person who has been trained to do a job well. It can also be understood as an individual's adherence to a set of standards or code of conduct as laid down (SANC Code of Ethics for Nursing in South Africa 2021). One CSN stated that it was pleasant to work in the selected hospital as professionalism was high compared to where she came from. She attributed this view to the professional demeanour of the hospital administrators who required all nurses to follow the tradition of wearing white uniforms, which she appreciated as she believed it exuded a professional atmosphere. Moreover, she experienced the doctors and professional nurses as calm and controlled, especially when there was an emergency. Problems were addressed timeously, politely, and professionally. The following are comments in this regard:

CSN#03: *“It is very nice to work in this hospital [as] the professional standards are high here compared to where I come from. This does not mean that there*

was no professionalism at the place where I come from, but over here it is very visible as Management and nurses follow the tradition of wearing white uniforms. [The dress code] here is formal and I appreciate that.”

CSN#03: “Doctors and nurses are professional and calm. [When] something goes wrong, a report is made, and the problem is addressed timeously, politely, and nicely.”

CSN#08: “You know, at school we learnt about leadership. To meet such a senior was very good. We are supposed to do things according to the [hospital] ethos. That is, when a senior [staff member] comes in, you have to stand up. Where I come from, we didn’t do that. I found that it is still practised here and I had to adapt, but it took me some time, especially [to adhere to] the Code of Conduct. The hair must be above your neck [and] they are quite strict here [about] nail polish. They are so strict; but they are sharing their experiences with us.”

UM#03: “They [CSNs] behave like qualified professional nurses [like] doing ward rounds with doctors, ordering materials for the ward... Really, they are so good. They don't give us headaches on duty. [When] problems [arise], they are assisted by a professional nurse who is working in the High Care unit and who is specialised in Paediatrics.”

The majority of the CSNs appreciated the professionalism displayed by the permanent staff working at the hospital under study. They referred specifically to adherence to a strict Code of Conduct in terms of the dress code and personal appearance of all nurses and other staff. They highlighted respect as an essential personal trait among nurses and staff and appreciated their experiences of co-operation, developing self-confidence and adaptability, and forging good personal relations with colleagues, senior nurses, doctors, and patients. The UMs were aware of these traits in the CSNs and lamented the fact that they could not be appointed permanently due to a lack of available posts. In essence, they regarded the CSNs as worthy of becoming good professionals in the future and argued that that they would be an asset to the nursing profession if permanently appointed.

One of the CSNs reported that they had been taught at the training institution about leadership and she acknowledged that she encountered strong leaders at this hospital. She found that what had been taught theoretically was part of the ethos of this hospital. For example, a junior acknowledges a senior respectfully by standing up. Adapting to such a strict Code of Conduct took time, especially regarding little things such as not wearing any nail polish and wearing the hair above the neckline. However, in her experience these strict rules were obeyed by all and the senior staff shared their experiences with the more junior CSNs.

One of the Unit Managers stated that the CSNs behaved like professional nurses when they did ward rounds with doctors or ordered materials for the ward. These CSNs were thus acknowledged as worthy of a professional status. The professional demeanour of CSNs in the High Care unit and Paediatric ward was specifically commended.

4.3.3.3 Good communication in the nursing units

Nursing unit staff must always maintain good communication among themselves and with members of the multidisciplinary team, namely their colleagues, doctors, patients and their families, as well as any member of the community. The Unit Manager should therefore ensure that effective communication is sustained in his/her nursing unit and that all follow the principle of open and respectful communication.

The data that were analysed indicated that this was indeed the case for the majority of CSNs who participated in the study, and they consistently referred to the friendly demeanour of the nursing staff, doctors, and administrative staff. For instance, one CSN commented as follows in this regard:

CSN#08: "I met the Human Resources Officers. They are so good and doing that HR process in occupational [management] and orientated us very well. [They are] very friendly and reassured us. There are quite good doctors. They always do what is best and in the interest of the patient."

The CSNs appreciated the effective communication amongst the nurses and stated that this enabled them to advocate for the patients. One UM also acknowledged that the CSNs had good communication skills and would ask if they didn't know anything. This UM acknowledged that they must have been taught well at the training institutions. It was also indicated that the CSNs displayed good communication skills when engaging with enrolled nurses and enrolled auxiliary nurses and that they worked well and in good spirit with them. Furthermore, when they carried out procedures they would ask if they encountered any problems and referred queries to senior staff members for guidance. The following excerpts, based on the question that was posed to explore CSNs' communication skills, testify to these findings:

UM#01: "Good communication! Their communication is good and...they are willing to ask enrolled nurses and enrolled auxiliary nurses...[They] work together in good spirit with [staff of] other categories...They do carry out procedures [and] do ask if [they are] having problems and [are] referred to seniors in order to be guided correctly."

CSN#03: "Effective communication amongst the nurses is ensured and maintained all the time...The nurses are able to advocate for patients."

CSN#03: "Staff is nice to us as I'm not from KZN [KwaZulu-Natal] but I'm from Limpopo and having language barrier. [But] They understand that I am having a language barrier; they taught me how to communicate with them and the patients."

UM#03: "With communication the manner of approach is good. They communicate well with the multidisciplinary team, like doctors, nurses, patients, and their families."

The above statements revealed that both the UMs and CSNs appreciated the open and free communication that existed among staff members. Communication was therefore effective and conducive to a high level of patient care, as it would eliminate friction and misunderstandings. Moreover, in a multilingual country such as South Africa, language barriers can easily break down communication. However, this was not the case in this

hospital as the CSN from Limpopo, who did not speak or understand the indigenous language (isiZulu) of KwaZulu-Natal well, was effectively and kindly assisted in her communication with staff and patients. Furthermore, a UM acknowledged that the approach to communication was good as multidisciplinary teams (nurses, doctors, patients, and their families) maintained good relations due to sound communication skills.

4.3.3.4 Poor communication in the nursing units.

Conversely, some CSNs alluded to breakdowns in communication. For instance, one CSN stated that management was compromised because they didn't hear or listen to the challenges that CSNs experienced during crises. This CSN expected that Management should find out, by listening to him, how they could help him. They should communicate with CSNs to find out what challenges they experienced both professionally and personally/emotionally. This suggests that there was never any one-on-one communication between Management and CSNs, and he thus felt that this led to poor communication.

The language barrier was highlighted as a challenge as follows:

CSN#03: "Management must be compromised [because they] won't hear [of our] challenges during time of crisis. They must ask, 'How can I help you? What is your problem? What are your emotional problems?'"

CSN#10: "Most patients [here] can [only] speak deep Zulu and you have to get someone to interpret for you. The language is a problem...I moved now to sick Antenatal Ward, but language is also a barrier, but they translate for me...But I was not ready for rural [service]. I'm from Jo'burg [Johannesburg] and trained in Cape Town and then came to KZN [KwaZulu-Natal]. I was not ready, but I'm here."

Very few participants reported poor communication with Management, except those who had no professional nurses in charge of the nursing unit where they worked. These

CSNs required Management to communicate with them constantly to avoid a breakdown in the service they rendered. Therefore, Management needs to be aware of such situations and regularly communicate with the nurses on duty.

Another CSN also experienced a language barrier as she was from Gauteng and had trained in Cape Town. However, just like the CSN from Limpopo above, she was assisted and seemed to cope regardless of this challenge. It was found that patients spoke 'deep' Zulu, which is the original, traditional isiZulu language entrenched in rural areas that few urban Zulu speaking people still use exclusively. This traditional Zulu was spoken by patients in the Antenatal Ward and the CSNs found a challenge. However, the staff assisted her with translations which she appreciated as she managed to cope and remained in her appointed position.

4.3.3.5 The performance of CSNs in correlating theory with practice

Experienced professional nurses should enhance integration of theory and practice by providing opportunities for CSNs to reflect on the theoretical knowledge that they obtained during their studies and then apply it to their current clinical practice. The participants expressed themselves regarding this issue as follows:

UM#04: "I can say those who come from government institutions have a lot of clinical skills as they are able to correlate theory with practice. Public nurses have better clinical skills than those coming directly from universities."

UM#04: "What I know much about university [graduates], they don't have insight, and lack insight about patients. Those from the private sector, their knowledge doesn't correlate theory with practice, and they need to correlate theory with practice. I don't know whether to measure their clinical skills but it depends on the individual. When teaching new nurses, we take them step by step and teach them the roles of a professional nurse..."

UM#03: "They are able to correlate theory to practice and willing to learn..."

The above statements revealed that the participants were able to correlate theory with practice, especially those from government nursing education institutions. It transpired that CSNs from universities were less able to correlate theory with practice and needed close attention by supervisors. This might be attributed to a more theoretical training approach at universities, while the public sector approach is more practical orientated. Therefore, Management is required to meet with the private sector institutions for discussions and feedback on their end products, as this will assist in curriculum review.

4.3.3.6 Developing the ability to work independently.

The CSNs should work under supervision of experienced professional nurses until they are able to function independently and with confidence. The CSNs are expected to have acquire appropriate knowledge, skills, and competencies by the end of their community service period of one year. One CSN reported that it was good to learn to be independent in nursing. Another stated that she had been called to Theatre to help in the delivering of new-born babies with professional nurse post Caesarean section. She reported that she now felt confident to “catch babies” and also to work with doctors even if the professional nurse was not available.

CSN#02: “In nursing, to work independently is good to learn to be independent.”

CSN#10: “Yes, I went to Theatre with Sister and other students to catch babies. So, it means that now I can go to Theatre. Monday, we had seven patients in Theatre. I went there with Sister and other students. Yes! Now I'm confident and can catch babies in Theatre independently and can work with the doctors even if a professional nurse is not there.”

Some participants, like the one above, felt that they were able to stand on their own feet as they had gained independence through proper guidance and coaching by professional nurses. This indicates how important it is that experienced professional nurses provide CSNs with opportunities for practical exposure to strengthen their confidence in the clinical environment, thus promoting their independence.

