

**EXPERIENCES AND SUPPORT OF THE NEWLY-QUALIFIED FOUR-YEAR
TRAINED PROFESSIONAL NURSES PLACED FOR REMUNERATED
COMMUNITY SERVICE IN GAUTENG PROVINCE**

BY

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A dissertation submitted in fulfillment of the requirements for the degree of

**Magister Curationis
Advanced Nursing Education**

In the

Department of Nursing Science
School of Health Sciences
Faculty of Health Sciences
University of Pretoria

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May 2012

DECLARATION

Student Number: 29656177

I, Annajoseph Dulcie Tsotetsi, declare that the dissertation **“EXPERIENCES AND SUPPORT OF THE NEWLY-QUALIFIED FOUR-YEAR TRAINED PROFESSIONAL NURSES PLACED FOR REMNERATED COMMUNITY SERVICE IN GAUTENG PROVINCE”** is my original work and has not been submitted before for any degree or at any other institution. All the sources that have been used or quoted have been acknowledged by means of complete references in the text and in the list of sources.

ANNAJOSEPH DULCIE TSOTETSI

DATE

DEDICATION

I dedicate this study to the people who were very instrumental in supporting me throughout the course of my study.

- My husband, Lepoqa Michael Jonas Tsotetsi, who has always encouraged me to study and supported me financially as well.
- My eldest daughter, Mrs Hadio Mantyi, who was always willing to help me with cooking whenever she found me studying.
- My son in law, Simbulele Mantyi for his moral support.
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- My youngest daughter, Karabo Tsotetsi, for her patience and always understanding my lack of support at times due to tight study schedule.

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I thank God the Almighty for giving me the power and strength to overcome challenges, and empowering me with a lot of energy to continue with this study.

I would also like to thank the following people for their valuable contribution towards the success of the study:

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- All participants of this study, without whom this study would not have been possible.

ANNAJOSEPH DULCIE TSOTETSI

ABSTRACT

EXPERIENCES AND SUPPORT OF THE NEWLY- QUALIFIED FOUR- YEAR TRAINED PROFESSIONAL NURSES PLACED FOR REMUNERATED COMMUNITY SERVICE IN GAUTENG PROVINCE

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A qualitative, exploratory, descriptive and contextual study was conducted to explore and describe the experience and support received by newly-qualified four-year trained professional nurses while placed for remunerated community service in Gauteng province. Purposive sampling was used and five focus group interviews were conducted. Each focus group consisted of six to ten participants who had completed the four-year training programme and were qualified as nurses (general, psychiatric and community) and midwife placed for remunerated community service in Gauteng province (South African Nursing Council R425 of 22 February 1985). Data was analysed using Tesch's method of data analysis. Two main themes emerged from the study and formed the basis of the discussion. The themes are "various experiences of the newly-qualified four-year trained professional nurses" and "support received by the newly-qualified four-year trained professional nurses".

Community service nurses reported mixed experiences such as feeling good and bad during community service placement. The majority of participants reported that remunerated community service placement is risky and it requires one to take chances. Furthermore, participants

referred to remunerated community service placement as a scary venture at first but eventually they mastered practical activities.

Support received by community service nurses varied from adequate, inadequate, incidental and lack of support. Community service nurses reported bad staff attitudes, severe staff shortage and that they were subjected to adverse events and low salaries. Recommendations to enhance community service placement were outlined for the following stakeholders: South African Nursing Council, Department of Health, nursing colleges, universities and managers of the health facilities.

Key Words: Experiences, support, remunerated community service, gazetted health facilities, adequate support, inadequate support, incidental support, lack of support, adverse events, and poor salaries.

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LIST OF ABBREVIATIONS

CEO	Chief Executive Officer
CPD	Continuing Professional Development
DOH	Department of Health
GDOH	Gauteng Department of Health
HOD	Head of the Department
HR	Human Resource
HRH	Human Resource for Health
NHRHP	National Human Resource for Health Plan
NDoH	National Department of Health
PMDS	Performance measurements and development system
SANC	South African Nursing Council

LIST OF ANNEXURES

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1. INTRODUCTION

The aim of this study was to highlight the experience and support received by newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng Province. The clinical placement of the newly-qualified professional nurses who are trained in the four-year programme leading to the qualification Diploma in Nursing (General, Psychiatric, Community) and Midwife dates back to 2003 (Nursing Strategy for South Africa, 2008:7). The decision for the intervention came as a solution to address the challenge of a shortage of nurses, a decline in standards of nursing care and a need to improve nursing care delivery in South Africa (Nursing Strategy for South Africa, 2008: 7).

Dunham-Taylor, Lyn, Moore, McDaniel and Walker (2008:337) cited that *horizontal hostility* or “nurses eating their young” occurs in academia as well as in the clinical setting. The author further explains that criticism, verbal abuse; site bullying, harassment and intimidation are forms of violence in the workplace. This negative attitude towards new employees contributes to a shortage of nursing staff as qualified nurses leave their current positions to seek greener pastures, which in most cases is outside the health care arena (Dunham-Taylor et. al. 2008:337).

When the African National Congress took over the government in 1994, all South African borders were opened in acceptance of globalisation (Orme, Powel, Taylor, Harrison and Grey 2005:220). South African nurses were attracted to high salaries offered by the developed countries (Kingdom,

America and Australia) that were also experiencing a drastic shortage of nurses but had better opportunities of purchasing nursing services from developing countries. The late Minister of Health Dr Mantombazana Tshabalala-Msimang realized the challenges faced by the country. Furthermore, she specified in her forewords that the shortage of nurses is compromising nursing care delivery and deteriorating nursing standards (Nursing Strategy for South Africa, 2008: 3).

Griffiths and Robinson (2009:10) assert that global warming contributes to the shortage of nurses in Scotland and this affect other countries in the world including South Africa. In addition, Pine and Tart (2007:14) explain that the lack of support for a “novice” nurse leads to an attrition rate of 35-36% in Texas. One can conclude that there are many causes for the shortage of nurses worldwide. The shortage of nurses in South Africa is, therefore, not unique but it follows the worldwide trend. The challenges cited left the South African government with no option but to come up with a strategy to recruit and retain health professionals by introducing a remunerated community service policy.

The policy on remunerated community service was implemented in South Africa for the first time in 2008 (Nursing Strategy for South Africa, 2008:27). The South African Nursing Strategy (2008:1) and Regulation No R.765 (2007:1) inform the placement of newly-qualified four-year trained professional nurses placed for remunerated community service.

1.2. BACKGROUND OF THE STUDY

The comprehensive source of information regarding successes and challenges of the Remunerated Community Health Programme is available in research articles from first world countries like America, Canada, Australia, New

Zealand and United Kingdom. Griffiths Robinson (2009:10), recommended to the United Kingdom government to put policies in place to strengthen the implementation of the mentorship programmes for newly-qualified nurse graduates placed for community services. The policy was intended to enhance recruitment and retention of nurses in the country.

Pine and Tart (2007:15) relate the benefits for the “nurse residency” programme conducted in Texas University to stimulated critical thinking and professional development skills. Jill, Scott and Hayes (2007:28) indicate that comprehensive orientation programmes reduce newly-qualified staff turnover by 17-23%.

Haag-Heitman (2008:204) asserts that “praise”, “reinforcement” and “support” of the newly-qualified graduate placed for remunerated community service, creates a conducive environment for learning and development. Schoessler and Waldo (2006:48) explains that clinical experience moves the graduate from the “neutral” zone to the “new beginning” zone, which means that the newly-qualified professional has achieved new skills and experiences.

In New Zealand, the programme called “Nurses Entry to Practice” which was about the placement of newly-qualified graduates for community service in Canterbury health services was implemented in phases. A pilot study was conducted in specific sites and progress was monitored regularly over a period of eight years. During this process, the government was slowly increasing the number of newly-qualified graduates to clinical practice. While placed in clinical facilities, the graduates were released on specific days to attend some training. They were not purely used for the provision of clinical nursing care, but were also upgrading their skills and knowledge while placed in health facilities (Gordon and Davis, 2008:2). A dedicated team was co-coordinating

all the planned activities to ensure that the graduates' progress is not compromised. These graduates had to sign a fixed term contract with the District Health Board, which funded the project. At some stage there were some fears regarding the availability of vacant funded posts to absorb graduates on completion of "rural service", otherwise there would be no value for money (Gordon and Davis, 2008:2). It is also stated that the implementation of the "Nurse Entry to Practice" programme increased the retention of the newly-qualified nurse graduates.

In South Africa, the remunerated community service policy is new and its implementation is also a new venture. Comprehensive information regarding the experiences of newly-qualified four-year trained professional nurses placed for remunerated community service is not available yet.

In South Africa, the previous Minister of Health Dr Mantombazana Tshabalala-Msimang had laid a foundation by introducing remunerated community service for nurses as retention strategy for nurses in South Africa (Nursing Strategy for South Africa 2008:1). Furthermore, she needs to be commended for the good decision undertaken to save the country by benchmarking good practices from other countries.

Section 40(3) of the South African Nursing Act 33 (2005) states that the Minister may, after consultation with the Council, make regulations concerning the performance of community. Based on this section of the Nursing Act 33 (2005), the late Minister of Health, Dr Mantombazana Tshabalala-Msimang, influenced the South African Nursing Council to regulate remunerated community services for the newly-qualified four-year trained professional nurses. The South African Nursing Council complied with the needs of the country and regulated community services placement in South Africa (South

African Nursing Council Regulation No. R765 (2005:1). The regulation stipulates that any person who is a citizen of South Africa intending to register for the first time as a professional nurse, in terms of the Act, as having met the prescribed requirements to qualify as such, must perform remunerated community service for a period of one year (South African Nursing Council No. R.765, 2005:1).

The implementation of the Nursing Act (33 of 2005) is aligned with the National Human Resources for Health Plan (NHRHP) published in 2006. The NHRHP asserts that human resource components and line managers need to take new organisational roles to ensure that all human resource and management processes contribute to the retention of scarce skills (Retention guide, 2006:9). The implementation is also reflected in the Nursing Strategy for South Africa (2008:27) under strategic objective 4.1, activity 4.1.4 implement community service. Furthermore, it is stated that the implementation partners are the National and Provincial Departments of Health and the South African Nursing Council (Nursing Strategy for South Africa, 2008:27).

The report on the community service placement experience was written by Hendrickson (2006:1), a student from Sweden who was placed for community service in South Africa for a clinical experience in the Red Cross War Memorial Children's Hospital in Western Cape. In this report there are gaps emanating from language challenges the Swedish student experienced while placed in the Western Cape. Thus, there could be different demographic profiles for the Western Cape and Gauteng provinces with regard to placement for remunerated community service (South Africa, 2006:6).

Gauteng is one of the nine provinces of South Africa with a population of 10, 5 million (Lehohla, 2007:1). Ethnic and cultural groups residing in Gauteng province are more diverse as compared to the other South African provinces. Gauteng province also reflects a bigger picture of the different geographical areas, both rural and urban, in South Africa (Gauteng Department of Health, 2009:6). Therefore, the researcher believed that Gauteng province was the ideal province for the proposed research study. Many newly-qualified professional nurses are placed in gazzeted clinical facilities in Gauteng for remunerated community service. They are currently placed for remunerated community service at a salary notch of R121 741 per annum, which is level 6 of the Gauteng Department of Health salary scale (South Africa 2009:1) and are registered with the South African Nursing Council as community service nurses. On completion of the remunerated community service, the community service nurses are moved to a starting salary of a newly-qualified professional nurse (Bateman, 2008:3).

Community service nurses are not allowed to work overtime or part time in other institutions because they are not yet recognised as qualified professional nurses (Bateman, 2008:408). These community service nurses are not provided with accommodation as recommended in the Nursing Strategy for South Africa (South Africa 2008:16). Their counterparts (community service doctors and allied workers) are allocated accommodation at the hospital residence where they are placed. Community service nurses are expected to look for their own place to stay. The accommodation inside the health facility where they are placed is not always guaranteed. These newly-qualified four-year trained professional nurses are not regarded as qualified members of staff in clinical practice. However, it is because of this that it is highly questionable as to whether they were exposed to coaching and mentorship. The effectiveness of coaching and mentorship was also a concern as to

whether it improved the required skills and knowledge of the newly-qualified four-year trained nurses placed in the Gauteng health facilities.

The South African Nursing Council regards remunerated community service placement as a prerequisite for registration as a professional nurse (South African Nursing Council 2005:1). Organised labour regards remunerated community service as a “one size fits all” strategy for health care workers because the National Department of Health did not set the same contracts for both doctors and nurses placed for community services. On completion of remunerated community service, the nurses are expected to serve another contract paying back the bursary benefit they have received while doing basic training (Bateman, 2004:409).

There was no evidence in the form of a database that could be referred to regarding the gaps in the regulation of the remunerated community service policy in South Africa (Bateman, 2004:409). Remunerated community service is a new intervention in South Africa. It was, therefore, necessary that a comprehensive study be conducted to find evidence-based information on the experiences and support of newly-qualified professional nurses placed for remunerated community service in the Gauteng province.

1.3. PROBLEM STATEMENT

In South Africa, the remunerated community service policy is new and its implementation is also a new venture. Comprehensive information regarding the experiences of newly-qualified four-year trained professional nurses placed for remunerated community service is not yet available. The implementation of remunerated community service placement of newly-qualified four-year trained professional nurses did not engage proper consultative processes with all the stakeholders such as organised labour and

the private sector (Bateman, 2004:408). Gauteng has the highest number of newly-qualified professional nurses placed for remunerated community service when compared to the other provinces (Bateman, 2004:408). Furthermore, Bateman (2004:408) explains that newly-qualified four-year trained professional nurses from South African nursing colleges and universities are joining the existing skeleton staff working in the Gauteng health facilities. This is a challenge because a shortage of staff interferes with quality supervision and the effective mentorship and coaching of newly-qualified four-year trained professional nurses.

The issue of placement for newly-qualified four-year trained professional nurses for remunerated community service also contradicts the Nursing Strategy for South Africa. In terms of the Nursing Strategy, the implementation process of remunerated community service was intended to offer comprehensive support and mentorship (Nursing Strategy for South Africa, 2008:29).

The existing literature indicates that placement of community service nurses should not be implemented haphazardly but it needs proper planning (Gordon and Davis, 2008:1). South Africa needs to learn from the challenges and successes of other countries such as the New Zealand model where placement of newly-qualified professional nurses for community service was implemented in phases and monitored over a period of eight years ensuring that the novice professionals received training, coaching and mentorship (Gordon and Davis, 2008:2).

1.4. SIGNIFICANCE OF THE STUDY

The research study was to generate the findings based on the experiences and support of the newly-qualified four-year trained professional nurses who were placed in various gazzeted health facilities to do remunerated community service in the Gauteng Province. The outcomes of the research study would inform policy makers on the successes and challenges experienced by existing community service nurses on completion of remunerated community service placement. The findings would also form baseline information that can be used by other researchers who would like to replicate the research study.