4.4 The Allocation of CSNs to Nursing Units

The data revealed that the participants were concerned that they were not rotated to different units as they had anticipated. This factor disadvantaged the CSNs as they were prevented from acquiring new knowledge and skills by working in a variety of nursing units.

4.4.1 The rotation of community service nurses among nursing units

One of the participants reported being rotated among nursing units as a positive experience. She first worked in the Antenatal unit and Admissions in the Maternity Ward for four months, and then three months in Maternity. She then returned to the sick Antenatal Ward for two weeks. She stated:

CSN#04: "I worked in Antenatal for four months and the admissions [room] in Maternity for three months. Thereafter I changed to the sick Antenatal ward for two weeks."

UM#01: "In the Emergency unit is where they are allocated and work very well with doctors. They don't leave the doctor for an emergency; they are prepared to take instructions and work. They work well with doctors in the OPD [Outpatient Department]. We don't allocate them anywhere except Emergency and the treatment room."

The data revealed that most CSNs were allocated to the Outpatient Department in different sections like the treatment room and the Emergency Section. They were allocated to work with the doctors and worked well. They also carried out doctors' instructions. This was a positive experience for the CSNs as they were exposed to different conditions and procedures. This seems a good practice as CSNs were able to gain experience in a variety of nursing interventions and nursing procedures as well as different patients' diagnoses. However, to ensure that CSNs gain comprehensive experience of the functioning and management of a variety of units, Management should

always ensure that they are rotated to various nursing departments for personal and professional growth.

4.4.2 The non-rotation of community service nurses among nursing units

A participant raised the concern that they were not sufficiently rotated during the period of community service. Therefore, she was prevented from gaining wide experience of different patients' conditions and the nursing skills required. The participant expected to be rotated to all wards such as the Outpatient Department, Medical Ward, Theatre, and others. For her the community service period was a negative experience. She commented as follows:

CSN#06: "Rotation was not done. I have worked in Antenatal Ward since July 2021 to March 2022, and I asked the Matron to change me to rotate and got someone to [exchange] swap with me. In fact, they didn't want me to change from Antenatal due to staff shortages. I thought I would go to all the wards like OPD, Medical, Theatre, and others."

This experience affirms Management's obligation to ensure that all CSNs are rotated to as many special nursing units as possible in recognition of their educational and skills development needs.

4.5 Leadership

Leadership is about influencing others to move in a certain direction and there are many ways of achieving this influence. Meyer and Meijers (2017). Each of the leadership style has its inherent qualities and pitfalls, and will be more suited to specific people and different circumstances.

The theme on leadership was constituted by following aspects, (i) time management and (ii) Orientation for Optimal Clinical Experiences. Each of these aspects are described below in depth.

4.5.1 Time management

Time management means making optimum use of available time as, with good time management, tasks are completed within the scheduled time. Meyer & Meijers (2017) affirm that there are always unexpected events in the nursing environment and the Unit Manager should always plan for any contingencies. In this regard, one of the Unit Managers commented that CSNs were very vigilant about time when they came on duty. They worked hard, managed their time well, and knew how many hours to cover per week. They reported telephonically to their supervisors if they could not report for duty due to problems, which enabled the supervisors to plan ahead for ward coverage. One Unit Manager shared his positive experience of time management by the CSNs as follows:

UM#01: "They [CSNs] are very cautious about coming to work on time. They work hard and manage the hours as needed, and they know that they must cover certain hours per week. For problems, they report and phone that they will not be on duty for the supervisors to plan ahead."

The Unit Managers commended the CSNs for their time management which made it easy for them to devise plans for nursing unit staffing. These CSNs were thus good role models for others in terms of time management.

4.5.2 Orientation for Optimal Clinical Experiences

Clinical practice aims to produce a competent professional nurse who is capable of providing nursing care based on sound knowledge, good decision making, practised skill, and professional values (Bruce & Klopper, 2017). To achieve this aim, CSNs should base their practical skills on sound theoretical knowledge, and *vice versa*.

Orientation, or induction, is a process to guide one in adjusting to a new environment, surroundings, or employment. This process helps the novice CSN to acquaint her/himself with the new environment, procedures, policies, and routines in a nursing unit. The CSNs reported that they met a senior staff member, Mr X, in the selected hospital who orientated them to policies and hospital protocol. The CSNs admitted that they knew the theory but that they now had to learn to correlate theory with practice.

One Unit Manger reported that orientation was done in the OPD when the CSNs came on duty the first time. He further stated that the CSNs knew what they could expect in this area and what to cover, but that their objectives and their skills differed. They also knew who would mentor them, and this mentor was usually in charge, as was the senior professional nurse in a particular unit. The Outpatient Department was divided into different sections but CSNs were usually allocated to the treatment room, the Emergency Section, and to work with doctors. When they worked with doctors they performed well and adhered to the instructions. The participants responded as follows:

CSN#08: "We met our senior, Mr X, who was the one who orientated us to policies of the hospital. We know the theory but now to put it into practice..."

UM#01: "On their first day in our unit we need to do orientation in the OPD setting. They know what are expect in this area and what to cover, but [allocating them] depends on different objectives based on their skills and [our] requirements. They also know who'll mentor them. The mentor is usually the person in charge and the professional nurses in that particular unit...The OPD is divided into many units; there is the Emergency unit and the treatment room or Unit 14 where the injections and procedures are done. The community service nurses usually go to those areas."

UM#01: "Equipment...sometimes they are not the same, for example thermometers used are digital [or manual]. They need to be orientated on those things. If they go to other institutions they need to know..."

UM#02: "CSNs... We are able to orientate students in the Paediatric Ward. They don't give us a headache when on duty under Human Resources. They are so good! They do everything that is done by professional nurses. For problems, they are assisted by a professional nurse who is working in the High Care unit and she is specialised in Paediatrics...Now we talk about National Core Standards and six priorities. These are the requirements of the government, therefore are orientate...them about guidelines for management of malnutrition which is a main problem in this community because people are not working...They are orientated

on management of severe malnutrition in ten steps. I will not give the steps (laughing) but will summarise them..."

UM#05: "We do orientate them about the physical layout of the ward, as here in the Medical Ward we have different sections. We are having cases like diabetes, hypertension...Section A and Section B have patients with different diagnoses, and doctors have to do some investigation to diagnose the patients."

Based on the Unit Managers' responses, it was clear that CSNs were orientated regarding the nature and requirements of the various units they might be allocated to. For instance, in the Paediatric Ward the CSNs were orientated to management of severe malnutrition according to ten steps required by Management. They were also orientated regarding the National Core Standards which are the government's health care requirements that need to be done as six priorities. CSNs in the Medical Ward were also orientated to work in different sections where they treated patients with different conditions such as diabetes, hypertension, and many others. When doctors have to do some investigations before a diagnosis, CSNs are also orientated to assist them. Some participants reported efficient orientation in some nursing units, whereas others felt that they lacked comprehensive orientation. This implies that Unit Managers, in collaboration with Management, should ensure that effective orientation programmes are in place and appropriately implemented by unit supervisors.

4.6 Conclusion

In this chapter the researcher presented the data and provided a detailed description of the research findings regarding the experiences of CSNs and their UMs in a rural public hospital in the Zululand District in KwaZulu-Natal Province. These findings enabled the researcher to identify specific gaps in knowledge related to the experiences of community service nurses. The last chapter will present a discussion of the findings, expound the benefits of the study, acknowledgement, the limitations, offer recommendations, and present final concluding remarks.

CHAPTER 5: DISCUSSION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

In this chapter the researcher summarises, discusses, and concludes the main findings of the study. She also provides recommendations emerging from the findings and discusses the study limitations. The objectives of the study were to:

- Explore and describe the experiences of community service nurses in a rural public hospital in the Zululand District (DC26);
- Explore and describe the views and experiences of unit managers who supervise community service nurses in the rural public hospital regarding their skills and abilities.

This section is not only organised according to the study objectives, but the discourse is also in line with the themes and subthemes that emerged from the qualitative data. This approach was supplemented by the descriptive, explorative and contextual design that was employed to explore and describe the experiences of the community service nurses and their supervisors in the public rural hospital under investigation. The semi-structured interviews were useful as they allowed the researcher to ask open-ended questions that permitted the participants to freely talk about their views and experiences. Moreover, the researcher could probe for more in-depth information about the thirteen participants' experiences. The sample comprised of eight community service nurses (CSNs) and five Unit Managers (UMs). The participants were purposively sampled according to specified inclusion criteria so that that the sample would be representative of the study population. The participants were thus knowledgeable about the phenomenon under study, as proposed by Brink et al. (2018). In the discussion of the findings both negative and positive experiences are analysed. Ackerson & Stiles (2018) in their study stated that transition programmes utilized in UK are generally associated with positive outcomes that is smoother transition into the workforce, reducing burnout and reducing turnover intention. The CSNs in the current study also experiencing problems in the workplace which are specifically related to lack of supervision due to

staff shortage. This means that there is a need to recruit mentors and preceptors in a clinical setting. Various challenges were experienced by the CSNs during the term of their one-year placement in the public hospital under study. This suggest that novice nurses are not immune to challenges and that they require appropriate support. The discussion of the findings is presented according to the themes as set out in Chapter 4:

- Lack of resources: materials, equipment and staff
- The need for a supportive learning environment
- The management of a clinical ward or unit
- Clinical nursing practices
- Rotation/allocation to nursing units.

Objectives 1 and 2 of the study are addressed by the findings that are discussed below, while Objective 3 is addressed by the recommendations that flowed from the findings related to the various themes that emerged from the data.

5.2 Challenges Related to a Lack of Resources

This is concerned about the problems encountered by community service nurses during their placement for clinical practice which is a period of one year. The challenges could be in the form of shortage of human and material resources. Such problems were discussed in the subsequent sections below.