The support would help minimise stress in the working environment and offer a better learning environment for the newly-qualified professional nurses (Nursing Strategy for South Africa, 2008:29).

1.5. PURPOSE OF THE STUDY

The purpose of the study was to explore and describe the experiences of the newly-qualified four-year trained professional nurses placed for remunerated community services in the Gauteng Province as well as to explore and describe the support received by the newly-qualified four-year trained professional nurses placed for remunerated community service.

1.6. RESEARCH QUESTIONS

The following research questions guided the study:

- What are the experiences of the newly-qualified four-year trained professional nurses placed for remunerated community service in the Gauteng Province?

- What is the support received by the newly-qualified four-year trained professional nurse placed for remunerated community service in Gauteng Province?

1.7. RESEARCH OBJECTIVES

The objectives of the study were:

- To explore and describe the experiences of the newly-qualified four-year trained professional nurses who were placed for remunerated community service in the Gauteng Province.
- To explore and describe the support received by the newly-qualified four-year trained professional nurses placed for remunerated community service in the Gauteng Province.

1.8. OPERATIONAL DEFINITIONS

For this study, the researcher defined the concepts below as follows:

- **Remunerated community service placement**

Paid nursing care rendered by newly-qualified professional nurses to gazzeted health facilities as a prerequisite for registration with the South African Nursing Council (Nursing Act 33, 2005:3). In this study, remunerated community service placement means the placement of newly-qualified professional nurses who have been trained in both public and private sectors have completed a basic four-year training programme and are placed for remunerated community service.

- **Gazzeted health facility**

A gazzeted health facility can be a primary health care clinic, hospital or community health care centre (South African Nursing Council, 2005:1). In this study, it means a primary health care clinic, community health

care centre, regional hospital, district hospital and academic hospital in the Gauteng province (Gauteng Department of Health, 2000).

- **Newly qualified professional nurse**

A newly-qualified professional nurse is a nurse who has completed the four-year training programme and is qualified as a nurse (general, psychiatric and community) and midwife (R425 of 22 February 1985) as amended. In this study, a newly-qualified professional nurse is a nurse who has completed a four-year training programme offered by a university or a nursing college.

- **Mandatory policy**

It is a required and regulated policy by the licensing body, the South African Nursing Council (South African Nursing Council, 2005). In this study it means the policy decided on by a political mandate represented by the previous Minister of Health Dr Mantombazana Tshabalala-Msimang (South African Nursing Strategy, 2008) and the regulations laid down by the South African Nursing Council (2005: 1).

1.9. RESEARCH DESIGN AND METHODOLOGY

The study followed a qualitative approach and focused on the experiences and support received by newly-qualified four-year trained professional nurses who were placed for remunerated community service for at least six months or more. Qualitative design was conducted because it was useful in finding the truth from the unknown (de Vos, Strydom, Fouche and Delport, 2009: 74). The study also followed an exploratory, descriptive and contextual design to answer questions during the study and to stimulate participants to voice their experiences and support as community service nurses. The population of the study was the newly-qualified four-year trained professional nurses who were

then placed in district hospitals, regional hospitals and academic hospitals in the Gauteng Province.

Purposive sampling was used in the study. Purposive sampling is a process whereby the researcher consciously selects specific and critical participants who have rich information about a phenomenon (Burns and Grove, 2005:352). The study was conducted in five gazzeted health facilities in the following districts: Ekurhuleni, Johannesburg Metro and Sedibeng. The researcher conducted five focus group interviews as the data collection method. Unstructured interviews were conducted since the study was explorative and descriptive in nature. The data collection involved three phases, namely the preparatory phase, initial interviews and the post interview phase. For more information see Chapter 2 of the study. The researcher analysed the data using Tesch's method of data analysis (Creswell, 2009: 151). Data analysis will be explained in details in Chapter 2.

1. 10. ETHICAL CONSIDERATION

Stommel and Wills (2004:373) explain an ethical situation as having to do with "morality" and issues of "right" or "wrong". Stommel and Wills (2004:373) further explain that ethics is defined by the academics as a philosophy and social science that is concerned with "morality" that focuses on human behaviour and thoughts. In research context, ethics focuses on recognising socially accepted and sanctioned professional and legal obligations. Since the study involved human participants, the researcher had to observe the ethical principles of beneficence, confidentiality, informed consent and deception of participants. These principles are discussed below in detail.

1.10.1. Beneficence

Polit and Beck (2008:170) describe “beneficence” as a principle that emphasises the responsibility of a researcher to reduce harm and increase benefit when conducting the research study on human beings. This means increasing benefits and maintaining safety for participants. Beneficence includes the right to freedom from harm and the right to protection from exploitation.

Before the commencement of focus group interviews, participants were given a full explanation of the study, its benefits and minimal risks were also explained. This enabled the participants to make informed decision regarding participation in the study.

- **The right to freedom from harm**

The right to freedom from harm and discomfort focuses on avoiding harm to participants during the study. Harm and discomfort is classified as physical harm such as injury and fatigue; emotional harm is stress and fear; social harm which is loss of support and financial harm which is loss of income (Polit and Beck (2008:170)). The researcher avoided inflicting harm and discomfort to the participants. Arrangements were made with the health facilities to offer counseling if needed by participants. This service is freely available and was provided by the employee wellness centres available in all health facilities in the Gauteng province. Focus group interviews were conducted during office hours with each session lasting for 45 minutes to 1 hour. Refreshments were served to avoid starving the participants during the study.

- **The right to protection from exploitation**

The right to protection from exploitation occurs when participants are placed in a disadvantaged position by the researcher through exposing them in a situation that the participants were not prepared for (Polit and Beck, 2008: 170).

To avoid the exploitation of participants the researcher explained to the participants that their participation was voluntary and that they were allowed to withdraw from the study at any moment if they were no longer willing to participate.

The researcher also explained to the participants that the information generated through the study in which they participated, was not going to be used against them but the information was to be used to improve the policies of the Gauteng Department of Health instead. The outcomes of the study were also to be used to improve Gauteng health service delivery by addressing the issues of community service.

1.10.2. Confidentiality

Confidentiality is the research principle that binds the researcher to treat information from the participants as confidential and not to be displayed publicly in a manner that gives away the participants identity. The information from the participants is not supposed to be made available to unauthorised people (Streubert and Carpenter, 2007:66).

During the study, anonymity of the participants was maintained by addressing participants as A, B etc. The themes were verified by the participants. Special precautions were taken to ensure that unauthorised people of the institutions did not have access to the participants' identity against the themes generated by the study. The researcher requested permission from the participants to

use direct quotes and that the raw data did not reveal the participants' identity. The researcher informed the participants about the use of information obtained from them that it would be used to change community service policies, and the use of the audio tape was merely for provision of accurate information to the researcher and not to any unauthorised officials (Streubert and Carpenter, 2007:66).

1.10.3. Informed consent

Polit and Beck (2008:176) define informed consent as the means to ensure that participants have adequate access to information regarding the study; are capable of a full understanding of information; and have the rights to informed choice, enabling them to consent voluntarily to participate or refuse participation in the study.

The researcher gave a comprehensive explanation of the study to the participants. The participants had full knowledge of their role during the study, the goals, confidentiality pledge, procedures, nature of commitment and potential risks. The participants were also informed about potential benefits, alternatives, voluntary consent and the right to withdraw and withhold information. The researcher gave the participants her contact details (Polit and Beck, 2008:176). (Refer to "Annexure C".) The researcher prepared a written consent form and requested the participants to read the consent, ask for clarity if it was needed and sign the form once they were satisfied with the content. Clarity was given that even if participants had signed the consent form, the right to withdraw was standing with no obligation (Polit and Beck, 2008:177). (Refer to "Annexure D").

1.10.4. Deception of participants

Polit and Beck (2008:172) define deception as a "deliberate withholding of information about the study or giving of false information". In this study the

researcher considered the effects of the study and specifically, the results the findings could have on people other than the participants. This particularly implies that the researcher would not publish faulty findings, since such publication could cause considerable damage to the individual or institution involved. The researcher would be accurate and honest with regard to her findings and make it a point not to offend the participants (de Vos et. al, 2009:60).

1.10.5. Data Analysis

Data analysis was done simultaneously with data collection. The researcher analysed the data using Tesch's method of data collection (Creswell, 2009:185). Field notes and transcripts were analysed. Categories, subcategories and themes were identified and controlled with literature. For a more detailed methodology, see Chapter 2.

1.11. ORGANISATION OF CHAPTERS

CHAPTER ONE : Overview of the study

CHAPTER TWO : Research design and methodology

CHAPTER THREE: Discussion of results and literature control

CHAPTER FOUR : Conclusion, recommendations implications and limitations of the study.

1.12. CONCLUSION

Chapter 1 of the study provided a brief outline of the introduction and purpose of the study that was conducted. It also highlighted the methodology that was followed in gathering the data to achieve the study aims and objectives. The researcher used a qualitative, exploratory, descriptive and contextual approach for the study on the experiences and support of newly-qualified four-year trained professional nurses placed for remunerated community

service in the Gauteng province. A detailed discussion of the methodology used in the study will be discussed in Chapter 2.

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1. INTRODUCTION

This chapter describes the research design and methodology used for the study. The study is qualitative in nature. Qualitative designs were used to collect data. Streubert and Carpenter (2007:2) assert that the use of qualitative methods to study human phenomena is grounded in the social sciences. Streubert and Carpenter (2007:2) further explain that the tradition arose because aspects of human values, culture and relationships were unable to be described fully using quantitative research methods. Krasner (2000) cited in Streubert and Carpenter (2007:2) further states that early philosophers “argued that human phenomena could not and should not be reduced to mathematical formulas”. Based on this information, a qualitative tradition was appropriate for the study on the experiences and support of newly-qualified four-year trained professional nurses placed for remunerated community service in the Gauteng Province.

The researcher also used flexible and unstructured methods of inquiry. Qualitative field research was used to enable researchers to observe social life in its natural habitat (Babbie, 2007:285). Through qualitative research tradition, the researcher was able to obtain an in-depth, contextualised understanding of the participants’ experiences and personal interpretations of their circumstances. The researcher was also able to observe the behaviour of the participants and come up with rich understanding of reality.

Qualitative researchers are continually examining and interpreting data and making decisions about how to proceed based on what has already been

discovered (Polit and Beck, 2008:68). This allows the researcher to collect data until saturation is reached. Saturation was reached when there was no new information coming forward from the participants. Qualitative research allowed the researcher an opportunity to satisfy his curiosity about a phenomenon. The study described and explored the experiences and support received by newly-qualified four-year trained professional nurses placed for remunerated community service in the Gauteng province.

The study included male and female newly-qualified professional nurses who had completed the four-year training programme (R425 of 22 February 1985) and who were qualified as nurses (general, psychiatric and community) and midwife, and placed in Gauteng health services for remunerated community service. The participants were newly-qualified professional nurses who had been placed for remunerated community for six months or more. Newly-qualified professional nurses who followed the two-year bridging programme and were working in the Gauteng province health facilities were excluded. The newly-qualified professional nurses who had less than six months service were also excluded from the study.

2.2. RESEARCH DESIGN

Burns and Grove (2005:211) define study design as various decisions and structures within which the study is implemented by the researcher. de Vos et. al. (2009:268) explain that terms such as “strategies”, “methods”, “traditions of enquiry” and “approaches” are related to the term “design”. The study on the experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community services in the Gauteng province used qualitative, exploratory, descriptive and contextual design to answer the questions during the study.

A qualitative design allows the researcher to obtain first-hand holistic and linguistic understanding of the phenomena. This design is flexible due to the fact that procedures for generating facts about the phenomenon are not strictly controlled and formalised (de Vos et. al. 2009:74). Furthermore de Vos et. al. (2009:74) explain that qualitative design allows for the researcher's subjectivity during data collection.

Haag-Heitman (2008:205) used an exploratory qualitative descriptive design to explain the experiences of newly-qualified graduates who were placed in the clinical facilities in the United States of America. The methodology used in this study influenced the researcher to use the same methodology in the South African context.

2.2.1. Exploratory design

The exploratory research design investigates the full nature of the phenomenon and the process by which the phenomenon is experienced (Polit and Beck, 2008:20). Furthermore, an exploratory design is done to satisfy the researcher's curiosity and desire for a better understanding of the phenomenon that is being studied (Babbie, 2007:88). Therefore, by using the exploratory research design, the researcher was able to explore the experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community services in the Gauteng province.

2.2.2. Descriptive design

Descriptive designs focus at gathering more information about characteristics within a particular field of study. Their purpose is to provide a picture of situations as they naturally happen (Burns and Grove, 2005:232). The use of the descriptive design provided rich facts regarding the experiences and support of the newly qualified four-year trained professional nurses placed for remunerated community services in the Gauteng Province.

2.2.3. Contextual design

Stommel and Wills (2004:179) define a contextual design as “reconstructing the worldview or lived experience”. Furthermore, Stommel and Wills (2004:179) assert that a contextual design allows the researcher to understand human actions and decisions in their experienced situations. In this study, the contextual design assisted the researcher in understanding the experiences and support of the newly-qualified four-year trained professional nurses placed in gazzeted health facilities in Gauteng for remunerated community services.

2.3. POPULATION

Polit and Beck (2008:337) describe a target population as the entire subjects a researcher is interested in when conducting the research. The study focused on newly-qualified four-year trained professional nurses who were then placed in district hospitals, regional hospitals and academic hospitals in the Gauteng province.

Access to the population was requested in writing from the Gauteng Provincial Research Ethics Committee, Chief Executive Officers (CEO) and Nursing Service Managers of the various health institutions. Permission was granted in writing.

2.4. SAMPLING

Sampling is a process of selecting a small number of subjects that are representing the population (Rossouw, 2005:107). Purposive sampling was used in the study. Purposive sampling is a process whereby the researcher consciously selects specific and critical participants who have rich information about a phenomenon (Burns and Grove, 2005:352). For this study, the researcher used newly-qualified four-year trained professional nurses who

were then placed for remunerated community service in the Gauteng province. The reason for selecting these participants was because they had rich information derived from their experiences in the community service programme.

2.4.1. Inclusion criteria

Inclusion criterion is defined by Polit and Beck, (2008:338) as subjects that have specific characteristics. Professional nurses, both male and female who had completed the four-year training programme and are qualified as nurses (general, psychiatric and community) and midwives, and placed in Gauteng health services for remunerated community service were included in the study. Furthermore, professional nurses who had met the requirements of the South African Nursing Council (R425 of 22 February 1985) as amended, who were registered as people performing community service (South African Nursing Act, 2007:1) and had completed six months of placement as a community service nurse were included.

2.4.2. Exclusion criteria

An exclusion criterion is defined by Polit and Beck (2008:338) as participants with specific characteristics that are not relevant to the study to be undertaken. For this study, all newly-qualified professional nurses who did not follow the four-year training programme were excluded from the study. These were the professional nurses who followed the two-year bridging programme and were working in Gauteng province health facilities. Professional nurses who were placed for remunerated community service with a service of less than six months were also excluded from the study.

2.5. DATA COLLECTION

Research data are pieces of information obtained during a study (Polit and Beck, 2008:60). In qualitative studies, the researcher collects primarily

qualitative data, that is, narrative descriptions (Polit and Beck, 2005:60). In qualitative research, data is obtained from the participants through unstructured narrative descriptions (Burns and Grove, 2005:540). For this study, the researcher used qualitative, descriptive and unstructured data collection. Unstructured narrative descriptions were obtained through active interaction between the researcher and the participants in the real environment. In this study the researcher used unstructured focus group interviews, pilot testing, and a tape recorder to record the data and field notes were taken. The researcher was assisted by two assistant investigators, one writing field notes and the second assistant investigator was using a laptop to write the information from the participants. The main investigator was tape recording the information. The study followed three phases, namely: the preparatory phase and pilot testing, interview phase, and post-interview phase during which data collection took place.

2.6. PREPARATORY PHASE AND PILOT TESTING

Careful planning with regard to the participants, the environment and questions to be asked are keys to conducting effective focus groups (de Vos et. al. 2002:309). Furthermore, de Vos et. al. (2002:309) state that basic principles in the planning process are to be adhered to. During this phase, the researcher wrote letters to request permission from the Gauteng Provincial Health Research Committee, Ekurhuleni Research Committee and the various health facilities' managers where the study was conducted. The content of the letter included the purpose, objectives of the study and contact details of the researcher, the supervisor and co-supervisor from the University of Pretoria. (Refer to Annexure B, C and D.)

Polit and Beck, (2008:399) assert that the researcher needs to anticipate the equipment that will be used during the study. In this study, the researcher

used the following equipment: an audiotape with batteries, a notebook, a laptop computer, and identification cards for the research assistants and participants. The researcher distributed the research questions to the participants before the commencement of the focus group interview sessions. Refer to Annexure A for probing questions.

2.6.1. Recruitment of participants

In order to decide who should be invited, the researcher should think back to the purpose of the study. Recruitment is a systematic process; therefore meeting dates, time and location must be set before making contact with participants (de Vos et. al. 2002:310). A homogenous group of participants was recruited for the study to promote comfortable group dynamics and to access rich information (Polit and Beck, 2008:395). In this study the researcher used newly-qualified four-year trained professional nurses who were then placed for remunerated community services in gazzeted health facilities at the Ekurhuleni, Johannesburg Metro and Sedibeng districts in the Gauteng province. The list of gazzeted community service health facilities was obtained from the database kept by the Community Service Provincial Co-ordinator (South African Nursing Council, 2005:1). An invitation letter was forwarded to the potential participants who were on duty on the day of the study through the use of the duty roster and through the assistance of the nursing service managers of the health facilities. The content of the letter included the location, date, time and duration of the focus group interview (Polit and Beck, 2008:395). Refer to Annexure C.

2.6.2. Interview setting

Polit and Beck (2008:399) assert that a quiet place that offers privacy and protection from interruption is needed. In addition, de Vos et. al. (2009:316) explain that focus group interview sessions should be held in a comfortable, non-threatening setting. Each focus group session ran for 45 minutes to one

hour. The location of focus groups had to meet the needs for both the researcher and the participants. The researcher negotiated with the management of each health facility where the study was conducted to allocate an office or a boardroom that was free from interruption and noise. The researcher had to ensure that there was sufficient light supply and adequate ventilation in the room. This venue was easily accessible to the participants and the researcher.

2.6.3. Recruitment and training of research assistants

Two assistant investigators were recruited to assist the researcher during the study. The researcher had to ensure that allocation of tasks was done beforehand to clarify the roles of assistant investigators during the study. Briefing and training of the assistant investigators was done prior to the study by the main investigator on how the study would be conducted (Burns and Grove, 2005:396).

2.6.4. A pilot testing

A pilot study is defined by de Vos et. al. (2009:206) as a process of testing the research questions or a trial run of the real inquiry of the study that will be undertaken by a researcher. Pilot testing gives a researcher an opportunity to practice access, make contact, practice interview and review the interviewing skills (de Vos et. al. 2009:294). Furthermore, de Vos et al. (2009:294) explains that a pilot study allows the researcher to pay attention to specific areas that need special attention for instance in order to test certain questions and to establish relationship with the participants.

The pilot study was conducted a week before the main study. Participants who participated in the pilot study were excluded from the main study. During the pilot study, four research questions were piloted and probing questions were asked. All questions were well understood by the participants.

The focus group interview was delayed by 30 minutes due to the fact that participants had to complete tasks that were allocated to them in the ward before they could be released to participate in the study. The researcher realised that the afternoon shift in the wards has less staff than the morning shift. The pilot study therefore assisted the researcher to correct the times of the day for data collection. The researcher realised that the convenient time for data collection was early in the morning than late in the afternoon for the participants and ward staff.

During the pilot study, a newly-qualified professional nurse who followed a two-year bridging programme was accidentally recruited. The researcher therefore realised the importance of complying with the inclusion and exclusion criteria by verifying the constituency of participants before commencing the focus group interviews.

The following research questions directed the pilot study:

- What are the experiences of the newly-qualified professional nurses placed for remunerated community service in the Gauteng Province?
- What is the support received by the newly-qualified professional nurse placed for remunerated community service in the Gauteng Province?

Refer to "Annexure A" for the interview schedule.

2.7. INTERVIEW PHASE

Burns and Grove (2005: 396) define the interview phase as a process of verbal communication between the researcher and the participants. Burns and Grove (2005:396) further explain that the content of the interview is completely controlled by the participants. During this phase, the researcher made sure that the environment was conducive and non-threatening.

2.7.1. Conducting the focus group interview

A focus group interview is defined by Babbie (2007:308) as a group of participants interviewed together, discussing the experiences and events to the researcher. Focus groups are designed to obtain the participants' perceptions in a focused area in a setting that is permissive and non-threatening (Burns and Grove, 2005:542). The reason behind the researcher's use of focus groups for this study was that focus groups allow for a considerable degree of group direction and the members volunteer information allowing the researcher to be less involved in guiding responses (Stommel and Wills, 2004:284). In this study, five focus groups consisting of six to ten participants in a group were used to collect data. Data was collected until the information was saturated.

The researcher used unstructured research questions to gather data during five focus group interview sessions which consisted of six to ten participants made up of newly-qualified four-year trained professional nurses who had been placed for remunerated community service in the Gauteng province. These professionals had been placed for six months and more (Stommel and Wills, 2004:284). Refer to Annexure A for the unstructured research questions. Unstructured interviews encourage the participants to freely elaborate on what is relevant regarding the phenomenon without getting guidance from the researcher (Polit and Beck, 2008:392). In this study, participants were given copies of the printed interview questions to read. If a participant did not understand the question the researcher had to repeat it without explanation. The following questions were asked:

- What are the experiences of the newly qualified professional nurses placed for remunerated community service in Gauteng Province?
- What is the support received by the newly qualified professional nurse placed for remunerated community service in Gauteng Province.

Questions were posed again and various communication skills were used for example: probing, listening and paraphrasing.

- **Probing**

The purpose of probing is to elicit more useful or detailed information from the participant in an interview (Polit and Beck, 2008:762). In this study probing was used to explore the experiences and support received by newly-qualified four-year trained professional nurses placed for remunerated community services in Gauteng health facilities. The researcher followed up with questions about the participants' comments in order to gain more clarity and meaning. An example of a probing question used during the study is: *"'Tough' what do you mean"?*

- **Listening**

The most critical interviewing skill for in-depth interviews is being a good listener; it is especially important not to interrupt the participants. The interviewer's job is to listen to the participants' stories (Polit and Beck, 2008:400). In this study, the researcher was listening attentively to what the participants were saying including the use of body language for example: nodding the head to show interest and using responses such as *"Okay"* and *"Please tell us"*.

- **Paraphrasing**

This is a process of clearly expressing the ideas of participants in the researcher's own words and connecting the meaning of these words in the study (Burns and Grove, 2005:105). During paraphrasing, the researcher keeps on clustering the information obtained and assigns a meaning. This is done to eliminate fears from the participants and to make them feel comfortable during the study. The interviewer kept on probing based on clues about the topic that participants were providing during the interview as follows: *"So, when you are saying it was not a bad idea, in other words you*

mean that it was the right thing to do”? What is the part that you did not like?

The researcher was able to get more information by asking follow-up questions.

2.8. POST-INTERVIEW PHASE

On completion of the focus group interviews, the researcher summarised the main points of the discussion and confirmed with the participants the accuracy of information generated. The participants were informed that the information is confidential. The researcher expressed gratitude to the participants for their valuable time spent in the focus group session. The participants were also informed when the interview session was complete (de Vos et. al. 2009:317). Should any of the participants need counseling; the researcher would refer the affected participant to the readily available Employee Wellness Centres at the respective health facilities in Gauteng for counseling and support. As soon as participants had left, the researcher and the assistant investigators summarised and discussed the success of the focus group session (de Vos et. al. 2009:317).

2.9. TAPE RECORDING OF THE INFORMATION

De Vos et. al. (2005:304) indicate that a tape recorder allows for a much comprehensive recording than the notes taken during the interview and it allows the researcher to concentrate on how the interview is proceeding. A battery-operated tape recorder was used to record information on the experiences and support of newly-qualified four-year professional nurses placed for remunerated community service in the Gauteng province. The researcher operated the tape and ensured that there were extra batteries.

2.10. DATA ANALYSIS

Creswell (2009:183) defines data analysis as a process of creating sense out of the information generated during the research study activity. Creswell (2009:183) further explains that data analysis is a process of “peeling back the layers of an onion”. It involves organising data, arranging and interpreting facts that were generated by the participants moving deeper and deeper. There are seven steps of data analysis but for this study the researcher selected four that are relevant to the study on the experience and support of the newly-qualified four-year trained professional nurses placed for remunerated community service in the Gauteng Province. Data analysis took place simultaneously with data collection. Data analysis needed a lot of the researcher’s time and it required “creativity”, “conceptual sensitivity” and hard work (Polit and Beck, 2008:507). In this study, the researcher analysed the data using Tesch’s method cited in Creswell (2009:185) as follows:

- **Step 1**

This step involved organising and preparing data for analysis. The process included transcribing interviews, scanning the material, making some notes according to the different categories of the information that corresponds to codes. The researcher broke down large bodies of text into smaller units, perhaps in the form of stories, sentences, or individual words. In this study, the researcher used index cards to make themes out of the data gathered during the focus group interview.

- **Step 2**

Step 2 is a process of thorough reading and interpretation of information. This included playing the audio tape several times. In this process the researcher jotted down a few memos, for example writing in the margins or using post write-out notes, for the purpose of identifying possible categories or

interpretations. In this study, the researcher went over the data several times and made subcategories from the data gathered during the focus group interviews.

- **Step 3**

This step involved coding and identification of main themes, categories and subcategories, and then classified each piece of data accordingly. At this point, the researcher should be getting a general sense of the patterns, which is an indication of what the data means. The researcher classified all categories and subcategories accordingly.

- **Step 4**

This was a process of generating themes emerging from the data. A theme is an abstract that symbolises the meaning of the entire experiences cited by the participants during the research study. Themes describe settings, people and categories. These are major findings of the study and are placed and discussed in categories. The researcher developed descriptive subcategories and clustered the research information according to similarities.

2.11. MEASURES TO ENHANCE TRUSTWORTHINESS

Trustworthiness of the study is defined by Lincoln and Guba (1985) cited in de Vos et. al. (2009:346) as a process of demonstrating the “truth value” of the study. The scientific inquiry needs to convince the reader regarding the good quality of the research study that is reliable and accurate. To address the above characteristics, Lincoln and Guba (1985) (cited in de Vos et. al. (2009:346) identify the following constructs: credibility, transferability, dependability and conformability.

2.11.1. Credibility

Credibility is the scientific findings to convince the reader that the study identified and described the process, setting and a social group accurately (de Vos et. al. 2009:346). The researcher ensured credibility of the research study through: prolonged engagement in the field, member checking, triangulation and peer debriefing.

- **Prolonged engagement**

Lincoln and Guba (1985) cited in Polit and Beck (2008: 542) explain prolonged engagement in the field as the investment of sufficient time in data collection. This will assist with an in-depth understanding of the phenomena, by gaining trust and establishing a good rapport with the participants. The participants in return will provide accurate information to the researcher they have trust in. In this study the researcher provided information sessions during the preparatory phase with the participants to build trust and rapport. Furthermore, the researcher conducted five focus group interviews to explore the in-depth experiences of the newly-qualified professional nurses placed for remunerated community services at their place of work. At the end of the focus group session, the researcher allocated time to the participants to ask questions. Data collection lasted for a period of five months from the period when the researcher requested permission to conduct the study until data collection was completed.

- **Member checking**

Lincoln and Guba (1985) cited in Polit and Beck (2008:545) explain member checking as a continuous confirmation of the accurateness of data and themes with the participants before drawing a conclusion on research study findings. For this study, the researcher engaged the participants before leaving the field

to verify the accurateness of information gathered and analysed during the focus group sessions.

- **Triangulation**

Burns and Grove (2005:225) define data triangulation as a process that involves collecting data from different sources but for the same study in order to compare the findings to enhance credibility of the research study. The researcher implemented data triangulation by using five different focus group interviews. Triangulation of investigators was also ensured by using an independent researcher who did not participate in the initial study to decode, analyse and interpret the tape recorded, typed and hand written information.

- **Peer debriefing**

Polit and Beck (2008:548) assert that peer debriefing involves having discussion sessions with peers to review and explore various aspects of the inquiry as a way of making data trustworthy. In this study, the researcher discussed the research process and the findings with the supervisor, co-supervisor and other researchers from other institutions who were experienced in qualitative methods. Peer briefing was done during the National and Provincial Primary Health Care Research and Nursing Education Conferences that are usually held every year in May and June. These conferences are usually attended by not less than 500 delegates who are Professors at universities, and Provincial and District Health Services Managers.

2.11.2. Transferability

Transferability is the extent at which the findings can be applied in other settings or groups. The study achieved this ability through generating thick, descriptive and in-depth information on the experiences of newly-qualified professional nurses placed for remunerated community service in the Gauteng

health facilities (Lincoln and Guba, 1985:316 cited in Polit and Beck, 2008:539). Transferability was enhanced by thick description and purposive sampling.