5.2.1 Lack of materials and equipment

Various materials and specialised equipment are required for appropriate clinical interventions and the skills development of CSNs. The community service that nurses are required to do is often perceived as a period that is fraught with challenges for them before they become confident and independent and perform their duties as required by the Nursing Act No. 33 of 2005 (South Africa, 2005). If resources are unavailable or outdated, CSNs battle to execute their tasks which are primarily focused on patient care. Furthermore, CSNs need adequate resources to develop their skills and confidence for appropriate nursing interventions. This was not the case in the hospital under study; for instance, participants stated that they had access to only one ECG [Electrocardiogram] machine in the Sick Antenatal unit to serve forty patients, and this limitation negatively

impacted their service delivery. This was also affirmed by the participants who frequently referred to a lack of resources during the interviews. Resource provisioning is pivotal in health care, even more so when CSNs should be exposed to as many experiences as possible during their one-year placement to gain the required practical skills and knowledge before they are registered as professional nurses. However, one CSN reported that she had never seen an IV [intravenous] monitor since her arrival at the selected hospital. Based on this finding, it is recommended that the Hospital Administration, the Provincial (KwaZulu-Natal) Health Department, and the National Health Department should collaborate to ensure that community service sites are reasonably and adequately resourced with materials and equipment to assist hard-working and dedicated staff to provide high quality care to all patients and to enhance the appropriate training and development of CSNs.

According to the literature, the shortage of equipment/material resources is a concern that compromises novice nurses' performance and exposes them to medico-legal risks as they can sometimes not perform a nursing intervention adequately. This then results in loss of time as well as stress and frustration (Muller & Bester, 2018). This was affirmed by the participants in the current study as some reported that a lack of material resources in the selected hospital was the main problem they experienced during their placement. This is a challenge that the hospital's Management Team needs to address as it is their duty to ensure that equipment is procured according to the demands of the health care facility simply because nursing personnel cannot render quality care to patients without adequate material health care resources.

5.2.2 Staff shortages

The adequate provisioning of human resources is pivotal in any healthcare facility as it is trained and experienced people who are required to assist CSNs to acquire the necessary skills and experiences. However, South Africa is experiencing a shortage of nursing staff as they usually leave the service, particularly public health facilities in rural areas. Zihindula, Andrew, Gumede & Richard 2019 in their respective study revealed that, in rural areas transport is expensive and unreliable and the roads are in poor conditions so that the costs of accessing health services can be prohibitive and it is not

easy to attract health personnel to rural areas. for reasons which include lack of good schools, social amenities and accommodation. Therefore, the researcher identified that it is difficulty to attract health care professionals to rural hospitals. If the staff is overworked, they may eventually leave. The CSNs and their supervisors reported that they experienced a severe shortage of staff at the rural hospital under study, and unanimously agreed that this had a negative impact on the experiences and development of CSNs who are essentially post graduate “nurses from training “who need to perform their work under close supervision of experienced professional nurses.

The Unit Managers admitted that they were expected to ensure that high quality care was provided to patients despite staff and material shortages in the nursing units. However, regardless of challenges of shortages, the Unit Managers and experienced professional nurses had to execute their duties while also mentoring and coaching CSNs. Similar challenges have been experienced internationally for instance Hussein, Everett, Ramjan, Hu & Salamonson (2017) also confirmed that new graduates felt that management’s expectations were unrealistic due to high patient acuity and staff shortages. In the current study, the researcher encouraged experienced professional nurses to mentor newly qualified nurses even while experiencing staff shortages and being burdened by heavy workloads. Some Unit Managers welcomed the CSNs as ‘extra hands’ to cover for the shortage of personnel and to alleviate their heavy workload.

According to the current study, if appropriate orientation and induction of novice nurses occur it maximises their experiences and minimises the culture shock they might experience. This also contributes to the smooth transition of novice nurses into their new professional roles. However, it was found that some CSNs found it difficult to integrate their theoretical knowledge, which had been acquired during their studies at tertiary institutions, with their daily practical experiences in wards or units. This was particularly attributed to university trained nurses who reportedly battled to apply their theoretical knowledge practically in the clinical environment. They thus discovered that what they had learnt about nursing differed from the practical reality in a health institution.

5.2.3 The need for a supportive learning environment

On a positive note, the majority of the CSNs reported that they had adequate opportunities to learn in the nursing units despite staff shortages. All stated that they learnt a lot from experienced professional nurses who were well versed in what they required to learn. According to Bruce and Klopper (2017), teaching and learning require a great deal of caring for others, and therefore a caring relationship should be developed between the supervisor and CSNs. The former should be approachable, available, and provide support and encouragement to build the novice nurse's confidence and enhance his/her skills. Furthermore, the mentor must be a role model for all newly qualified nurses.

It was also clear that Unit Managers should utilize every opportunity to teach and guide novices, for instance during ward rounds with doctors. These are opportunities for CSNs to stimulate their critical thinking and clinical reasoning skills and to learn how to make sound decisions. They should also use every opportunity to grow and increase their confidence. They must develop their ability to communicate effectively with the multidisciplinary team which includes patients and their families. They should assume increasing more responsibilities, accept accountability, and develop their leadership skills.

Supervision is the active process of directing, guiding, and influencing the outcome of an individual's performance Bitzer (2020). Onsite supervision in a clinical setting requires that the supervisor is physically present while the individual performs nursing activities. Moreover, CSNs require extensive supervision in their first year of community service to build their confidence and help them develop a sense of independence. Unfortunately, the CSN participants reported that supervision was not always adequate due to a shortage of personnel. Providing adequate supervision is an ethical responsibility of supervisors who are obliged to care for their staff's behaviour and the development and enrichment of their knowledge and skills.

Conversely, the supportive work environment that some experienced helped the novice CSNs to develop clinical and managerial skills and competencies that are crucial in the

healthcare environment. For instance, one CSN was delighted with her experiences in the Theatre where she was allowed “to catch babies” after Caesarean sections. This helped her to gain confidence and a sense of pride to the extent that she would confidently work independently when required.

However, the participants all agreed that CSNs are still inexperienced and therefore need to perform nursing duties under supervision of experienced professional nurses. In Malawi, a qualitative descriptive study by Tembo, Kabuluzi, Gondwe and Mbakaya (2019) found that newly qualified nurses felt incompetent as they had to work in an unsupportive work environment. Moreover, they were exposed to the negative attitude of senior nurses as well as inadequate resources. These factors hindered their development and contributed to a toxic work environment.

Conversely, some participants in the current study felt welcome and supported in the units where they had been deployed. One CSN in particular commented on how welcome he felt in the Paediatrics Ward—so much so that he requested to remain there for a longer period.

In South Africa, the requirements for newly qualified nurses are stipulated in the Nursing Act No. 33 of 2005 and by the South African Nursing Council (SANC) (South Africa, 2007). According to Nursing Act 2005 (Act No.33 of 2005), all nurses who have completed a four- year course under Regulation R425 should be exposed to community nursing service for a period of one year. The rationale is that CSNs should acquire adequate knowledge, skills, and competencies related to quality practical patient care delivery. Unfortunately, all the literature sources reviewed indicated that many novice nurses across various categories tend to experience challenges in the clinical setting that render them unable to acquire the necessary expertise. Huissen, et al. (2017) further elaborated that new graduates were expected to execute nursing care despite the theory gap. The most difficulty aspect for newly qualified professional nurses was to deal with patients and families with higher expectations than what they could offer.

Commonly, the findings of the current study showed that novice nurses lack adequate supervision, have a low self-esteem, and lack confidence. This situation is exacerbated by staff shortages and ineffective communication between the supervisor and the staff.

In recent years, a lack of supervision for novice health care practitioners has been identified by various researchers. (Van Rooyen et al. 2018) stated that during the community service period, the CSNs required support and encouragement of experienced professional nurses. Some CSNs stated that they experienced the lack of supervision by professionals as a challenge related to a shortage of nursing personnel. In the current study, however, some CSNs reported that they were well supported and supervised by professional nurses.

5.2.4 Leadership and management of wards and units

In the current study, leadership is the ability of the nursing Unit Manager to use his/her skills effectively for the benefit of patients and staff. Therefore, the effective leader must ensure that quality patient care is always maintained in the nursing unit. Bruce and Klopper (2017) argue that the main function of a Unit Manger is to ensure that the patients in his/her care receive the best possible healthcare. In order to achieve this goal, the Unit Manager must ensure that the CSNs under his/her management are capable of providing such care through continuous training and supervision. Unit Managers may even engage in informal teaching by making use of teachable moments such as frequently involving CSNs in ward rounds with doctors and senior nurses. Such exposure will develop their critical thinking and ability to act with discernment. Unit Managers and other professionals are thus obliged to establish a positive learning culture in all nursing units to create an environment that is conducive to learning and that is free from prejudice and threats.

Furthermore, a positive team spirit should prevail in all nursing units. This will flow from dedication and quality work experiences that are conducive to learning. (Muller & Bester, 2018). CSNs need to reflect critically on their experiences and encounters to improve their learning and performance and to build essential competencies. Critical reflection is the process of analysing, questioning, and reframing an experience (particularly challenging ones) in order to learn. Ferreira, Basseches, & Vasco (2017). As reflective learning improves practice, CSNs are encouraged to apply practically what they learnt from reflection (Bruce & Klopper, 2017). According to the study conducted by Mckenzie & Adis (2018), in renal inpatient ward on nurse experience and job

satisfaction. They found that new nurses experience a reality shock which is the reaction new nurses have when enter the clinical area. The study identified three themes namely: safe care, organizational culture and work environment. The researchers cited that although staffing was identified a key element to providing safe care maintaining adequate staffing levels remained a challenge. Whilst there were opportunities for professional development, more support is needed for newly qualified nurses. This supports the researcher in the current study that good clinical leadership is required to support and develop the positive experience of newly graduated Community Service Nurses.

5.2.5 Nursing practice in a clinical setting

Professional nurses need to supervise, coach, and monitor CSNs with the aim of enhancing the professional execution of their duties as well as their leadership and management skills (Brink et al., 2018). Some CSNs in the current study described rich development experiences through practical exposure and their continuous professional development during the period of community service. They also reported that they considered this period as a valuable training and learning experience.

Unfortunately, the literature indicates that supervision of CSNs is generally not efficiently done, mainly due to staff shortages and this negatively impacts novice nurses' clinical practice for instance in a qualitative study conducted by Netshisaulu & Maputle (2018) in Limpopo Province .They discovered that newly graduated midwives placed for community service lacked a sense of independence and commitment to patient care. In addition, another study by Layman, Ethington, King, Jacobs & Lundeen (2020) revealed that newly qualified registered graduates were clinically underprepared for being allocated to Neonatal Intensive Care Unit. All participants reported high levels of psychosocial distress. This means that many CSNs are left unsupervised, and this might compromise the provision of quality care to patients. CSNs expect to work under the supervision of experienced professional nurses whilst performing nursing interventions, and this should consist of guiding, checking, advising, and motivating newly appointed personnel. The supervisor should also always consider that positive communication is paramount. Manyisa and van Aswegen (2017) cite a lack of equipment and skilled

professionals as factors that adversely affect the quality of care offered in health institutions. The researcher affirms that this problem occurs as it was encountered in the current study as a result of a gross shortage of staff in the clinical setting under study. According to van Rooyen et al. (2018), CSNs need the support and encouragement of experienced professional nurses, but this did not occur in all instances due to staff shortages. Despite these shortages, the professional nurses were expected to capacitate the CSNs until they became competent and confident. However, this did not occur as some CSNs pleaded for appropriate supervision and support to help them stand on their own as independent, responsible, and accountable professional nurses. Providing needed support would ensure that CSNs acquire the necessary skills and effectively apply their clinical knowledge, skills and competencies. This will also assist them in building a sense of responsibility and accountability and to become more confident in the execution of their duties and nursing interventions.

Two of the Unit Managers considered the CSNs as the extra staff to cover the shortage whereas they are expected to teach, supervise, support and guide them in work procedures and medical ward rounds until they work competently and independently.

Some CSNs described the behaviour of supervisors in the clinical setting as supportive. They also admitted that other staff members were accessible and encouraging and that they responded to their questions when clinical interventions had to be performed. This gave them a sense of worth, which played a substantial role in increasing their clinical competence and self-confidence. It must be considered that a non-supportive clinical environment increases anxiety and stress among newly qualified CSNs, but a supportive environment facilitates a sense of acceptance and acknowledgement of CSNs in the workplace, and therefore needs reinforcement.

Doughty, McKitlop, Dixon and Sinnema (2018) also affirm that newly qualified nurses do not always get the level of support they need. They thus propose that such nurses may be supported in their roles through a range of transitional support programmes, such as preceptorship. They argue that such programmes will result in increased confidence and lower rates of attrition. Hussein (2017) argues, however, that despite preceptor-ship programmes, newly qualified nurses may not always experience the level of support they required.

5.2.6 Rotation, orientation, and communication

Rotation means to move in a regular pattern from one place or point to another. It is a requirement that CSNs be rotated (or reallocated) from one nursing unit to another after a period of time. It is important that CSNs gain experience in different nursing units so that they are exposed to different health conditions, treatments and nursing procedures to broaden their scope of practice. In the health sector the comprehensive skills of nurses play a very important role in patient care. All nurses have the responsibility to ensure that the care they render is safe and effective, and that is why CSNs need to rotate so that they gain sufficient clinical exposure. This also enhances their personal and professional development as they become knowledgeable, skilful, and competent professional nurses in the future.

A study by Coetzee, Heyns and Viljoen (2017) proposes that society expects competent and safe health care even by newly qualified professional nurses, which necessitates professional nurses to practice quality care using current information. The researcher concurs with the above notion because the main goal of patient care is to alleviate pain and suffering patients and to ensure the speedy recovery from an illness. For this reason, CSNs must be well supported and supervised by a range of experienced professional nurses until they become competent and confident in various nursing fields. CSNs thus need to regularly rotate among wards for exposure to multiple clinical settings. In the current study, the researcher found that the majority of the participants wished to be rotated to gain more experience and learn to perform tasks in various settings that they felt unequipped to do.

However, the orientation and rotation of the CSNs in this study occurred only minimally. Thorough induction occurred in Paediatrics, Theatre, Casualty and the Surgical Ward, but not so in the rest. This resulted in a sense of stagnation by some CSNs; one admitted that she had actually requested to be rotated but that the request was denied due to staff shortages.

Poor orientation of CSNs also emerged as a challenge. Van Rooyen et al. (2018) argue that the orientation/induction of personnel to the working environment facilitates the smooth running of a nursing unit. It also promotes time management as well as the effective use and handling of equipment.

In the current study communication is the process or act of exchanging, expressing, or conveying information and ideas through writing, speaking and gesturing. It was discovered that both positive and negative attitudes were displayed by staff members towards CSNs. Good communication among staff members ensures and enhances the smooth running of nursing units despite staff shortages. It was thus heartening to note the positive attitude displayed by some staff members towards the CSNs. The latter reported that many were accommodating, friendly, and welcoming whenever they needed assistance regarding patient care. More experienced nurses were always available to assist them, even those from lower categories like enrolled and auxiliary nurses who had worked for a long time in the units.

A study by Wong et al. (2018) found that newly qualified nurses expressed difficulty in communicating with various parties. For instance, they battled to communicate with patients and relatives and were unable to read doctors' handwriting in treatment records. However, the current study found that no such difficulties hampered the CSNs' work. The language barrier was a challenge for two CSNs, but this was overcome by the supportive assistance of their colleagues who translated for them when they were uncertain.

5.3 The Imposter Syndrome

Although very few CSNs expressed fear regarding their role and duties, they did exude a sense of concern and even anxiety when they narrated their experiences. One CSN was highly critical of the hospital's Management or even the supervisor who never consulted with him on a one-on-one basis to discover if he was emotionally and physically coping. His demeanour and attitude can be explained by the imposter syndrome theory (Vian & Deason, 2021), as the position of CSNs is at best fragile. None of these newly qualified nurses are confident in their role or even sure of employment

after the community service year. Their fear, anxiety and need to be heard and voice their concerns is thus understandable in the context of the imposter syndrome. For such CSNs' experiences there is a need for Unit Managers and Deputy Nursing Manager to constantly evaluate the performance and clinical exposure of community service nurses placed in their hospital

5.4 Benefits of the Study

The current study will improve health services, shortage of resources both human and material, not just for present community service nurses but also for future NSNs. Furthermore, taking part in research gives and individual a more positive outlook on any health issues The benefits of the study are discussed below:

5.4.1 Benefits to the newly qualified professional nurses:

- They are offered opportunities to discuss work-related issues that might otherwise not be addressed.
- They are afforded a valuable opportunity to focus on work activities and the goals of management, and to identify and correct existing problems that will encourage improved future performance.
- The need to engage in an induction programme will indicate to the newly qualified professional nurse that the Department of Health (the employer) has a vested interest in individuals' placement and development. This may have a positive influence on the individual's sense of worth, commitment, and sense of belonging.
- Supervisors will be encouraged to identify and motivate individuals for further training and professional development.

5.4.2 Benefits to the employer

Based on the study's findings, the following performance data can, among others, be used to monitor the success of a health facility where nurses' practice should be monitored:

- The level of promoting and maintaining high standards of professional ethics.
- Its efficient contribution to the utilization of resources.
- The ability of all staff to work within their scope of practice and job descriptions.

Moreover, the DoH and health facility managers and hospital administrators...

- Will be encouraged to promote and maintain high standards of professional ethics in the facilities they manage.
- Will understand the need to procure appropriate resources and utilise them effectively.
- Will embrace their responsibility to work within their scope of practice and job description; and
- Will understand the need to employ more professional nursing staff and will create suitable positions for the permanent employment of CSNs who excel in their work.

5.5 Limitations of the Study

- The sample size was not large enough to comprehensively investigate the experiences of CSNs in the hospital under study, therefore further studies need to be conducted on a much larger scale to effectively fill the gaps left by this study. For instance, the views of professional nurses who directly supervise CSNs should be elicited.
- As the study utilised a small-scale sample, and thus its results and conclusions can only be applied to the research setting in which it was conducted.
- The study focused only on one of the six public hospitals in the rural area under study and excluded satellite clinics in the Zululand District. The findings may therefore not be generalised to all hospitals and their satellite clinics in KwaZulu-Natal Province.

5.6 Recommendations

Recommendations are offered with the purpose of conquering the challenges experienced by community service nurses in rural public health facilities. The recommendations are based on the findings of the study and those that were raised by the participants during data collection. The recommendations are addressed according to the following aspects: clinical practice, education and training, legal practice, and professional practice.

5.6.1 Clinical practice

- The KwaZulu-Natal Department of Health should consider the provision of adequate staff in all nursing units with specific focus on the availability of newly qualified professional nurses who could be recruited as new personnel.
- The KwaZulu-Natal DoH must consider the urgency of recruitment of staff to fill the gross shortages in clinical settings.
- New policy should be formulated to guide healthcare facilities on how to ensure that CSNs receive adequate exposure to practical clinical experiences across the board.
- The number of posts for the employment of experienced professional nurses in the clinical environment should be increased to ensure the adequate supervision and guidance of all newly appointed personnel in nursing units.
- Material resources and updated equipment in all nursing units should be procured so that medico-legal risks are prevented, and all patients receive quality patient care.
- Mentoring and preceptorship by and for all stakeholders must be motivated and applied to develop all staff, including new recruitments (such as CSNs), optimally.
- CSNs should be well supported by preceptors, mentors, and role models in all nursing units regardless of staff shortages.
- Induction and orientation programmes should be implemented in all nursing units to acquaint all new personnel allocated to such units of its functioning.