Thick description refers to rich thorough descriptions of the research setting, transactions and processes observed during the inquiry. In this study, the researcher provided sufficient detailed descriptions of data to permit judgment about the experiences and support received by newly-qualified professional nurses placed for remunerated community services in the Gauteng Province.

2.11.3. Dependability

Dependability is linked up with credibility of the study. Dependability refers to the stability (reliability) of data over time and over conditions. The dependability question is: Would the findings of the enquiry be repeated if it was replicated with the same participants in the same context (Lincoln and Guba, 1985 cited in Polit and Beck, 2008:539). In this study, the use of colleagues and experts during the presentation of the study in Nursing Education Association (NEA) conferences to check the research plan and how it was implemented was done to ensure dependability.

2.11.4. Confirmability

Confirmability is the ability of the study to reflect nothing else but the truth as related by the participants. This means the "objectivity" of the researcher and avoiding bias during data collection and analysis. This criterion is concerned with establishing that the data represents the information participants provided, and that the interpretations of that data is not the figment of the enquirer's imagination (Lincoln and Guba, 1985 cited in Polit and Beck, 2008:539). The study was audited and confirmed by an independent decoder who did not participate in the initial study.

2.12. CONCLUSION

In this chapter, the research design and methodology were discussed in depth which involved the qualitative nature of the research design. The activities around the focus group interviews were outlined with the preparations and plans for the interviews. The population and sample, as well as the analysis of data, were described. The focus group interviews and data collected focused on the experiences and support received by newly-qualified four-year trained professional nurses placed for remunerated community service in the Gauteng province. The measures of trustworthiness were also outlined. In the next chapter, the data analysis and interpretation of the findings will be discussed in relation to relevant literature and any information obtained from the related studies.

CHAPTER 3

DISCUSSION OF THE RESULTS AND LITERATURE CONTROL

3.1. INTRODUCTION

Chapter 3 focuses on the discussion of the results and literature control. The chapter presents the content of messages derived from the participants, arranging it into main themes, categories, and subcategories that will assign meaning to the research findings. The discussion is based on the experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community service in the Gauteng province. Data is analysed and interpreted. The literature support is used to validate the findings of the study.

3.2. OPERATIONALISING THE FIELD RESEARCH

Five focus group interview sessions were held at five different gazzeted health facilities in the Gauteng province in the Ekurhuleni, Johannesburg Metro and Sedibeng district, at regional and academic hospitals. Each focus group consisted of six to ten participants. These participants had worked as community service nurses for six to twelve months already. The participants had rich information regarding community service placement as they related their experiences.

3.3. DISCUSSION OF PARTICIPANTS

Five focus groups interview sessions were conducted during the study. The sample consisted of 42 four-year trained professional nurses who had been placed for remunerated community services for six to twelve months. Refer to Table 3.1.

TABLE 3.1: SAMPLE DEMOGRAPHIC INFORMATION (N=42)

CRITERION	CHARACTERISTICS	FREQUENCY	PERCENTAGE
Gender	Males	5	11.9%
	Females	37	88.1%
Ethnic Group	Blacks	41	97.7%
	Whites	1	2.3%
Districts	Ekurhuleni	5	11.9%
	Sedibeng	11	27.6%
	Johannesburg Metro	27	64.3%
Health Facilities Levels	District Hospital	4	9,5%
	Regional Hospitals	11	27.6%
	Academic Hospitals	27	64.3%
Period of placement as community service nurse	0 – 5 months	-	-
	6 – 12 months	42	100%

3.4. PROCESS OF DATA ANALYSIS

Data was analysed using Tesch's method of data analysis (Creswell, 2009). Utilising this method the researcher listened to and transcribed the audiotapes, and read and re-read the verbatim transcripts to get a full understanding of the interviews and to familiarise herself with the data. Thereafter, the researcher analysed each verbatim transcript one by one. An independent co-coder assisted with the coding process discussion. A consensus was reached between the researcher and co-coder, the researcher then continued with coding. A table of themes, categories and subcategories is summarised in Table 3.2 below:

TABLE 3.2: TABLE OF THEMES, CATEGORIES AND SUBCATEGORIES

THEMES	CATEGORIES	SUBCATEGORIES
1. Various experiences of the newly-qualified four-year trained professional nurses	1.1. Challenges experienced	<ul style="list-style-type: none"> • Integration of theory to practice • Deliberate practice and risk taking • Role conflict • Staff shortage
	1.2. Interpersonal relationships between staff and community service nurses	<ul style="list-style-type: none"> • Environment not conducive to learning • Staff attitude • Adverse events
2. Support received by the newly-qualified four-year trained professional nurses	2.1. Support received during remunerated community service placement	<ul style="list-style-type: none"> • Adequate support • Inadequate support • Incidental support • Lack of support • Remuneration discrimination move
	2.2. Expectations regarding remunerated community service placement	<ul style="list-style-type: none"> • Orientation • Coaching • Mentorship • Incentives and resources • Role clarification

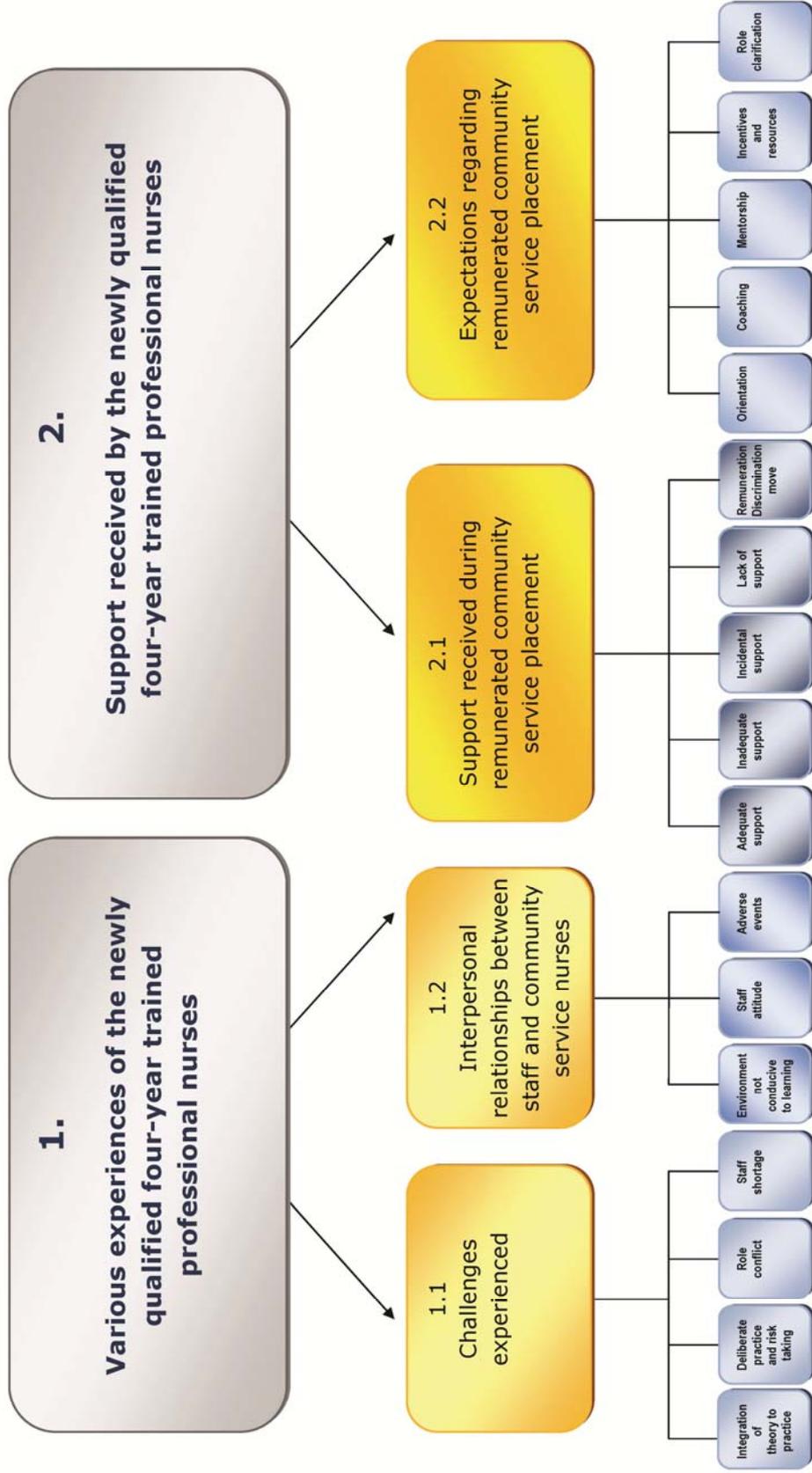


FIGURE 3.1

SUMMARY OF EXPERIENCES OF THE NEWLY QUALIFIED FOUR-YEAR TRAINED PROFESSIONAL NURSES DURING REMUNERATED COMMUNITY SERVICE PLACEMENT IN GAUTENG PROVINCE

The discussion of the results was done simultaneously with literature control. Data from the focus group interviews was grouped into two main themes namely: “Various experiences of the newly-qualified four-year trained professional nurses” and “support received by the newly-qualified four-year trained professional nurses”. Two themes, categories and supporting subcategories are illustrated on Table 3.2 and Figure 3.1.

3.5. DISCUSSION ON VARIOUS EXPERIENCES OF THE NEWLY-QUALIFIED FOUR-YEAR TRAINED PROFESSIONAL NURSES

The first main theme that emerged during data analysis is: “Various experiences of the newly-qualified four-year trained professional nurses”. Two categories emerged from this theme and these are: challenges experienced and interpersonal relationships between staff and community service nurses. Categories are discussed below with the supporting subcategories.

3.5.1. Category 1.1: Challenges experienced

“Challenges experienced” is the first category that emerged from theme: “Various experiences of the newly-qualified four-year trained professional nurses”. This category is supported by four subcategories namely: integration of theory to practice; deliberate practice and risk taking; role conflict and staff shortage. Subcategories are discussed simultaneously with literature control below as follows:

- **Integration of theory to practice**

The participants had two different experiences that are explained as follows: The majority reported that clinical practice is different from the classroom environment in a sense that what they were taught in class differs from the skills that are needed in the wards where they are placed for remunerated community service. This was expressed as follows:

"Practice is something different from the school".

"The experience is sometimes confusing because you don't know what you are doing and you are working alone".

"You are responsible for everything in the ward".

"Sometimes you feel like you want to quit"

The findings of the study called "The problem of integrating theory and practice in selecting clinical nursing situation" that was conducted by Davhana-Maselesele (2000:126) revealed that what is taught in the classroom is not fully applied to the clinical situation. Furthermore, Davhana-Maselesele (2000:126) calls this difference a "theory-practice gap". The findings of this study on the experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community service is relevant to the findings of Davhana-Maselesele (2000:126) and also support the "theory-practice gap" asserted by Davhana-Maselesele. In addition Moeti, van Niekerk and van Velden (2004:82) in their study on "Perception of the clinical competence of the newly qualified professional nurses in the North West Province" also affirms, in their findings, that what is taking place in the ward differs from what students have learned in class or in the demonstration room. This discrepancy made students appear stupid and incompetent.

Some participants acknowledged that the community service placement aimed at putting the theory that they learnt in the classroom into perspective by applying it in the clinical practice. This was expressed as follows:

"It is very educative in a way".

"It is a learning opportunity for us. We have to put whatever we learnt into practice".

Uys and Meyer (2005:14) assert that nursing students form perceptions of their professional and nursing responsibilities and roles by observing the skills of facilitators at the patient's bedside. This statement concurs with the findings of the study as related by the participants that community service placement is educative to them. The findings of the study are also consistent with Mabuda, Potgieter and Alberts (2008:20) findings in their study on "Student nurses experience during clinical practice in the Limpopo Province". The findings of the study conducted by Mabuda et. al. (2008:20) reflected that the correlation of theory and practice, and the building of meaningful experience take place during clinical practice in the health care services. Mabuda et. al. (2008:20) further assert that clinical learning provides opportunities to apply the theory to practice, and it fosters problem-solving and decision-making skills, collaboration with others and development of legal and ethical morals.

- **Deliberate practice and risk taking**

The majority of students reported negatively on their experiences while placed for remunerated community service, explaining that there was a lack of support in the ward although they were able to find their way through. This was cited as follows:

"So far I think I have had like bad and good experiences".

"My experience has been, heh...heh... it's a place I chose, and it has been such a rough ride".

"You would not know where you stand and what is going to happen".

"You are responsible for everything in the ward".

"The professional nurse I was working with did not know anything, she told me she was also new in the ward, I had to ask professional nurses from other wards and doctors".

Some of the participants reported that community service placement is a good intervention implemented by the Department of Health. They explained that community service placement empowered them with skills and knowledge, but at the same time they found placement to be quite challenging at first. When probing questions were posed by the researcher, the explanation of a positive experience was that they appreciated working with different categories of staff in the health facilities and they learned a lot. This was cited as follows:

"There is a good multidisciplinary team and we all work nicely together".

"It has been good and bad, but the good has outranked the bad".

"I started in theatre, I thought it was going to be hard, I thought it was going to take time for me to learn procedures, the first time I went there again it was positive".

Mulligan and Griffin (1992:51) define experiential learning as a process whereby learning is created through the transformation of experience. Furthermore, Mulligan and Griffin (1992:51) assert that by nature, men are nearly alike; by practice, they get to be wide apart. The findings of the study are supported by this citation where learners reflected different views regarding their placement for remunerated community services. Jaftha (2006:6) asserts that the University of Free State regards community service as means to promote contextualised, relevant teaching and learning. The citation supports the findings of the study where participants explain that the good part of community service outranked the bad. They thought it was going to be difficult but they managed. In a cohort study conducted by Erasmus and Blaauw, (2009:20), participants gave different views regarding community service placement but on an average, the majority of participants felt that it was a good initiative for the department to introduce community service for

nurses. Some of the participants were against the community services for nurses regarding it as a waste of time. Those who were positive rated the benefits positively which concurred with findings of the study.

In a study conducted by Haag-Heitman (2009:20) on “The development of expert performance in nursing”, the findings showed that factors that potentially influence expert development, amongst others, include risk taking and deliberate practice. Risk taking is defined as a “precursor to learning” (Haag-Heitman, (2008:204). Furthermore, the transition beyond competent to expert requires a conscious adaptation of different viewpoints and visualising different realities. Routines and rules are a risk on the learners part (Haag-Heitman, 2008:203). Deliberate practice on the other hand, is explained as a personal, goal-orientated approach used to improve both skills development and performance to attain progressively higher and ultimately expert performance. The learners, who are motivated to learn, find personal satisfaction in confronting and overcoming challenges (Haag-Heitman, 2008:204). One can conclude from the above discussion that it is a common reflection for the community service nurses to report mixed feeling of good and bad regarding their experiences for the clinical practice environment. Community service nurses are motivated to learn, but they have this fear of the new environment with prevailing routine and protocols. Eventually, they become well adjusted and move on.