5.6.2 Education and training

- Nurse educators should ensure that they consider that correlation of theory with practice is emphasized during student training; they should thus enhance clinical exposure of students to prepare them to become competent and skilled professional nurses.
- All nursing curricula should focus equally on practical as well as theoretical knowledge and skills to ensure a correlation between theoretical and practical knowledge when CSNs are allocated to nursing units.
- Nursing education institutions should ensure that they orientate nursing students about the Community Service programme and its objectives.
- The role expectations of the CSNs should be discussed with nursing students in their final year of study or during a professional management module.
- To improve the clinical competence of CSNs, they need to be allocated adequate hours for clinical experience in a variety of units/wards.
- Public hospitals need to specifically allocate preceptors or mentors to support CSNs who need a conducive learning environment to develop their competencies and skills. This can be done by transforming nursing education to increase its contextual relevance by means of a continuous partnership with local health care facilities. This will ensure that nursing education takes into account what is currently being practised in health care facilities.

5.6.3 Management and the legal aspects of nursing

- Policy should be formulated in KZN province to guide healthcare facilities on how to ensure that CSNs obtain essential clinical experience and adequate exposure to different nursing units.
- Rotation is also recommended between different units as some of the CSNs are allocated up to six months in the same unit. This limits their ability to acquire new skills for effective professional practice.
- Policy should be formulated in KZN regarding the supervision and support of CSNs by Unit Managers and experienced professional nurses.

- The Provincial Government should develop a specific job description for Community Service Nurses that would provide appropriate delegation of duties to this nursing category, thereby preventing any problems regarding their supervision and the support they require.
- The Unit Managers in collaboration with Hospital Management/Administration should ensure that effective orientation programmes are formulated and that they are implemented appropriately in all nursing units.

5.6.4 Professional practice

- The District Manager and Chief Executive Officer (CEO) of the selected hospital should increase the number of experienced professional nurses in this health care facility for delivery of quality nursing care to patients. This recommendation is strengthened by the fact that CSNs are working under no supervision in some units, which may compromise patients' health and may thus contribute to ethical and legal risks that may eventually affect the selected hospital negatively.
- The KZN DoH should develop a job description for CSNs for each unit so that they are better prepared for their role and tasks upon arrival to commence their Community Service year.
- CSNs have human qualities, needs, fears, and desires just like professionals. Their well-being should be a priority of Management and supervisors as they are very likely to suffer from the 'imposter syndrome' and need reassurance and comfort. A concerted effort should therefore be made to meet with CSNs at least once a month to ask them about their emotional well-being and to offer a shoulder to lean on when required.

5.6.5 Education (Clinical and Curriculum)

The recommendations for educational improvement aspect responds and address objective 3 as emerged from the findings of the study.

- Management should devise a Staff Development Plan for CSNs for their year of community service to provide clinical learning opportunities. That is, they should

attend workshops and in-service training sessions to keep them up to date with new nursing trends related to skills, competencies, and management aspects.

- The restructuring of the nursing education training curriculum is important as it needs to ensure that student nurses are taught how to integrate their subjects to preparing them for their community service year.
- Specially designed induction and orientation programmes need to be implemented to expose CSNs to the various nursing units. This will help them to acquire nursing skills for a variety of interventions such as in the medical, surgical, and other units of a training hospital.
- A joint meeting between clinical staff and academic staff is essential to discuss any clinical problems and curriculum changes that affect CSNs. The nursing personnel should consider that effective clinical learning is a major objective in preparing professional nurses for the health care environment.
- Education through renewal of nursing skills and clinical evaluation tools is important, therefore nurse educators, preceptors, mentors, clinical facilitators, unit managers and professional nurses must work together to develop students and prepare them for their final year and to get ready for the community service period.

5.6 Conclusion

A main conclusion that this study reached is that the CSNs received inadequate supervision and support by experienced professional nurses in the various nursing units due to gross staff shortages. This challenge limited the CSNs opportunities to acquire clinical skills and competencies in providing quality patient care delivery.

According to van Graan and Williams (2017), basic nursing education is insufficient for preparing novice nurses to perform their clinical duties and professional role comprehensively. There is a need for newly qualified nurses/CSNs to be clinically and academically supervised and guided so that they are appropriately trained for their caring tasks. This is crucial as they need to deliver safe and competent care at a professional level once they have completed their community service obligation.

Improved supervision will enable them to become professional experts who are knowledgeable and competent and, most importantly, employable. The study affirms the necessity for improved conditions for the placement of CSNs in the rural public hospital under investigation, and possibly also in others where similar conditions—particularly staff shortages—prevail. All health care stakeholders should clearly stipulate the hours for CSNs' placement per unit to allow their reasonable rotation among units. This will expose them to various general and specialised nursing units where they can acquire skills to better execute appropriate medical and surgical nursing procedures. This will facilitate advanced learning opportunities and enhance the learning experiences of so many hard-working and dedicated CSNs.

6. REFERENCES

Adiodum, R.O., Daniels, F., Pimmer, C. & Chips, J. (2019). Nurse graduates' experiences and support needs: A qualitative systematic review of South Africa's community service programme. *Curationis*, 42(1), a1906. <https://doi.org/10.4102/curationos.v42il.1906>.

Advanced Oxford dictionary (2010).

Ackerson, K. & Stiles, K.A. (2018) Value of nurse residency programs in retaining new Graduates nurses and their potential effect on the nursing shortage. *The journal Of Continuing Education in Nursing*, 49 (6), 282-288.

Aggar, C., Gordon, C.T., Thomas, J.H.T., Wadaworth, L. & Bloomfield, J. (2018). Evaluation of community transition to professional practice programme for graduate registered nurses in Australia: *Nurse Education in Practice*, 32, 101-107. doi:10.1016/j.nepr.2018. 03.005 [PubMed]. [CrossRef.] [Google Scholar].

Alrasheeday, A.M. (2019). The experiences of newly qualified nurses in Saudi Arabia: A qualitative case study examining social, cultural and contextual challenges. Unpublished PhD thesis, University of Sulford, Saudi Arabia.

Andrade, C. (2021). The inconvenience truth about convenience and purposive samples, *Indian Journal of Psychological Medicine*, 43 (1), pp 86-88.

Bhandwaji, P. (2019) Types of sampling in research. *Journal of the Practice of Cardiovascular Sciences*. 5(3) p.157

Beyer, B, (2013) Experiences of community service practitioners who were deployed at a rural health facility in the Western Cape.

Bitzer, E.M. (2020), *Research Education of the Central University of Technology- A Compendium for postgraduate students and study supervisors*. Sun Media: 2nd Edition.

- Brink, H., van der Walt, C. & van Rensburg, G. (2018). *Fundamentals of research methodology for healthcare professionals* (4th ed.). Cape Town, SA: Juta and Company.
- Bruce, J. & Klopper, H. (2017). *Teaching and learning the practice of nursing* (6th ed.). City/location: Pearson Education.
- .
- Coetze, I., Heys, T. & Viljoen, M. (2017). Critical care: Nurses' reasons for poor attendance at a continuous professional development programme. [Google Scholar] *American Nursing Journal*, 26(1), 70-72.
- Creswell, J.W. & Creswell, J.D. (2018). *Research design: Qualitative, quantitative and mixed approaches* (5th edn.). London: SAGE Publications.
- Doughty, L., McKitlop, A., Dioxon, R. & Sinnema, C. (2018). Educating new graduate nurses in their first year of practice: The perspective and experiences of new graduate nurses and the Director of Nursing. *Nurse Education in Practice*, 30, 101-105. doi:10.1016/j.nep.
- Duchscher, J.B. & Windy, M. (2018) Stages of Transition shock. *Journal for Nurses in Professional Development*, 34(4), 228-232 <https://doi.org/10.1097/hnd.0000000000> Search in Google Scholar PubMed.
- Edward, K. Ousey, K. Playle, J. & Giandinoto. J.A. - *Journal of Professional* (2017)- Elsevier .Are new nurses work ready- the impact of preceptorship. An integrative systematic review.
- Emmanuel, A. (2017) *Bioscience, Medicine, Dentistry, Nursing & Allied Health*. eBook Publication. <https://doi.org/10.120/b 22100>
- Ferreira, J.F., Basseches, M. & Vasco, A. B. (2017) .Guidelines for reflective practice in psychotherapy : a reflection on the benefits of combining moment - by- moment and phase- by- phase mapping in clinical decision making. *Journal of Psychotherapy Integration*, 27(1), 35- 46.

- Gaundan, D., & Mohammadnezhad, M. (2018) A qualitative exploration of transitional challenges faced by Intern- nurses at Labas hospital, Fiji. *Health System and Policy Research*. 5 (2) (2018) p. 70 Google Scholar.
- Govender, S., Brysiewicz, P. & Bhengu, B. (2017). Pre-licensing experiences of nurses performing compulsory community service in KwaZulu-Natal, South Africa: A qualitative study. *Journal of Africa Nursing Sciences*, 6, 14-21. <https://doi.org/10.1016/j.ijans.2017.01.001>.
- Gray, J.R., Grove, S.K. & Sutherland, S. (2017). *The practice of nursing research: Appraisal, synthesis and generation of evidence* (8th edn.; Elsevier, Maryland Heights, M.O.
- Gray, J.R. & Grove, S.K. (2021). *The practice of nursing research: Appraisal, synthesis and generation of evidence* (9th edn.). Elsevier. Maryland Heights, M.O.
- Gravina, S.W. (2017). Competency-based education and its effect on nursing education: A Literature review. *Teaching and learning in Nursing*, 12(2), 117-121 <https://doi.org/10.1016/j.teln.2016.11.004>. Search in Google Scholar.
- Jarden, R.J., Jarden, A., Weiland, T.J., Taylor, G., Brockenshire, N. & Gerdtz, M. (2021), *Journal of advanced nursing* 77(3), 1172-1187, 2021.
- Herron, E.K. (2018). New graduate nurses' preparation for recognition and prevention of failure to rescue: A qualitative study. *Journal of Clinical Nursing*, 27, e390-e401. <https://doi.org/10.1111/joon.14016>.
- Hoeve, Y., Kunnen, S., Brouwer, J., & Roodbol, P.F. (2018). The voice of nurses: Novice nurses' first experiences in a Clinical Setting. A longitudinal diary study. *Journal of Clinical Nursing*, 27(7-8) (2018), pp. e1612- e1626 Google Scholar.

- Human, S. & Mogotlane, S. (2017). *Professional practice: A Southern African nursing perspective* (6th ed.). South Africa: Pearson.
- Hussein, R., Everett, B., Ranjan, L.M., Hu, W. & Salamonson, Y. (2017). New graduate nurses' experiences in a clinical speciality: A follow-up study of a newcomer's perceptions of transitional support. *BMC Nursing*, 16, 42.
- Innes, T. & Calleja, P. (2018). Transition support for new graduate and novice nurses in critical care settings: An integrative review of the literature *Nurse Edu. Today*. 2018 PMID: 30739877 Review.
- Jacobs , A.C. (2020) The benefits of experiential learning during engagement in child psychiatric nursing education. *African Journal of Health Profession Education* 12(2), 81-85, 2020.
- John, W. & Sons Ltd (2021) Inc- Company Profile and News – Bloomberg.com– GlobalData. [www. globaldata.com>john-wiley-s](http://www.globaldata.com>john-wiley-s).
- Kholofelo, L., Matlhaba, A.J., (2019) Community Service Nurses' experiences regarding their clinical competence *Health S.A./Gesondheid* / Vol 24 / a 1284 / DOI: <https://doi.org/10.4102/hsag.v24io.1284> |@ 2019 Kholofelo Lrrain Matlhaba | This work is licenced under CC Attribution 4.0 ,
- Kunou, S.H. (2019) *Community Service Nurses' experiences regarding mentoring in South Africa*. *Africa Journal Nursing and Midwifery*. 21(1) 16
- Lalonde, M. & Hall McGillis L.- *Journal of clinical nursing*, 26 (5-6), 774-783, (2017) - Wiley online- Library. The resocialization of new graduate nurses during a preceptorship programm : strategies for recruitment and support.
- Law, B. & Chan, E. (2015). The experience of learning to speak up: A narrative enquiry on new graduated registered nurses. *Journal of Clinical Nursing*, 24, 13-14.

- Layman, B., Ethington, K., King, C., Jacobs, J., & Lundeen, H. (2017). Organization learning in a cardiac intensive care unit : A learning history. *Dimensions of Critical Care Nursing* 36, 78- 86 <https://doi.org/10.1097/DCC000000000000233>.
- Majid, U. (2018) Research Fundamentals: Study Design, Population and sample size, Undergraduate Research in Natural and Clinical Science and Technology Journal, 2(1): 1-7
- Makie, V. (2021) email, 03 February Warriodenehansen@gmail.com.
- Maria, H.S.Y., Mei, W.L. & Stanely, L.K.K. (2017). The transition challenges faced by new graduate nurses in their first year of professional experience. *Journal of Nursing and Health Care*, 5 (1) (2017), pp.1-8 Google Scholar.
- Matlala, M.S. & Lumadi, T.G. (2019). Peceptions of midwives on shortage and retention of staff at public hospital in Tshwane District, *Curationis* 42(1), a1952. <https://doi.org/10.4102/curationis.v42i1>.
- Mabusela, P.D. & Ramukumba T. S. (2021). The experience of professional nurses working wiyh new qualified nurses placed for community service in public health facilities in the city of Tshwane , South Africa *Curationis*, 44(1), a2166.<https://doi.org/10.4102/curationis.v44i1>.
- Manyisa, Z.M. & van Aswegen, E.J. (2017). Factors affecting working conditions: A literature review. *International Journal of Africa Nursing Sciences*, 6, 28-38. <http://doi.org/10.16/j.ijans>. [Accessed 2017.02.02].
- Mathaba, K.C., Pienaar, A.J. & Sehularo, L.A. (2019). Community service nurses' experiences. *Health S.A./Gesondheid S.A.*, 24, a1284. <https://doi.org/10.4102/hsag.v24i1.1284>
- Mbatha, A.N. (2021), uir.unisa.ac.za. Phenomenological analysisof the experiences of newly qualified nurses doing community service in the Eastern Cape.

- Maz, J. (2013). Employing a grounded theory approach: Core Characteristics. *British Journal of Cardiac Nursing* 8, 9, 453- 458.
- McCombes, S. (2019); (2021) Scribbr. Articles by Shona McCombes.
- Meyer, R. Meijers R. (2017) Routledge, 2017, Leadership agility: Developing your repertoire of leadership styles.
- Mosehle, S., Matlala, T. G. & Lumadi, T. (2019). Perceptions of midwives on shortage and retention of staff at a public hospital in Tswane District. *Curationis*, 42(1), a1952. <http://doi.org/10.4102/Curationis.v42il.1952>
- McKenzie, A.T., & Adis, G. (2018) *Journal of Clinical Nursing* 27(23-24),4353-4360,2018 Renal Inpatient ward nurse experience and job satisfaction: A qualitative study.
- Mogan, M. (2017). Improving new nurses' transition to practice. Unpublished doctoral thesis, Walden University, Minneapolis, MN.
- Mokoena, M.J. (2017). *Perceptions of professional nurses on the impact of shortage of resources for quality patient care in a public hospital: Limpopo Province*. [Google Scholar]. Unpublished dissertation for a Master of Arts, University of South Africa.
- Muller, M. & Bester, P. (2018). *Nursing dynamics* (5th Ed.). South Africa: Sandton: Heineman
- Najafi, K.M., Jamshid, N., Molazem, Z. Torabizadeh, C. & Sharif. F. (2019). How do nursing students experience the clinical learning environment and respond to their experiences? A Qualitative study *BMj Open* 2019; 9: e028052. Doi: 10.1136/ bmjopen-2018-028052

- Nayak, S.G. (2018). Time management in nursing: Hour of need. *International Journal of Caring Science*, 11(3), 1997-2000. [View Records in Scopus. Google Scholar].
- Netshisaulu, K.G. & Maputle, M.S. (2018). Expected clinical competence from midwifery graduates during community service placement in Limpopo Province South Africa. *Health S.A./Gesondheid S.A.*, 23. Al 166. 10. 4102/hsag, v23io. 1 166 [PMC free article] [PubMed] [crossref.] [Google Scholar].
- Nkoane, N.L. & Mavhandu-Mudzusi, A. (2020). Community service nurses' experiences at a public hospital in Tswane District, South Africa. *AJNM*, 22(2),
- Nolte, A.G.W., Downing, C., Temane, A. & Hastings-Tolsma, M. (2017). Compassion fatigue in nurses: A metasynthesis. *Journal of Clinical Nursing*, 26, 4364-78. <https://doi.org/10.1111/joon.13766>
- Nowell, L. S., Norris, J. M., White, D. E., (2017). Thematic Analysis: Striving to Meet Trustworthines Criteria *International Journal of Qualitative Methods*. 16 (1), 1-13.
- Oshodi, T.O., Bruneau, B., Kinchington, F. & Nayar, S. (2019). The nursing work environment and quality of care: Content analysis of comments made by registered nurses responding to the essentials of magnetism 11 Scale. *Nursing Open*, 6(3), 878-88. <http://doi.org/10.1002/nop2.268>
- Pasila, K., Elo, S. & Kaariainen, M. (2017). Newly graduated nurses' orientation experiences: A systematic review of qualitative studies. *International Journal of Nursing Studies*, 71, 17-27. <https://doi.org/10.1016/j.ijnutstu.2017.02.021>
- Pera, S.A. & van Tonder, S. (2018). *Ethics in healthcare* (4th ed.). Cape Town Juta .& Company
- Polit, B.F. & Beck, C.T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Philadelphia, PA: Wolters Kluwer.

Regan, S.C., Wong, H.K., Laschiger, G., Cummings, M., Leiter, M., MacPhee, A., Read, E. (2017). Starting out: A qualitative perspective of new graduate nurses and nurse leaders on transition to practice. *Journal of Nursing Management*, 25(4), 246-255. <http://doi.org/10.1111/jonm.12456>

Renee & Mckenzie (2021) Transition Experience of newly qualified registered graduate nurses employed in a Neonatal Intensive Care Unit.

Shin, S., Park, J. & Bae, S (2018). Nurse staffing and nurse outcomes: A systematic review and meta-analysis. *Nursing Outlook*, 66(3), 273-282. doi:10.1016/j.outlook.2017.12.002

Simane—Netshisaulu, K.G. & Maputle, S.M. (2021) *African Journal of Reproductive Health* 25 (5), 105-112, 2021.

South African Nursing Council (1985). Government Notice No. R. 425 Regulation relating to the approval of and minimum requirements to the education and training of a nurse (general, psychiatric and community) and midwife leading to registration. Pretoria: Government Printers Laws.

South African Nursing Council (1984) *Scope of Practice for Registered Nurses: Regulation R. 2598*. Pretoria: Government Printers (Laws).