- **Role conflict**

All five focus groups reflected role conflict by reporting that the roles of the community service nurses were not clearly defined in the health facilities where they were placed. Participants cited role conflict as follows:

"The experience is too bad because what we know is that when placed for community service, we will be working under supervision of a registered professional nurse who has been in the ward for a long time".

"Where I trained, closing of waste boxes and cleaning of spray bottles are procedures that are done by ward assistants, but in this institution, these procedures are done by the community service nurses, so it is confusing".

"There is no clear line that divides between a registered professional nurse, community service nurse and a student".

"We are being exploited in a way because we do whatever is expected to be done by a registered professional nurse in the ward".

"A confusing experience".

O'Baugh cited in the *UK Journal of Management* (2007:2) reported that the nurses' consultant role is insufficiently focused, leading to uncertainty for those taking it on. This citation is consistent with the findings of the study where community service nurses explained that there is lack of clear definition of roles for a community service nurse, student and a professional nurse. Sometimes they find themselves being allocated the duties of ward helpers.

The concept "role" is defined by Andrews, Boyle and Carr (2003:386) as a set of expectations and behaviours associated with a specific position. Discrepancies in role expectations tend to create intrapersonal and interpersonal conflict (Andrews et. al. 2003:386). The definition of the concept "conflict" explains the true understanding of the concept in the South African professional regulating body for the South African context. In South Africa, the roles of different categories of nurses are informed in the scope of practice which is documented by the South African Nursing Council Act no 33 (2005:63). Remunerated community service for nurses is regulated by the South African Nursing Council in terms of Regulation no. R765 (2007:1);

however, there is no dedicated scope of practice for community service nurses. The document from Gauteng Department of Health (provincial office) received by community service nurses explains that nurses working as community service practitioners will operate under the scope of practice (R2598) as all previous graduates (Gauteng Department of Health, 2008:3). The memo from the National Department of Health explains the processes and procedures for community service only (National Department of Health, 2009:1). From the above discussion, it can be deduced that community service nurses are not treated with respect and trust as members of the team in the health facilities and this emanates from the policy makers.

- **Staff shortage**

The fourth subcategory that emerged from the study is the “shortage of staff”. Most of the community service nurses reported that they experienced severe shortages of staff which had a bad impact on their placement. Participants were reportedly overwhelmed with ward responsibilities as they found themselves being subjected to inconsistent rotation to wards that were severely short staffed. They experienced community service placement under these conditions compromising their learning and professional development thus promoting fear instead of building confidence. This was phrased as follows:

“By the way we are experiencing a lot of absenteeism in the ward the reason being that staff members want to get more rest days”.

“I was thrown into the deep end due to staff shortage”.

“I thought I was going to have a sister who is working with me from 07h00 to 17h00 but this is not happening due to staff shortage”.

“Everybody tells us that staff shortage is global, they can allocate us anywhere they like”.

"I got punished for being a hard worker, I worked in a surgical ward, I was moved to theatre, I was moved to a surgical ward and currently I will move to a medical ward in one month".

"It is no longer a learning experience".

"We are rotating almost every three months".

"Moving to another ward makes you a new student again".

"If they can move me to another ward, I will quit this profession".

Among other things, many countries are concerned with the shortage of health workers (Erasmus and Blaauw 2009:1). Furthermore, Erasmus and Blaauw (2009:1) explain that these dual concerns over health worker shortages and imbalances between rural and urban areas are also present in South Africa. The findings of the study are a true reflection of the state of affairs in the developing countries worldwide.

Ehlers, Oosthuizen, Bezuidenhout, Monareng and Jooste (2003:25) assert that the global shortage of nurses is aggravated by the fact that large numbers of nurses globally fall within the range of the "baby boomers" born between 1946 and 1952; implying that these nurses will reach retirement ages between 2005 and 2020. This citation complies with the findings of the study where community service nurses reported that they were informed by everybody that staff shortage is global.

Moeti et. al. (2004:82) in their study concur with the above findings, stating that due to a shortage of staff and a high bed occupancy, it was difficult for the experienced professional nurses to guide and supervise the newly-registered nurses sufficiently.

According to Breier, Widschut and Mqgqolozana (2007:27), there are many factors that might lead to one country needing a high ratio of nurses than is required by other countries. The most prominent reason being the general state of health of the nation.

The current Minister of Health, Dr Motsoaledi, overemphasised in his speech (4th April 2011) during the nursing summit that South Africa is faced with a critical shortage of doctors and nurses. The minister further indicated in graphics the picture of the African continent being reduced into a very small picture when compared to the other developing countries in Europe regarding the staff shortage internationally. The speech by the South African Minister of Health is consistent with the findings of the study.

3.5.2. Category 1.2: Interpersonal relationship between staff and community service nurses

The second category that emerged from the theme “various experiences of the newly-qualified four-year trained professional nurses” is “interpersonal relationship between staff and community service nurses”. This category is supported by four subcategories, namely: environment not conducive to learning; inadequate mentorship; staff attitudes; and adverse events. Four subcategories are discussed simultaneously with literature control below as follows:

- **Environment not conducive to learning**

Participants in the study experienced the working environment as not conducive to learning and they related as follows:

“The doctor shouted at me and wrongly faulted me claiming that I did not ask the relatives of the patient to sign consent for operation and the patient died, yet the relatives refused to sign the consent”.

"If you are new in the ward they allocate you with the auxiliary nurses who are very rude to us because we are younger than them".

"We are doing the work of the registered nurses but get a salary of community service nurses". They must pay us"

"I was left alone in the ward on my very first day due to staff shortage".

According to Quin (2000:101) cited in Mabuda Potgieter and Alberts (2008:23) a conducive environment for clinical learning facilitates learning, teaching, mentorship, supervision and coaching. The community service nurses explained in the quotes above that they were exposed to an environment that did not provide the above attributes.

Breier et. al. (2009:101), in their discussion of the relationship between nurses themselves, assert that nursing is a caring profession but nurses are very poisonous towards each other and it is a cultural thing. This explanation supports the findings of the study where community service nurses were subjected to rude staff members in the ward.

Moeti et. al. (2004:7) conducted research on the "Perceptions of clinical competence of newly-registered nurses in the North West Province". The findings of this study indicated that some of the newly-qualified nurses are dissatisfied in the wards because of too strict discipline, poor salaries, not enjoying nursing and staff shortage forcing them to take full responsibility too early and lack of supervision. The above findings are similar to the findings of the study on the experiences and support of the newly-qualified professional nurses placed for remunerated community service in the Gauteng province.

Joubert, du Rand and Van Wyk (2005:43) explain that verbal abuse inflicted by doctors to nurses in the workplace comes in many forms such as speaking

to the nurses via other people, addressing the nurse only when it is absolutely necessary, making a nurse feel bad and making nurses feel responsible for other people's mistakes. This citation concurs with the findings of the study where one of the community service nurses was wrongly accused of not informing the patient's relatives to sign consent for operation which led to the death of the patient due to the delay of the operation.

A few participants reported a positive working environment and explained that they were inspired by working with a multidisciplinary team consisting of doctors, physiotherapists, social workers, enrolled nurses and auxiliary nurses. They enjoyed the collaborative effort in rendering patient care. This was expressed as follows:

"It becomes easy if you trained in that institution when you were a student".

"I was placed in an institution I requested so I am comfortable"

"There is a good multidisciplinary team and we all work nicely together".

"We are working with well-organised people who are cooperative".

A growing body of research has demonstrated that support in the workplace has vital implications for the proper functioning of the organisation (Newman, Thanacoodi and Hui 2011:170). Furthermore, studies have shown that social support increases job satisfaction and commitment, and decreases turnover and absenteeism (Newman et. al. 2011:170).

The researcher observed that the few participants, who reflected positively regarding the working environment, later cited negatively regarding the support they received. When the researcher asked probing questions regarding this contradiction, and it became obvious that there are minimal positive incidences to reflect on.

Baucus and Grassley (2009:5) in their proposal to “Improve patient care and reduce health care costs” cited in the *American Association Journal* (2009: 5) explain that a multidisciplinary education and practice occur when several disciplines work simultaneously but separately, often with independent goals. Furthermore, Baucus and Grassley (2009:5) recommend an interdisciplinary team as ideal in education because it allows joint planning, decision making and goal setting. This is in line with the findings of the study where some of the participants reported positively about their placement in a multidisciplinary team and that they fitted so well and appreciated working together with other team members where they were placed for remunerated community service in health facilities.

Hall (2006:630) discusses a multidisciplinary team using the term “communities of learning” to be explained as follows: members of a community of learning, who work and learn together, negotiate mutual understanding through participation and reification. Hall (2006:230) further explains that participation occurs when the team is working towards shared goals and having a common understanding. Reification occurs when implicit knowledge is made explicit (Hall 2006:230). One can conclude that working in a multidisciplinary team enhances information sharing, professional development and a holistic approach in rendering service to the patient and families.

- **Staff attitudes**

Participants in all five focus groups conducted complained bitterly about the negative attitude demonstrated by some of the staff members. Bad attitudes and verbal abuse came from all different categories of the staff. Participants expressed this negative staff behaviour as follows:

"I had to blow a whistle for assistance when the baby was gasping but no one came to assist me".

"She only came yesterday, what does she know about tea time"?

"Those that are lazy and well known for dodging are the ones you get allocated with."

"The doctor shouted at me making wrong accusation that I delayed the operation for the patient which lead to her death yet it is the relatives of the patient

"I got support from staff nurses because sisters have got that attitude".

"When they were allocating us, the zone matron addressed me by calling the color of the uniform I was wearing".

I was left alone to deliver a macerated stillbirth. They all ran away. It was difficult because I did not know how to maneuver the dead body".

"You don't need to ask me, what did they teach you at college".

Dunham-Taylor et. al. (2008:338) explain that "horizontal hostility" or "nurses eating their young" occurs in academia as well as in the clinical setting. Horizontal hostility includes criticism, verbal abuse, and apathy towards fellow nurses in the work setting (Dunham-Taylor et. al. 2008:338). The findings of the study concur with the above explanation, community service nurses clearly expressed that they were the victims of "horizontal hostility."

The student nurses in the study by Mabuda et. al. (2008:24) explained that they were called names, harassed, and were, in most instances, used as scapegoats for any wrong-doings in the ward. Community service nurses placed in Gauteng health facilities experienced similar working conditions. There were no structures where the community service nurses could report to due to lack of support from management.

Pera and van Tonder (2005:88) assert that in South Africa there is a high prevalence of verbal abuse of nurses (mainly female) by medical practitioners (mainly males), which is quite often ignored by management. Pera and van Tonder (2005: 88) further explain that this is a gross violation of the rights of nurses to respect and dignity and should not be tolerated. As stated above, it is convincing that the cases above are not isolated incidences regarding community service nurses, as they were also the victims of escalating violence at workplace in the country.

Longo and Sherman (2007:1) explain that it is the right of all nurses to work in an environment that is free from violence. The authors further assert that the occurrence of violence, especially where efforts at prevention have been inadequate or the violence goes unaddressed, is symptomatic of an unhealthy workplace and represents a hazard in terms of occupational health, safety and environmental wellness. Community service nurses according to the findings of the study reported that they were exposed to this violence that is asserted by Longo and Sherman (2007:1).

Fox, Henderson and Malko-Nyhan (2005:195) assert that the findings of their study called "They survive despite the organisational culture, not because of it" reflected that when novice nurses feel insecure the registered nurses recognised this and were very aggressive. Fox et. al (2005:195) refer to this aggressive behaviour as a real *wolf pack mentality*. Community service nurses were also exposed to this kind of behaviour during their placement in health facilities in the Gauteng province.

- **Adverse events**

In all focus group interviews conducted, participants reported that they have been linked to adverse events while placed as community service nurses in

the Gauteng Province due to inadequate staffing. This is supported by the study conducted by Mark and Stanton (2011:3). In this study it was found that there is an association between lower nursing staffing levels and one or more types of adverse patient's outcome.

The community service nurses were also exposed to professional nurses who had limited knowledge. This information is related by the participants as follows:

"I asked a registered nurse on how to give BCG injection and she did not know, we asked the chief professional nurse and she also did not know, we read the leaflet and we did not understand it".

"I started resuscitating the baby alone and the baby died due to lack of knowledge and assistance".

"I had a maternal death, the sister-in-charge and the area manager assisted me to write the statement".

Because we are new, we are scared of resisting allocation even if you don't know".

"When I was working in maternity the baby aspirated and died".

"A mentally-confused patient absconded and I was asked to write a statement".

Behaviours related to poor work ethic are demonstrated as an inability to meet the demands and expectations of a work environment, such as neglect, laziness, gossiping, crying, eating, or using cell phones while on duty (Luhanga, Yonge and Myrick, 2008:261). Furthermore, all these unprofessional acts lead to adverse events at the workplace (Luhanga et. al. 2008:261). The findings of the study reflect that community service nurses were exposed to professional nurses who were not committed to their supervisory function exposing the novice nurses to adverse events.

Bezuidenhout (2003:13) asserts that complaints about poor patient care, neglect and even patient abuse in public hospitals are frequently reported in the media. According to Pera and van Tonder (2008:63), the term “legal liability” means that the perpetrator must bear the punishment for his act or compensate the aggrieved party. In terms of this legal liability, it means that the community service nurse who is involved in the adverse effect can find herself being sued by the patient and patient’s relatives for negligence (Pera and van Tonder, 2008:63).

The Canadian Nursing Association (2007:1) relates a scenario as follows: *A man requires frequent dressing changes after his surgery. Because the ward is short-staffed, IV meds and cardiac arrests are the priority. The wound remains unchanged, with drain accumulating causing unnecessary redness and infection.* The scenario shows a poor work environment with inadequate staffing which leads not only to adverse events but also to high absenteeism and dissatisfied nurses (Canadian Nursing Association, 2007:1). The Canadian nurses’ working conditions as related above, are in consistenc with the findings of the study which revealed drastic shortage of staff in Gauteng health facilities.

3.6. DISCUSSION ON SUPPORT RECEIVED BY THE NEWLY-QUALIFIED FOUR-YEAR TRAINED PROFESSIONAL NURSES

The second main theme that emerged is: “Support received by the newly-qualified four-year trained professional nurses”. From this theme, two categories were identified and these are: support received during remunerated community service placement and expectations regarding remunerated community service placement. Categories and supporting subcategories are discussed below.

3.6.1. Category 2.1: Support received during remunerated community service placement

The first category that emerged from main theme “support received by the four-year trained professional nurses” is: support received during remunerated community service placement. This category was supported by five subcategories and these are: adequate support; inadequate support; incidental support; lack of support and remuneration discrimination move. These subcategories are discussed together with the supporting literature below as follows:

- **Adequate support**

Participants reported that they support the decision that was taken by the Department of Health to implement community services for nurses. Some community service nurses related that remunerated community service placement offered them good experience and adequate support.