South African Nursing Council (1985). *Acts and Omission for Nurses: Regulation R. 387*. Pretoria: Government Printer (Laws)

South African (1996). *Constitution of Republic of South Africa Act No. 108 of 1996*. Pretoria: Government Printer. (Laws)

South African (1998). *Skills Development Act No. 97 of 1998*. Pretoria: Government Printer. (Laws)

- South African Nursing Council (2005). *Nursing Act No. 33 of 2005*. Pretoria: Government Printer. (Laws).
- South African Nursing Council (2007). Nursing Act No. 33 of 2005: Regulation relating to Performance of Community Service. *Government Notice No. R765*. Pretoria: Government Printer. (Laws)
- South African Nursing Council (2013). *Education and Training of Learners Leading to Registration: Regulation R. 171*. Pretoria: Government Printer. (Laws)
- South African Nursing Council (2019). Education and Training of Learners Leading to Registration: Regulation R. 1497. Pretoria: Government Printer (Laws).
- South African Nursing Council (2020). *Scope of Practice for Professional Nurses: Regulation R. 786*. Pretoria: Government Printer. (Laws).
- South Africa Department of Health (DoH). (2016). Report on the 2015 Health Summit. [Google Scholar]. Pretoria: Department of Health.
- South Africa Department of Health (DoH) May (2020 Regulations regarding Scope of Practice for Nurses and Midwives. Pretoria : Government Printer.
- South Africa Department of Health (DoH). March (2013) *Strategic Plan: Educator Training and Practice 2012/2013-2016/2017*. (Accessed 2017).
- South Africa Department of Health (DoH). 2016, Report on the 2015 Health Summit, Department of Health, Pretoria [Google Scholar]
- South African Department of Health (DoH). March (2013) *Nursing: education and training standards 2016 /2017*. www.san.za. [Accessed 2017].
- South African Nursing Council (SANC). (2021) sanc code of Ethics for Nursing in South Africa www.sanc.co.za 2021/04

- Swart, R. & Klopper, H. (2017). Educational background of nurses and their perception of the quality and safety of patient care. *Curations*, 38(1).
- Symthe, A. & Carter, V. (2022) <https://doi.org/10.1016/j.nepr.2022.103338>. In UK United Kingdom)
- Tefera, A.A. & Mengistu, D. (2017). Knowledge [of] and attitude towards nursing clinical preceptorship among Ethiopian nurse educators: An institution-based cross-sectional study. *International Journal of Africa Nursing Science*, 7, 82-88. <https://doi.org/10.1016/j.ijans.2017.10.001>
- Tembo, E.N., Kabuluzi, E., Gondwe, W. & Mbakaya, B.C. (2019). Newly qualified registered nurses' perception of the transition from students to qualified registered nurses: A qualitative study. *American Journal of Nursing & Practice*, 2(2): 01-09.
- Van Bogaert, P. & Clarke, S. (2018). Concepts: Organization of nursing work and the psychosocial experience of nurses. In *The Organizational Context of Nursing* (pp. 5-47). City: Springer. Are there Editors?
- Van Graan, A.C. & Willians, M.J.S., (2017) A conceptual framework to facilitate clinical judgement in nursing: A Methodological perspective, *Health South Africa* 22(110), 275-290 <https://doi.org/10.1016/j.hsa:2017.01.004>
- Van der Walt, C. & van Rensburg, G. (2018). *Fundamentals of research methodology for healthcare professionals* (3rd ed.). Cape Town: Juta & Company.
- Van Rooyen, D.R.M., Jordaan, P.J., Hain Baloy, W. & Caka, E.M. (2018). A comprehensive literature review of guidelines facilitating transition of newly graduated nurses to professional nurses. *Nurse Education in Practice*, 30, 35-41. <https://doi.org/10.1016/j.nepr>

- Vian, D. & Deason, G. (2021). The impostor phenomenon and implicit theories of intelligence. *UWL Journal of Undergraduate Research*, XXIV, 1.
- Wong, S.W.J., Che, W.S.W., Cheng, M. T.C., Cheung, C.K., Cheung, T.Y.J., Lee, K.Y. & Yip, S.L. (2018). Challenges of fresh nursing graduates , during their transition period. *Journal of Nursing Education and Practice*. 8 (6) (2018), pp.30-37 View PDF Crossref. View Record in Scopus. [Google Scholar].
- Woo, M.N. & Newman, S. (2020). The experiences of transition from nursing to newly graduated nurses in Singapore. *International Journal of Nursing Science*, 7(1), 81-90.
- World Health Organization (WHO). (2021, March 9). COVID-19: Weekly epidemiology update [Google Scholar]. <https://apps.who.int/iris/handle/10665/340087>
- Zamanzadeh, V., Valizadeh. L., Khajehgoodari, M. Nurses' experiences during COVID-19 pandemic in Iran: A qualitative study. *BMC Nurs* 20, 198 (2021). <https://doi.org/10.1186/s12912-021-00722-z>
- Zihindula, G; Andrew. J.R., Gumede, D.M. & Richard G.M. A review on the contributions of NGOs in addressing the shortage of healthcare professionals in rural South Africa. *Cogent Social Sciences*.2019; 5(1):1674100. Article Google Scholar.
- Zululand District Municipality (2022). Map of the Zululand District. [Online]. Available at: [https://municipalities.co.za/map/125/Zululand district. municipality](https://municipalities.co.za/map/125/Zululand%20district.municipality) [Accessed 20 June 2022].

APPENDICES

APPENDIX 1: PROVINSIONAL APPROVAL- ETHICAL CLEARANCE CERTIFICATE

**UNIVERSITY OF ZULULAND
RESEARCH ETHICS COMMITTEE**
(Reg No: UZREC 171110-030)



RESEARCH & INNOVATION

Website: <http://www.unizulu.ac.za>
Private Bag X1001
KwaDlangezwa 3886
Tel: 035 902 6324/6374
Email: MangeleS@unizulu.ac.za

PROVISIONAL APPROVAL - ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030 PGM 2021/154		
Project Title	Experiences of community service nurses in rural public hospital in Zululand district (dc 26) KwaZulu natal		
Principal Researcher/ Investigator	J.G Jiyane		
Supervisor and Co-supervisor	Dr N.S.B Linda		
Department	Nursing		
Faculty	Science and Agriculture		
Type of Risk	Medium risk- Data collection from people		
Nature of Project	Honours/4 th Year	Master's	<input checked="" type="checkbox"/> Doctoral
			Departmental


The University of Zululand's Research Ethics Committee (UZREC) hereby grants provisional approval pending gatekeeper/permission letter from the following institution(s):

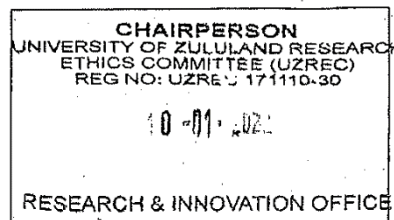
- a) Provincial Department of Health, KZN

The Researcher may therefore NOT commence with data collection until gatekeeper/permission letter is obtained. The letter can be sent to MangeleS@unizulu.ac.za so that final approval letter will be issued for data collection to commence.

SPECIAL CONDITIONS: (1) Principal researcher must provide gatekeeper/permission letter of where the research will be conducted and submit to UZREC to acquire full approval certificate of 1- year.

The UZREC wishes the researcher well in conducting research.


Prof. Nokuthula Kunene
Chairperson: University Research Ethics Committee
Deputy Vice-Chancellor: Research & Innovation
10 January 2022



APPENDIX 2: ETHICAL APPROVAL ACTING CEO- SELECTED HOSPITAL



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

DIRECTORATE:

Private Bag X5007 Nongoma, 3950
Vryheid main road, Nongoma
Tel: 0358317059 Fax: 0358317040
Email: patricia.mchunu@kznhealth.gov.za
www.kznhealth.gov.za

HOSPITAL CEO

Reference: research
ENQ: Mr SCS MKHIZE
Date: 28/01/2022

UNIVERSITY OF ZULULAND
Principal Investigator/s/ researcher: Jabulisiwe G.Jiyane
Supervisor: Dr N.S.B Linda

RE: PERMISSION TO CONDUCT RESEARCH AT BENEDICTINE HOSPITAL

I have pleasure in informing you that permission has been granted to you by Benedictine Hospital to conduct research on "EXPERIENCES OF COMMUNITY SERVICE NURSES IN RURAL PUBLIC HOSPITAL IN ZULULAND DISTRICT (DC26) KWAZULU NATAL PROVINCE".

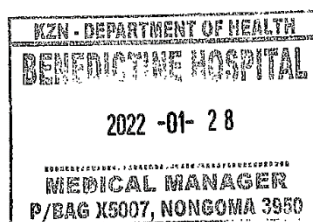
Please note the following:

1. Please ensure that you adhere to all the policies, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received approval of your study from the Provincial Health Research and Ethics Committee (PHREC) in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The institution will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the institution.
6. You are required to contact this office regarding dates for providing feedback when the research has been completed.

Thanking you.

Sincerely

ACTING HOSPITAL CEO
BENEDICTINE HOSPITAL



APPENDIX 3: ETHICAL APPROVAL DEPARTMENT OF HEALTH (DoH) KZN



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langenhale Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/3189/3123 Fax: 033 394 3782
Email: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

DIRECTORATE:

Health Research & Knowledge
Management

NHRD Ref: KZ_202203_007

Dear Mrs JG Jiyane
(University of Zululand)

Approval of research

1. The research proposal titled 'Experiences of community service nurses in rural public hospital in Zululand district (DC26) KwaZulu Natal' was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

The proposal is hereby **approved** for research to be undertaken at Benedictine Hospital.

2. You are requested to take note of the following:
 - a. All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to: regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.
 - b. Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.
 - c. Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.
 - d. Provide an interim progress report and final report (electronic and hard copies) when your research is complete to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za
 - e. Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee

Date: 14/03/2022

APPENDIX 4: LETTER OF INFORMATION- UNIZUL.RESEARCH ETHICS COM.

University of Zululand Institutional Research Ethics Com



LETTER OF INFORMATION.

TITLE OF THE RESEARCH STUDY:

PERFORMANCE OF NEWLY QUALIFIED PROFESSIONAL NURSES IN RELATION TO QUALITY PATIENT CARE IN PUBLIC SECTOR HOSPITALS.

Principal investigator /Researcher: Mrs J. G. Jiyane

Supervisor: Dr. N. S. B. Linda

Purpose of the study: To assess performance of the newly qualified professional nurses regarding quality patient care in the public sector hospitals.

OUTLINE OF THE PROCEDURE:

Questionnaires will be issued to the participants to answer and for those participants who will not be present they will access questionnaires online. Interviews will also be conducted with unit managers.

RISK / DISCOMFORT TO THE PARTICIPANTS:

There are no risks or discomforts since it is not an experimental study so there are no risks or injury.

BENEFITS:

The study will come up with recommendations regarding performance of newly qualified professional nurses in relation to improvement of patient care.

REASONS FOR THE PARTICIPANTS TO BE WITHDRAWN FROM THE STUDY:

The researcher foresees no reason for withdrawing the participants from the study. The participants however may withdraw from the study at any stage of the research as participation is voluntary

REMUNERATION: NONE

COST OF THE STUDY:

All cost will be borne by the researcher.

CONFIDENTIALITY:

No names of participants which will be written on the research document.

RESEARCH RELATED INJURY: NONE.