Lavoie-Tremblay, O’Brien-Pallas, Gelinias, Desforjes and Marchionni (2008:726) define support using the term *social support* and explain that it is the kind of support that is implemented by both colleagues and superiors and makes one have a sense of belonging to a team at work. Participants explained adequate support they received as follows:

“Community service for nurses meant that we are given additional one year to practice under supervision of a registered nurse who is going to show you the ward”.

“I wouldn’t say support was good”.

“Community service is for us to grow professionally”.

"A senior professional nurse, she has been so valuable, she is the one who said: 'I need to click those wings that need to fly' and she taught me quite a lot".

"Community service is meant to give us a chance to learn and adjust to the routine and procedures".

"The positive part is when you are placed in an environment you are familiar with".

"I'm in theatre, there is a lot of support, jah they do guide, they do and they are behind us".

"Community service is a viable idea it can still work by bridging the gap when it comes to the field".

"You are in the real world".

Martin, Donley, Parkes and Wilkins (2007:31) explain that having sufficient opportunities to put clinical skills into practice, and sufficient numbers of skilled nurses to teach and supervise graduates are key components of a supportive working environment. This concurs with the findings of the study as related by the participants.

The benefit of adequate support is that it enhances the strength of the programmes and the new graduates feel accepted and work as valued members of the nursing team, and are satisfied workers who are less likely to leave their place of work (Evans, Boxer and Saniber, 2008:20).

The University of the Free State (Jaftha, 2006:10) regards community service as an educational approach that leads to a deeper understanding of the linkage between the curriculum content and community dynamics, as well as the achievement of personal growth and a sense of social responsibility by the students and staff involved. This citation supports the findings of the study.

The findings of the study are also supported by Erasmus and Blaauw (2009:20) in the findings of their longitudinal study, where they probed participants on their attitudes towards community service for nurses; on average, the participants agreed with the statement that compulsory community service is a good thing.

The above citation from the participants is further supported by Moeti et. al. (2004:74) who assert that during their training, nursing students are provided with theoretical content and they are placed in clinical areas to consolidate this knowledge and socialise them into professional roles.

- **Inadequate support**

The majority of the participants in all five focus groups reported negatively regarding community service for nurses claiming that it is not implemented the way they expected and it disadvantaged them. They reported that the support they received was inadequate. This was expressed as follows:

"They didn't support us that well".

"It is not like they are teaching you for a lifetime to be a good sister and be able to know".

"It depends in which ward you are working in"

"I did get support in ward 5 but in other wards I did not"

"So you will blow a whistle for help when the baby is gasping, somebody will come, or it depends on who you are working with"

"It differs sometimes you get support sometimes you don't"

"You get support from the nursing assistants. Those are people who will show you how things are done".

"Orientation is very basic not detailed".

Evans (2001:1) assert that many nurses say that on completion of their pre-registration training, they feel ill-equipped to deal with the demands of clinical practice. They often remark that they feel as if they have been “thrown in at the deep end”. Furthermore according to Evans (2001:1), the first six months following qualification are known to be particularly stressful. This concurs with the findings of the study.

Martin et. al (2007:31) conducted a study on the “evaluation of a forensic psychiatric setting to provide a graduate nurse programme”. The findings were that there are some very good nurses as well as some very bad nurses. In this case, the newly-qualified professionals were exposed to both negative and positive role models. This is an indication of inadequate support as asserted by the participants in the study. Martin et. al. (2007:31) refer to this kind of support as a “hit and miss” approach. Furthermore, inadequate support is associated with informal systems of mentorship where there is no dedicated mentorship programme. This has been verbalised by the participants above when relating that you may get support or you may not.

Gerrish and Kate (2000:473) conducted a study, called “still fumbling along” in the United States of America, which was a comparative study on the newly-qualified nurses’ perception of the transition from student to qualified nurse. The outcome of the study revealed the haphazard manner in which the nurses learned to perform their role in light of what they perceived to be inadequate preparation and lack of support. The main cause of this inadequate support was due to failure of pre-registration courses to equip students with the necessary knowledge and skills to assume the role of a qualified nurse and lack of support during the initial period post-qualification. The findings of Gerrish and Kate (2000:473) are in line with the findings of the study where participants reported that they had to find their own way with no structured

orientation, support and mentorship programmes in the wards where they were placed for remunerated community service in the Gauteng province.

According to the National Department of Health (2009:1) briefing document for the community service nurses, the main objective of community service is to ensure improved provision of health service to all the citizens of our country. In the process, this also provides our young professionals with an opportunity to develop skills, and acquire knowledge, behaviour patterns and critical thinking that will help them in their professional development. The findings of the study indicate that the good concept and intentions of the Department of Health were not achieved according to the community service nurses.

It is overemphasised by the participants that community service for nurses needs to be reviewed. The findings of the study are further supported by Breier et. al. (2009:25) in their study where the findings were that community service placement programmes received substantial resistance from students. Up to this point it has not been entirely resolved.

Erasmus and Blaauw (2009:20) in their cohort study also reported that a small group of participants reported that the idea of community service is a waste of time and these findings got more support from Gauteng college students as participants in their study.

- **Incidental support**

Some of the participants reported that they were able to get support from the staff only after they had been subjected to bad incidences in the ward. This was related as follows:

"I was once in a situation where a baby died as a result of aspiration. The support I got thereafter was actually... I was overwhelmed, even the matron of the block supported me. I was told I will be alright I just needed to do the right thing then the staff started working with me".

"A baby died when I was trying to resuscitate, on the following day I was told that the wrong resuscitation method was the cause for this death. They then started demonstrating neonatal resuscitation".

"While I was working in maternity, the baby died of aspiration and the support I received thereafter was overwhelming, I was even supported by the matrons".

"When I was wrongly accused by one of the mothers claiming that I killed her baby, the staff members were very supportive".

"I sustained injury on duty and dislocated a shoulder; I received support from everybody in the ward. I was allocated light duties".

"You see the matron in the ward when there is a problem".

"I fell from the steps and sustained some minor injuries, I then got support from the doctors and staff in the ward by being allocated light duties".

Evans, Boxer and Sanber (2008:20) in their findings of their study on "the strengths and weaknesses of transitional support programmes for newly registered nurses" assert that once a knowledge deficit has been identified, the nurses were usually given extra materials and learning contracts to address their learning needs, working in a mutual arrangement with the nurse educator to redress the problems. The findings of their study indicate that support of the novice nurses only occurs when the need for support has been evidenced through a deficit identified.

A success story as related by Mills and Mullins (2008:312) is that there was a novice nurse who did not have friends in an institution where she was placed

for community service and she had a conflict with a senior co-worker. She was advised to have coffee with her and do personal things. They ended up going for a walk and talked things out and she was happy thereafter. This success story is also in line with the findings that once a novice experiences an incidence, other staff members become sympathetic and give her support.

Luhanga et. al. (2008:260) in their study called “hallmark of unsafe practice” discovered a lot of incidences that were related by preceptors/mentors that were observed from novice nurses during clinical placement namely: inability to demonstrate basic knowledge and skills; attitude problems; unprofessional behaviour and poor communication skills. According to these findings, a novice nurse who demonstrated any one or some of these incidences needed special attention from the preceptor/mentor. Furthermore the findings of Luhanga et. al. (2008:260) support the findings of the study where participants mainly reported an inability to demonstrate basic knowledge and skills which is characterised by inadequate knowledge and an inability to perform skills, sloppiness or lack of organisational skills, not asking questions and an inability to follow instructions and safety measures (Luhanga et. al. 2008:260).

One can conclude from above that a failure to provide structured guidance and support to community service nurses contributed to incidental support that was experienced by newly-qualified four-year trained professional nurses who were placed for remunerated community service in the Gauteng province.

- **Lack of support**

Some of the participants felt that there was lack of support in the health facilities where they were placed for remunerated community service. This was related as follows:

"I was expecting 120% support but I received 0% support"

"I received 70% support".

"Community service means that you are a jack of all trade".

"Sometimes you want to quit this profession"

"They left me alone to deliver a macerated stillbirth. They ran away all of them".

"They don't involve us when they do allocation for community service nurses in the ward. What they are doing is not support but it is like punishment".

"I cried and I don't know how many times. You cry to your husband".

"No one is supervising us".

"There is no support from the management".

"I was helped by DENOSA to forward the missing hours worked to the South African Nursing Council."

"You are matured in two weeks time".

"We are struggling to find the information"

"It has been such a rough ride I must say"

"It was a great idea to be initiated but it tended to be exploitation".

"I want to explode, I'm going to quit this profession I love so much due to lack of support".

"No support from Gauteng Department of Health".

Fox et. al. (2005:194) explain community service using the term "transition", as generally used to define a period of time when a new staff member undergoes a process of learning and adjustment in order to acquire the skills, knowledge, and values required to become an effective member of the health care team. Furthermore, Fox et. al. (205:194) assert that for optimum transition to occur it needs to take place in a nurturing and well-structured environment where there is a broad responsibility to provide support, manage change and facilitate open communication. The findings of the study reflect

that some of community service nurses did not find it easy to communicate since it is revealed that it was a challenge to get the required information.

Hickie, Lyttle and Harris (2007:2) explain that evidence has been steadily growing that newly-qualified health care professionals find their first post stressful. This explanation supports the findings of the study due to the facts that participants have related that lack of support is a *rough ride*.

Rudman, Omne-Ponten, Wallin and Gustavsson (2011) cited in Human Resource for Health (2011:2) assert that working conditions, job satisfaction and occupational commitment affect nurses' behaviour such as turnover which can in turn affect and influence the quality of care and patient outcome. Rudman et. al. cited in Human Resource for Health (2011:2) further explain that nurses who left the profession entirely have given multiple reasons such as legal and employer issues, stressful or poor working conditions, working life/home life and effort/reward imbalances as well as external values and beliefs about nursing. Lack of support in the working environment is one of the poor working conditions one can find in the workplace. The findings of Rudman et. al. (cited in Human Resource for Health 2011:2) support the findings of the study. Poor working conditions for community service nurses are a threat to the staff retention that is intended by the Department of Health.

Lavoie-Tremblay et. al. (2008:275) explain that several studies have shown that low job satisfaction and dissatisfaction with work conditions increase intent to quit among nurses. This is in line with the findings of the study as some of the participants verbalised that they have a feeling of resigning and quitting the nursing profession. This is a threat to remunerated community service policy in the Gauteng Province.

- **Remuneration discrimination move**

Some of the participants regarded community service placement as a strategy for marginalising the newly-qualified professional nurse regarding compensation. They explained that they were regarded as professional nurses on arrival in health institutions and they were allocated to run the wards as in-charge professional nurses. This function was not worth the salary they were getting. Moreover, those who did the bridging course were better paid because on qualification, they were given the normal salary of a qualified professional nurse. This was cited as follows:

"It is about not giving us money we deserve on completion of our training".

"I am angry because we are doing everything in the ward but we get a salary of a community service nurse".

"We are doing the work of a registered nurse, the difference is the salary"

"I was expecting the Department of Health to explain a package of the community service nurses".

"I expected the back-dating of salaries on registration with the South African Nursing Council to be done simultaneously for everyone. It is frustrating because others wait for eight months and the back-dated salary gets taxed".

"We were expecting remuneration to be the same. The group before us got R106 000.00 per annum and we are getting R86000.00 per year.

"Students, who are doing the 'bridging course', get the salary of a registered nurse immediately on completion and we are left behind".

Community service nurses were discriminated in a way because they were not treated like all other employees. They were left confused not knowing their responsibilities and commitments to their performance and the expectations from the employer. The International Labour Organization (2011:2) explains that discrimination can occur at every stage of employment, from recruitment

to education and remuneration, occupational segregation, and time of lay-offs. The finding of the study on remuneration discrimination is in line with the trends in the workplace as always explained by the organisations that represent the workers.

The findings of the study are in consistence to the findings of the study on “perceptions of the clinical competence of newly registered nurses in the North West Province.”

In the study conducted by Moeti et. al. (2004:78), the newly-registered professional nurses reported dissatisfaction regarding their salaries. Furthermore, Ehlers, Oosthuizen, Bezuidenhout, Monareng and Jooste (2003:35) in their study on “post–basic student’s perceptions of the emigration of nurses from the Republic of South Africa”, commented that newly-qualified nurses should be required to render one year’s community service, prior to becoming registered nurses, but that they should be adequately remunerated for such a service. Ehlers et. al. (2003:36) further recommended that the government needs to provide better remuneration and improved fringe benefits to keep the nurses in the Republic of South Africa. The National Human Resource for Health (2006:29) recommended that policies addressing the recruitment and retention of health professionals, including the issue of adequate remuneration for such professionals, must be re-appraised so as to be able to recruit and retain skilled and competent professionals in the public health service and in the country. This correlates with the findings of the study that decent salaries will satisfy community service nurses.

The findings of the study conducted by Breier et. al. (2006:93) showed that salaries were a major issue throughout the research, even though public sector salaries were increased substantially in the course of it.

3.6.2. Category 2.2: Expectations regarding remunerated community service placement

The second category that emerged from main theme, “support received by the four-year trained professional nurses” is “expectations regarding remunerated community service placement”. This category is supported by five subcategories, namely: orientation, coaching, mentorship, incentives and resources, and role clarification. The subcategories are discussed simultaneously with the supporting literature below as follows:

- **Orientation**

Community service nurses explained that they expected to be orientated on arrival in the health facilities where they were placed. There was no standardised orientation programme in health facilities and wards. Orientation varied from institution to institution. This is phrased below as follows:

“I expected to be introduced to the Chief Executive Officer (CEO) of the hospital. Since I came here I have never met him”. The only time I will know him is when I’m in trouble”.

“The nursing managers need to be orientated on community service placement because they don’t know”.

“I was expecting a structured and relevant orientation in the ward”.

“I expected that they will start by orientating us, but we started in the wards”.

“In theatre they orientated us, till now they are behind us”.

Cosentino (2003:1), in her article called “preparing students for ‘real life’ nursing” explains the term: “reality shock” which means explicating the difficulties of new nurses as they go through the process of attempting to

reconcile the professional ideals and values with which they were imbued in nursing school with the harsher, less exalted realities of the workplace. This is due to the lack of orientation by mentors in the workplace. The findings of this study that the participants were not orientated are similar to what is related by Cosentino (2003:2).

It is reflected in the Fox et. al. (2005:196) study that some new graduates and transferees commenced work prior to a scheduled orientation programme and only participated on an abridged induction several weeks later. These findings are also in line with the findings of the study on experiences and support of the newly-qualified professional nurses placed for remunerated community service in the Gauteng province.