PERSON TO CONTACT IN THE EVENT OF ANY PROBLEM /QUIRIES:

1. Researcher: Mrs J. G. Jiyane (master's degree student)

University of Zululand

Kwadlangezwa

Phone No. 0723349988

2. Research Supervisor: Dr. N.S.B. Linda

University of Zululand

Kwadlangezwa.

Telephone#: 0359026513

APPENDIX 5: PERMISSION LETTER TO DEPARTMENT OF HEALTH (DoH) KZN



Permission letter to Department of Health (DoH)

Research Director
KwaZulu Natal Department of Health
Pietermaritzburg

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH:

I am a registered Masters' Degree a student in the Department of Nursing Science at the University of Zululand. My supervisor is Dr. N.S.B Linda.

The proposed topic of my research is: PERFORMANCE OF NEWLY QUALIFIED PROFESSIONAL NURSES IN RELATION TO QUALITY PATIENT CARE IN PUBLIC SECTOR HOSPITALS.

The objectives of the study are:

1. To identify factors that influence the performance of newly qualified professional nurses regarding quality patient care in public sector hospitals.
2. To describe the factors that influence the performance of newly qualified professional nurses regarding quality patient care in the public sector hospitals.
3. To assess the performance of newly qualified professional nurses regarding quality patient care in the public sector hospitals.

I am seeking for your consent to conduct the research study project. To assist you in reaching a decision and I have attached in this letter.

1. A copy of an ethical clearance certificate issued by the University of Zululand.
2. A copy of the research instruments which I intend to use in my research.

Should you request any information please contact me or my supervisor. Our contact numbers are as follows:

Researcher: Mrs J.G. Jiyane – 0723349988

Research supervisor: Dr. N.B.S. Linda – Telephone#: 0359026513

University of Zululand.

Kwadlangezwa.

On completion of the study, I am prepared to provide you with a copy of the dissertation.

Yours faithfully

Mrs J.G. Jiyane.

APPENDIX 6: PERMISSION LETTER TO BENEDICTINE CEO



Permission letter to the Benedictine Hospital (CEO)

The Chief Executive Officer

Benedictine Hospital

Nongoma

3950

REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY.

I am a registered Masters' Degree student in the Department of Nursing Science at the University of Zululand. My supervisor is Dr. N.S.B. Linda.

The proposed topic of my research is: Performance of newly qualified professional nurses regarding quality patient care in public sector hospitals.

THE OBJECTIVES OF THE STUDY ARE:

1. To identify factors that influence the performance of newly qualified professional nurses regarding quality patient care in public sector hospitals.
2. To describe the factors that influences the performance of newly qualified professional nurses regarding quality patient care in public sector hospitals.

3. To assess the performance of newly qualified professional nurses regarding quality patient care in public sector hospitals.

I hereby requesting for your consent to conduct a research study, for you to take a decision, I have attached to the letter the following:

1. A copy of an ethical clearance certificate issued by University of Zululand.
2. A copy of the research instruments which I intend to use in my research, should you require any

Information, please contact me or my supervisor, our contact are as follows:

Researcher: Mrs J.G.Jiyane Masters' Degree student University of Zululand, Kwadlangezwa.

Contact No. 0723349988

Research Supervisor: Dr. N.S.B. Linda – University of Zululand, Kwadlangezwa.

Telephone#. 035 902 6513

On completion of the study, I am prepared to provide you with a copy of dissertation.

Your permission to conduct the study will be highly appreciated.

Yours faithfully

Mrs J. G. Jiyane

APPENDIX 7: INFORMED CONSENT FOR PARTICIPANTS.



INFORMED CONSENT

Dear participants

I Mrs J. G. Jiyane is conducting a research project as requirement for my Masters' Degree in the University of Zululand, Nursing Science Department.

TITLE OF RESEARCH STUDY:

Performance for newly qualified professional nurses regarding quality patient care in public sector hospitals.

PURPOSE OF THIS PROJECT IS TO:

Assess the performance of the newly qualified professional nurses regarding quality patient care in the public sector hospitals – Benedictine Hospital.

DISCRIPTION OF PROCEDURE OF PARTICIPATION:

Your participation is requested as a representative of the population under study.

As part of research, you will be required to:

- To fill in a questionnaire which will take 15 – 20 minutes of your time.
- Your autonomy is guaranteed, your name will not appear on any document.
- All information that will be collected will be kept confidential and privacy will be ensured.
- All questionnaires and analysis raw data will be kept in locked cupboard in University of Zululand for 5 years and will only be accessed by the researcher and research supervisor.
- Your participation is voluntary, and you may cancel participation at any stage of the research process (even after signing consent)

- You will receive no remuneration.
- Your participation will be of value to the institution.
- Data collection from this report will be disseminated through a research report.

BENEFITS:

The benefits will be made available to you in the form of a research report on completion of the study.

Thank you

You are requested to complete consent form below.

I ----- agree to participate in the research project on
 research TITLE -----
 - -

____ and fully understand the conditions, ethical consideration and participation needed for this project.

Participant's signature: _____ Date _____

Researcher's signature _____ Date _____

Person to contact in the event of any problem:

Researcher: Mrs. J. G. Jiyane Contact No. 0723349988
 Benedictine Nursing Campus- Nongoma.

Research Supervisor: Dr. N.S.B. Linda: Telephone#: 0359026513
 University of Zululand – Kwadlangezwa.

Your participation will be highly appreciated.

APPENDIX 8: SEMI-STRUCTURED INTERVIEW GUIDE: FOR UNIT MANAGERS.



**UNIVERSITY OF
ZULULAND**
RESTRUCTURED FOR RELEVANCE

FACULTY OF SCIENCE AND AGRICULTURE
DEPARTMENT OF NURSING SCIENCE

For the master's degree in nursing practice

**Title: Experiences of Community Service Nurses in Rural Public Hospital in Zululand
District (DC 26) Kwa-Zulu Natal.**

INTERVIEW GUIDE : FOR UNIT MANAGERS.

Warm greetings to you. You are invited to participate in the research study. The research study aims at meeting the requirements for Master's Degree. All data obtained will be used for research purposes only. Confidentiality will be maintained throughout the study, your name will not appear in any questionnaire or document.

QUESTION TO BE ASKED DURING INTERVIEW :

The qualitative questions will be divided into four aspects namely, Biographic data, main questions, Follow up and probes.

BIOGRAPHIC DATA :

1. Gender :
2. Race :
3. Age
4. Citizenship ;
5. How long have you been supervising Community Service Nurses -----?

MAIN QUESTIONS OR QUESTIONS RELATED TO THE STUDY :

1. What is the support received by Community Service Nurses while working in rural Public hospital ?

2. What are your experiences as a Unit Manager in relation to supervision For Community Service Nurses in clinical area ?

4. How would you describe your experiences regarding work procedures and patient Care by Community Service Nurses ?

5. Orientation program :

- Do you have orientation program in your unit ?
- Are they helpful to Community Service Nurses ?
- How long is the orientation period ?
- Do you review your orientation programs?

6. MENTORING :

- Do you have mentors in your nursing unit ?
- What are the effects of mentoring process to Community Service Nurses ?

7. HUMAN RESOURCES AND MATERIAL :

- Do you have adequate human and material resources in your department ?
- Do the staff utilize the resources well ?

8. COMMUNICATION :

Do you maintain effective communication with Community Service Nurses ?

FOLLOW UP QUESTIONS :

1. Do the Community Service Nurses oriented in this unit/hospital?

2. Are the mentors available in this hospital ?

3 are you mentoring the CNS, in your unit as a supervisor ?

PRECEPTORS :

4. Is the unit adequately staffed with senior personnel?
5. Are the preceptors available in the nursing units?
6. Do they fulfil their role or what is their role with regard to patient care and supervision?

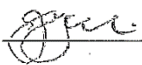
THEORY AND KNOWLEDGE :

9. Are they Community Service Nurses able to correlate theory to practice ?

PROBING QUESTIONS :

- 1, What do you think _____ ?
2. Tell me more about _____ ?
3. What do you mean _____ ?
4. Continue, I am listening _____ ?
5. How do you feel about _____ ?

Thank you for your participation in this research study.



Mrs J.G. Jiyane

APPENDIX 9: SEMI –STRUCTURED INTERVIEW GUIDE COMMUNITY SERVICE NURSES.



**UNIVERSITY OF
ZULULAND**
RESTRUCTURED FOR RELEVANCE

FACULTY OF SCIENCE AND AGRICULTURE
DEPARTMENT OF NURSING SCIENCE

For the master's degree in nursing practice

Title: Experiences of Community Service Nurses in Rural Public Hospital in Zululand District (DC 26) Kwa-Zulu Natal.

INTERVIEW GUIDE : FOR COMMUNITY SERVICE NURSES.

Warm greetings to you. You are invited to participate in the research study. The research study aims at meeting the requirements for Master's Degree. All data obtained will be used for research purposes only. Confidentiality will be maintained throughout the study, your name will not appear in any questionnaire or document.

QUESTION TO BE ASKED DURING INTERVIEW :

The qualitative questions will be divided into four aspects namely, Biographic data, main questions, Follow up and probes.

BIOGRAPHIC DATA :

1. Gender :
2. Race :
3. Age :
4. Citizenship :
5. How long have you been a Community Service Nurse -----?

CONSULTATION :

7. Do you consult your seniors regarding work performance problems ?
8. Are consultations helpful to you ?

THEORY AND KNOWLEDGE :

9. Are you able to correlate theory to practice ?
10. Was the theory adequate to cover what you see now in the nursing units/wards ?

MATERIAL RESOURCES :

11. Do you have adequate resources /equipment in this unit ?
12. How does the whole experience make you feel ?
13. How do you perceive duration of your placement in this hospital ?

PROBING QUESTIONS :

1. What do you think _____ ?
2. Tell me more about _____ ?
3. What do you mean _____ ?
4. Continue, I am listening _____ ?
5. How do you feel about _____ ?

Do you have anything that you want to add ? _____

Thank you so much for participating in this research study.