Reiter, Young and Adamson (2007:1025) assert that positive preceptoring relationships and adequate support systems during orientation favourably impacted the new graduate's feeling of acceptance in the workplace. This is what the newly-qualified professional nurses were expecting on their arrival in the health facilities but it, unfortunately, did not happen.

Park and Jones (2010:142) conducted an integrative review of the study that was conducted to explore the effects of orientation programmes for newly-graduated nurses and their confidence, competency, and retention. Park and Jones (2010:143) were reviewing orientation programmes in the nursing literature which included internships, residencies and structured orientation programmes conducted in the United States hospitals. The findings of the study revealed improved confidence, improved critical thinking abilities, increased retention rate and decreased turnover rate of newly-qualified professional nurses. One can, therefore, conclude that structured orientation is a key component of the community service placement for nurses (Park and

Jones 2010:145). Community service nurses were expecting to be nurtured by experienced professional nurses. They expected to be allocated nurses' duties, but this did not happen most of the time.

Hall (2006:630) discusses a multidisciplinary team using the term "communities of learning" explained as follows: members of a community of learning who work and learn together negotiate mutual understanding through participation and reification. This sharing of information enhances orientation and adjustment to a new environment. One can conclude that working in a multidisciplinary team enhances information sharing, professional development and a holistic approach in rendering service to the patient and families.

The guiding document from the Gauteng Department of Health (2009:4) informs the institutions that orientation is supposed to include human resource and nursing care aspects but these were partially implemented in some institutions due the fact that there was no structured orientation programme in place.

Hilligweg (1993:25) asserts that the aim of any orientation programme, regardless of the methodology, is to:(a) develop competent nurses in a relatively short time period, (b) provide quality patient care, (c) provide a cost-effective transition from novice to expert, (d) maintain and build staff morale in order to retain the clinically-skilled nurse and (e) attract others to a career in the field of nursing. The findings of this study clearly reflect that community services nurses were deprived of the opportunity of professional development basics.

- **Coaching**

Community service nurses were expecting to be nurtured by experienced professional nurses, unit managers and zonal matrons in the health facilities where they were placed but this did not happen. They were expecting to be allocated nurses' duties, but this did not happen most of the time. Community service nurses related their views on the coaching they expected as community service nurses and these views are expressed as follows:

"I thought that I will always work under supervision of a sister from 07h00 – 19h00, so it is not happening".

"I was expecting management to call us every four months to voice out our feelings as community service nurses".

"I was expecting to work a shift of 07h00-16h00 because I am still learning as a community service nurse".

"I was expecting the community service placement as the fifth year of learning".

"I expected to be involved when they are writing the South African Nursing Council report on my behalf rather than to be asked to sign".

"I was expecting to attend the in-service training on different procedures and not to attend one and the same procedure e.g. CPR all the time".

Wikipedia (2011:6) explains that coaching differs from mentoring and training as follows: training is teaching people to do what they don't know how to do; mentoring is showing people how the people who are really good at doing something do it; and coaching is none of these - it is helping to identify the skills and capabilities that are within the person, and enabling them to use these skills to the best of their abilities. Community service nurses were deprived of this opportunity because the manager did not take the full responsibility of coaching the new graduates according to the participants.

Jooste (2009:92) asserts that coaching provides feedback, support, and challenges and helps in restructuring the individual's roles and approaches to their work and future. Furthermore, during coaching, an individual is in an open dialogue with someone more senior (Jooste, 2009:92). The findings of the study clearly indicate that the newly-qualified professional nurses placed for remunerated community service in the Gauteng province were not lucky to be exposed to this intervention from management and senior nurses. According to the provincial document (2009:4) it is documented that the community service nurses were to work under supervision but in the facilities this did not happen due to staff shortage.

Tobin (1998:1) asserts that a mentor gives guidance and opportunities for practice and the coach observes and critiques the performance and provides you with an outside perspective on your skills. Furthermore, the author asserts that a learner needs both a coach and a mentor. According to the findings of the study, community service nurses were just receiving unstructured and unplanned learning if it happened to be available by chance.

Simpson (2009:7) cited on a BLOG website (2011:2) explains the latest trends in coaching emerging from Europe, which is coaching over the phone which is seen to ensure sustainability of training, and hence being integrated into seminars. The researcher has experienced this coaching trend during conferences. Unfortunately, in Gauteng this was not possible because South Africa as whole is still limited in technology.

- **Mentorship**

The participants had different views regarding the mentorship they were exposed to during clinical placement. Some participants explained that mentorship and guidance differed according to the individual professionals

they were working with and the wards where they were allocated. This was expressed as follows:

"Other staff members are willing to support us when we need help".

"That sister would teach you a new procedure informally for ten minutes and expect you to remember on the following day. You would be accused for failure to remember".

"You discover things in your own way".

"I expected to have a mentor who was going to show me the "ins" and "outs" of the ward".

"In maternity ward the sisters supported us and they were willing to teach us".

"In theatre you work under supervision of a sister who is qualified in theatre technique as a post-basic course".

"She is the one who said I want to click those wings that need to fly".

"Everybody is helpful even the doctors".

"Some sisters do not know anything".

"They click those wings that are trying to fly".

"You ask your fellow colleague who is working in another institution to assist you.

"No one is supervising us, no teaching and it was quite scary".

"I was assisted by DENOSA to submit my documents to the South African Nursing Council".

A mentor is a trusted counselor and guide for entry into the adult world (Thorpe and Kalischuk, 2003:5). Furthermore, a mentor is a wise, experienced and faithful advisor to an aspiring professional in nursing (Andrews and Chilton, 2000:5). A mentor does mentoring out of passion and willingness. This is supported by the statement above that one of the sisters verbalised to the community service nurses her willingness to support them.

Listening to the report stated by the participants during the study, the researcher concluded that community service nurses received mentorship accidentally depending on the individual professionals they were working with during their placement. There was no clearly defined policy regarding mentorship for novice nurses. Martin et. al. (2007:32) refer to this kind of mentorship as casual, infrequent and even erratic. This is further supported by the findings of the National Department of Health audit conducted in 2009 regarding the implementation of the Nursing Strategy for South Africa. The findings of this audit indicated that the provinces had improper induction of neophytes due to a shortage of personnel, and a lack of guidelines for instance in terms of job description, delegation and task shifting guidelines (Ravhengani and Silinda, 2010:5).

The results of the study on “experiences of pre-registration nursing students on support in practice” conducted by Gidman, McIntosh, Melling and Smith (2011:2) reported that students need mentorship and support in clinical skills, placement situation, documentation and personal issues. The findings of their study supports the concern of community service nurses as explained above when they indicate that they needed support but it was not available most of the time during placement for remunerated community service.

The findings of the study conducted by Carlson, Kotze and van Rooyen (2003:35) on the accompaniment needs of first-year nursing students in the clinical learning environment reflected that students are not getting the opportunity to practice skills with each other because the wards were either too busy, or the staff would say they are taking too long. Furthermore, at times when the wards are quiet, students were also not allowed to assist each other, because they were expected to fulfill other functions in the ward. This

citation is in line with the findings of the study where community service nurses reflected they discovered things on their own.

A good mentorship programme is the one that creates ambience. Creating ambience is about establishing a safe, nurturing, and aesthetic environment (Thorpe and Kalischuk, 2003:9). This is the kind of mentorship that makes the mentee feel at home and relax in a stressful environment which is worth mentioning as one of the participants commented about during her days of terror and unwanted events. According to Hillig, Wolf, Bossetti and Saddam (1999) cited in Luhanga, Yonge and Myrick (2008: 262), a safe practice environment is one where a student performs all role functions and assumes an increasingly larger patient assignment in a more proficient, organised, skillful and independent manner. It is just a pity that the participant had to undergo hardships before getting the needed mentorship. The findings of the study concur with the findings of the study conducted by Bradley, Bond and Bradley (2006:51) on the "perceptions of nurse tutor teaching in a clinical skills learning programme," it was depicted that undergraduate medical students place a high value on the teaching of both nurse and medical clinicians.

People acquire skills within their practice domain by imitating experts (Haag-Heitman, 2008:204). Expert social models assist in the development of expert performance by helping learners break out of their interpretive frameworks and by stimulating them to see and perform in a different way (Haag-Heitman, 2008:204). The author further asserts that praise, support and reinforcement from immediate supervisors and others helps to create a climate that fosters ongoing learning and development. The findings of the study concur with the above explanations in a sense that the findings of the study revealed that learning without guidance is incomplete.

According to Dunham-Taylor et. al. (2007:337), the essential elements of effective mentorship include the following: socialisation, collaboration, operations, validation/evaluation, expectations, transformations, reputation, documentation, generation and perfection. Dunham-Taylor et. al. (2007:339) further explain that a mentor is meant to embody wisdom and serve as a teacher, protector and counselor. The findings of the study contradict the above statement because the community service nurses did not enjoy the above stated benefits during their placement for remunerated community service in the Gauteng health facilities.

The findings of the study on conducted by Mabuda et. Al. (2008:22) revealed that ward staff (registered nurses) were not teaching student nurses, apparently because they did not have the education qualification and did not have time due to heavy workloads. Furthermore, the author explain that a reluctance to act as role models and mentors were observed among ward sisters and staff nurses which is very alarming as role modeling is a fundamental principle of learning in the clinical setting.

There are similarities in the findings of the above study and what community service nurses expressed regarding the support they received during community service placement. "Professional hazing" as well as "inadequate mentorship and nurturance of new colleagues" were seen as potentially influencing job dissatisfaction, ultimately leading to nurses leaving their employment positions (Dunham-Taylor et. al. 2008:338). One can conclude from the above discussion that mentorship, supervision and guidance of the community service nurses was implemented by a chance, and it was not structured as there was no direction. This is a threat to the retention strategy for nurses in the Gauteng Province.

It has been suggested that the relationship between the supervisor and subordinate is extremely important in Chinese organisations given the hierarchical nature of Chinese Confucian society (Newman, 2011:170). The findings of the study indicate the relationship between the professional nurse and community service nurses was inadequate.

Starcevich (2011:1) explains that the mentor has a deep personal interest, and is personally involved - a friend who cares about you and your personal development. The findings of the study reflect that community service nurses were communicating with their colleagues stationed in other institutions for support.

- **Incentives and resources**

It became evident from all five focus groups conducted during the study that the participants were not satisfied with the incentive bonuses generated through the document: performance measurements and development strategy (PMDS). This was expressed as follows:

"I expected to fill in the performance management and development (PMDS) forms and benefit out of them but it did not happen. PMDS would also help me to improve my performance".

"My supervisor was talking about the returning of PMDS, I was told I will sign this document next year. For this year I will sign the SANC progress report".

"They told us we are going to start filling it next year in April and it will be assessed on quarterly basis.

Searle, Human and Mogotlane (2010:59) explain that the interdependent relationships between the categories of health service personnel are many and varied, and they all affect the valid measurement of activities. Furthermore,

Searle et. al. (2010:60) assert that performance measurement is dependent on clearly defined standards and objectives, for it is against these that the practitioner's performance is measured. PMDS, in other words, is the relevant and justifiable document to be used to measure performance of the community service nurses in health facilities. Practitioner's performance is improved through appropriate feedback and in-service education where necessary and payment of bonuses to professionals who achieved excellent performance. PMDS is, therefore, an appropriate document to be used when compiling the South African Nursing Council quarterly report on the progress of the community service nurses.

Some of the many causes for staff shortage in South Africa are the fact that nursing is a low-wage occupation; nurses do not get the recognition they deserve; and there is a lack of promotion opportunities as well as constant shortages in the financial budget of the institution that placed the advert (Breier et. al. 2007:33). The findings of the study concur with the challenges facing South Africa regarding human resources for health.

In London, the government increased the salaries for the newly-qualified nurses by 12.5% far above the inflation rate in 1999 in order to retain staff (Hancock, 2001:4). The findings of the study reveal that community service nurses were never considered yet the incentives problem is a unique issue.

Lavoie-Tremblay et al (2008:728) assert that the imbalance between effort and reward is a significant dimension among the newly-qualified nurses as much as it is an intention to quit the present job in nursing as for leaving the nursing profession altogether. This citation supports the findings of the study because the community service nurses showed concern regarding the low

salaries they were earning while placed for remunerated community service in the Gauteng province.

- **Role clarification**

The participants explained their concern and expectations regarding role clarification by the policy makers. These were expressed as follows:

"I don't know what community service is all about we are just being forced into a bus that is driving at a speed of 120 kilometers per hour".

"The quarterly report that is forwarded to the South African Nursing Council is confusing, if you talk too much it will also talk too much about you too".

"I don't know of any law and policies that guide the practice of a community service nurse exist".

"I was expecting the assistant directors and deputy directors in the institutions to know the roles of the community service nurses because they don't know what is expected of us".

"I was expecting them to recognise the role of a community service nurse, at one stage you are a sister, you don't need supervision and at some stage you are a community service nurse, you must work under supervision".

"I expected a clear direction on how to handle community service nurses".

The roles of community service nurses are not clearly stated in the Nursing Act no 33 (2005:76) and the scope of practice for community service nurses is not clearly stated except that they are competent if they have met the minimum requirements of training; therefore, they need to use the same scope of practice for registered professional nurses (Nursing Act no 50 (1978).

According to Searle et. al. (2010:321), haphazard general administration coupled with poor personnel direction and control, confusion of roles, and poor

overall supervision of management, maintenance and care leads to slapdash practice and exposure to medico-legal and other hazards. The concern of the community service nurses regarding role clarification is therefore genuine for their protection. One can conclude from the above explanation that in the absence of the scope of practice for community service nurses, their practice has no direction but it subjects them to abuse by their supervisors.

In Scotland, some early challenges were the lack of role boundaries for the newly-qualified nurse, and some continuing resistance to their employment in primary care (Hickie, Lyttle and Harris, 2007:7). The findings of the study are in line with the findings in other countries.

Role conflict occurs individually, as in the case of one person being torn between separate roles for different organisations, and when an individual is asked to perform multiple roles in the same group (Chiu, 1998:1). The findings of the study reflect that community service nurses found themselves in a similar situation while placed for remunerated community service in the Gauteng Province due to a lack of understanding on the part of staff members in the ward.

3.7. DISCUSSION OF FIELD NOTES

Field notes are a written account of what the researcher hears, sees and thinks about during the interviewing process (de Vos et. al. 2002:304). In this study, the first assistant researcher collected typed field notes and the second assistant researcher collected handwritten notes about the experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng Province during the interview. The principal researcher was asking questions, listening to comments and responses, tape recording the information and also observing the non-verbal

expressions as the participants were relating the information. In this study, the field notes included personal notes, observational notes and methodological notes.

3.7.1. Personal Notes

Personal notes are the comments and expressions of the researcher's own feelings while collecting data in the field (Polit and Beck 2008:406). In this study, the researcher was able to record her personal feelings. During this study, the researcher documented the stage where she was emotionally touched by the participants' explanation of the emotional events that they experienced while placed for remunerated community service in Gauteng health facilities.

The researcher and the two assistant researchers were emotionally touched by the participants when they were relating the subcategory "staff attitudes", to such an extent that one of the assistant researchers had to ask whether the community service nurses had access to the Employee Wellness Centre for counseling and also enquired whether the counseling received did help the participants or not. The community services nurses agreed that they had free access to this available service in their health facilities and that it was helpful for them.

3.7.2. Observational notes

Observational notes are objective descriptions of observed events and conversations; information about actions, dialogue and context (Polit and Beck, 2008:406). During the interview sessions, the researcher recorded the dialogue that occurred when a focus group interview session was conducted in one of the academic hospitals.

The researcher noticed that the participants were in a state of shock when they responded to subcategory: “integration of theory to practice”. Some participants used non-verbal expressions such as frowning to indicate that they were totally against remunerated community services for nurses while those who supported remunerated community service for nurses were smiling and nodding their heads.

When participants were supporting each other’s responses, they made comments such as “Yes! Yes!” in the background. The researcher also noticed anger in the faces of participants while responding to the “role conflict” subcategory. Other participants kept on saying “Yes! Yes!” At some stage they would all speak simultaneously making a loud noise. Participants also used body language such as frowning to demonstrate the anger and frustrations they experienced during the remunerated community service placement in the Gauteng province.

3.7.4. Methodological notes

Polit and Beck (2008:406) define methodological notes as reflections about the strategies and methods used during data collection. In this study, the researcher designed sticker labels using the letters of the alphabet, A, B, C, D etc., as temporal names for the participants. Each participant was issued a sticker with one of these labels. The researcher used letters of the alphabet, A, B C, D. etc., as temporal names of participants in order to avoid calling participants by their real names for confidentiality purpose. The researcher addressed participants by using these labels such as participant A, Participant B respectively. Each participant would respond according to the alphabetic label issued to him or her.

3.8. CONCLUSION

Chapter 3 outlined the findings that came out from the focus group interviews data collection process. Furthermore, this chapter also focused on information reported by participants during qualitative data collection. The summary of findings of the study is illustrated in Table 3.2 and Figure 3.1.

The chapter contains data from five focus group interviews presented in the following two main themes: “Experiences of the newly-qualified four-year trained professional nurses” and “Support received by the newly-qualified four-year trained professional nurses”. From each main theme, two categories were identified. The categories were supported by subcategories that were discussed simultaneously with the relevant literature control.

CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS, IMPLICATIONS AND LIMITATIONS OF THE STUDY

4.1. INTRODUCTION

In the previous chapter, the focus was mainly the discussion of the results of the study and literature control. The main themes and categories were identified during five focus group interviews. The subcategories related to each category were discussed and supported by the literature control. In this chapter, the conclusions, recommendations, implications and limitations of the study will be outlined.

The purpose of the study was to explore and describe the experiences of the newly-qualified four-year trained professional nurses who were placed for remunerated community services in the Gauteng province and to explore and describe the support received by the newly-qualified four-year trained professional nurses placed for remunerated community service in the Gauteng province.

The following objectives guided the study:

- To explore and describe the experiences of the newly qualified four-year trained professional nurses placed for remunerated community service in Gauteng Province.
- To explore and describe the support received by the newly qualified four-year trained professional nurses placed for remunerated community service in Gauteng Province.

4.2. CONCLUSIONS OF THE STUDY

The study on experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng province was analysed using Tech's method of data analysis. The two main themes that emerged were the "various experiences of the newly-qualified four-year trained professional nurses" and "support received by the newly-qualified four-year trained professional nurses".

4.2.1. Theme 1: Various experiences of the newly-qualified four-trained professional nurses

Two categories emerged from "various experiences of the four-year trained professional nurses and these are: challenges experienced and interpersonal relationships between staff and community service nurses. The categories and subcategories identified were explored, discussed and later controlled with literature and are discussed below.

- **Category: 1.1. Challenges experienced**

The study found that community service nurses were overwhelmed by the various experiences emanating from the integration of theory to practice; deliberate practice and risk taking; role conflict and staff shortage.

The majority of the participants stated that the knowledge that they acquired in college and university did not match the skills that are required in the workplace. It was quite frustrating when they were allocated tasks that they could not perform as expected due to "theory-practices gaps" (Moeti et. al. 2004:82; Davhana-Maselesele, 2000:126). The participants were very confused and sometimes looked stupid and incompetent although community service placement was meant to allow them to apply what they have learnt in the classroom.

A very few participants reported that remunerated community service was educative for them because they were able to apply the theory that they learned in the classroom into practice. This finding concurs with the findings of Mabuda et. al. (2008:19) which reflected that correlation of theory and practice, and the building of meaningful experience, takes place during clinical practice in the health care services. The study conducted by Uys et. al. (2005:14) revealed that the ability to apply theory to practice is achieved through earlier knowledge acquired by learners from the facilitators. They then imitate the facilitator in the clinical area successfully. This would be an ideal experience for the newly-qualified professional nurses placed for remunerated community service in Gauteng province but it did not happen to the majority of them.

The majority of the newly-qualified professional nurses reported mixed experiences of feeling good and bad during community service placement. Some participants explained that remunerated community service placement is risky and it requires one to take chances. Some participants referred to remunerated community service placement as a scary venture at first but eventually they master practical activities. These findings are supported by Haag-Heitman (2008:203) who refers to this experience as “precursors to learning”, “deliberate practice” and “expert performance”.

The findings of the study revealed that community service nurses support community service placement policy explaining that the policy meant for them to gain more experience and training in order to be experts. These findings are in line with the cohort study conducted by Erasmus and Blaauw (2009:20) which revealed that the majority of Gauteng participants support community service placement.

Participants in all five focus groups reported that the roles of community services nurses in Gauteng Province health facilities were not clearly defined. Sometimes community service nurses were regarded as qualified professional nurses and were, therefore, expected to practice independently. Sometimes community service nurses would be cautioned that they need to work under the supervision of professional nurses because they were not yet qualified. The worst scenario was when community service nurses were allocated the duties of ward helpers. Community health service nurses regarded this wrong assignment of duty as exploitation which put them in a conflicting situation.

The study revealed that due to staff shortages, community service nurses were overwhelmed with ward responsibility and inconsistent rotation ranging from daily to monthly and according to the needs of the institutions in which they were placed. This created fear instead of building confidence and also compromised the opportunities of learning and professional development. Inconsistent rotation severely affected those who worked hard. The findings are supported by Erasmus and Blaauw (2009:1), and Ehlers et. al. (2003:25) who assert that the shortage of health workers is a concern for the whole world. This is aggravated by the fact that the majority of professional nurses falls within the range of "baby boomers" born between 1946 and 1952 and will retire between 2005 and 2020 (Ehlers et. al. 2003:25). The shortage of health professionals has also been re-affirmed by the South African Minister of Health, Dr Motsoaledi, during the nurses summit held in April 2011 when he stated that the aggravating factors for the shortage of nurses in South Africa is due to the burden of disease in the country.

- **Category:1.2 Interpersonal relationships between staff and community service nurses**

The study revealed three important factors that affected interpersonal relationships between staff and community service nurses during remunerated community service placement in Gauteng province and these are: environment not conducive to learning; staff attitudes; and adverse events.

Quin (2000:417) cited in Mabuda et. al. (2008:23) explains that a conducive environment for placement of novice nurses needs to facilitate clinical learning, teaching, mentorship, supervision and coaching. The study revealed that the environment in which the community service nurses were placed for remunerated community service in the Gauteng province health facilities deprived them the opportunity to learn new skills.

The study depicted that community service nurses did not receive support from their fellow colleagues. These findings are supported by Breier et al (2007:101) when they assert that nurses are very poisonous towards each other and this is a cultural thing.

There are very few participants who reported positively about the working environment, the researcher noticed with concern that these participants later changed their statements and then reported negatively (refer to audiotapes).

The study revealed that all participants complained about bad staff attitudes and verbal abuse inflicted by all categories of staff in health facilities. Some participants were addressed using nicknames. Dunham-Taylor et. al. (2008:338) refer to this as "horizontal hostility" or "nurses eating their young". The findings of the study are further supported by Mabuda et al (2008:24) who explained in the findings of their study conducted in Limpopo

that nurses were used as scapegoats for any wrongdoing in the wards in the Limpopo Province. The findings are further supported by Pera and van Tonder (2005:88) in their report that in South Africa, there is a high prevalence of verbal abuse addressed to female nurses mainly by male medical practitioners - this is usually ignored by management.

The study revealed that in all focus group interviews conducted, there was a report on the adverse events that directly linked community service nurses emanating from staff shortage and lack of support and guidance. These incidences lead to death of patients and community service nurses involved had to write statements. The findings of the study conducted by Mark et. al. (2011:3), which supports the findings of this study, depicted that there is an association between lower nursing staffing levels and adverse patient's outcomes.

Community service nurses also reported that they were allocated with professional nurses who had limited knowledge in the wards. Some staff members have poor work ethics, such as neglect, laziness, gossiping, crying, eating, or using cellphones while on duty, that are demonstrated as an inability to meet the demands and expectations of a work environment (Luhanga et. al. 2008:261). Furthermore, all these unprofessional acts lead to adverse events (Luhanga et. al. 2008:261)

4.2.2. Theme 2: Support received by the newly qualified four-year trained professional nurses

Two categories were identified from the theme "support received by the newly-qualified four-year trained nurses" namely: support received during remunerated community service placement and expectations regarding community service placement. The categories are summarised below with the supporting literature.

- **Category: 2.1. Support received during remunerated community service placement**

The study revealed that support received during remunerated community service placement varied between adequate support, inadequate support, and incidental support, lack of support and remuneration discrimination move. The supporting subcategories are summarised simultaneously with literature control below.

The findings of the study reflect that the majority of participants support the decision that was taken by the Department of Health to implement community service for nurses. This is supported by the findings of Erasmus and Blaauw (2009:20) whose study indicated that the majority of the Gauteng community service nurses support community service placement.

The study found that the majority of participants in all focus groups reported that the support they received was inadequate. After careful reading of the transcripts and listening the tape recorder, the researcher was convinced that inadequate support is the kind of support that one receive by chance – it may be there or it may not. This kind of support creates a feeling that one is “thrown in at the deep end” (Evans, 2001:1). Community service nurses were exposed to some good as well as bad nurses. This is referred to as the “hit and miss” approach during remunerated community service (Martin et. al. 2007:31). These findings are also supported by Gerrish and Kate (2000:473) which explain the haphazard manner in which the nurses learned to perform their role in the light of what they perceived to be inadequate preparation and lack of support.

A few participants had a feeling that community service for nurses is a waste of time due to inadequate support. This concurs with the findings of the study

conducted by Erasmus and Blaauw (2009:20) in which it was revealed that the minority of participants reported that community service for nurses was a waste of time.

The findings of this study indicate that support received by some of the novice nurses only occurred when the need for support has been created by an identified deficit in patient care. These findings are similar to the studies conducted by Evans et. al. (2008:20), Mills et. al. (2008:311) and Luhanga et. al. (2008:260) which relate various incidences that were identified from the novice nurses and, as a result, the professional nurses had to pay special attention in providing guidance and support. These are discussed in detail in Chapter 3 of the study.

Some of the participants felt that there was lack of support in the health facilities where they were placed for remunerated community service and this is not what they expected. The Gauteng Department of Health which is responsible for coordinating remunerated community service placement did not give them any support while they were placed in gazetted health facilities. There was no structured supervision and guidance. At the gazetted health facilities where the community service nurses were placed, managers, zonal matrons and unit managers also did not support or offered minimal support to community service nurses.

The findings of the study reflect that some of the community service nurses had difficulties in communicating with the appropriate officials when they needed some information. The participants referred to this as a “rough ride” meaning that it was difficult to get assistance when needed for the necessary information regarding their placement.

Some of the participants actually threatened to resign and even quit the nursing profession due to a lack of support. These findings are supported by Rudman et. Al. (2011:2) who assert that nurses who left the profession entirely have given multiple reasons such as legal and employer issues, stressful or poor working conditions.

The findings of the study reflected that participants regard community service placement as a strategy for marginalising the newly-qualified professional nurse regarding compensation. The participants further explained that they were regarded as professional nurses on arrival in health institutions and they were allocated in various units to function as professional nurses in charge of the units. This function was not worth the salary they were receiving. Moreover those who did the bridging course were better paid because after qualifications they are usually earning the normal salary of a qualified professional nurse.

Community service nurses were discriminated in a way because they were not treated like all other employees with regard to the conditions of service. These findings are supported by the International Labour Organization (2011:2) which explains that discrimination can occur at every stage of employment, from recruitment to education and remuneration, occupational segregation, and time of lay-offs.

- **Category 2.2. Expectations regarding remunerated community service placement.**

In this category, community service nurses highlighted five important expectations that should have been in place when they were placed for remunerated community service in health facilities and these are: orientation,

coaching, mentorship, incentives and resources, and role clarification. They are summarised below with literature control.

This study revealed that orientation varied in different institutions and units during community service placement. Some of the community service nurses were not orientated at all. There is evidence that community service nurses experienced what Cosentino (2003:1) refers to as a “reality shock” which means explicating the difficulties of new nurses as they go through the process of attempting to reconcile the professional ideals and values with which they were imbued in nursing school with the harsher, less exalted realities of the workplace.

The study revealed that some community service nurses commenced work prior to a scheduled orientation programme and only participated in an abridged induction several weeks later (Fox et. Al. 2005:196). Community service nurses were not nurtured by the experienced professional nurses. Sometimes they were expected to perform non nurses’ duties which were very frustrating and they regarded this practice as exploitation.

It is clear from the findings of the study that community service nurses were not nurtured by the experienced professional nurses and zonal matrons on arrival in the health facilities. They did not work under supervision most of the time, especially while on night duty. They did not get 100% support from the managers. They were excluded when their supervisors were writing the South African Nursing Council stipulated report reflecting on their quarterly progress. Jooste (2009:92) asserts that coaching provides feedback, support, challenges and helps in restructuring the individual’s roles and approaches to their work and future. Furthermore, during coaching, an individual is in an open dialogue with someone more senior (Jooste, 2009:92).

According to the findings of the study, community service nurses were just receiving unstructured and unplanned learning if it happened to be available and what Tobin (1998:1) explains to be guidance and opportunities for practice and critiques on performance from the coach also by chance.

In a nutshell, the findings of the study indicate that support and guidance received by community service nurses differed according to individual professional nurses they worked with and that mentorship was only available to those community service nurses who were placed in specialised units like theatre, high care and intensive care units. There was no clearly defined policy regarding mentorship for novice nurses from the Gauteng Department of Health (GDOH) and South African Nursing Council (SANC). Martin et. Al. (2007:32) refer to this kind of mentorship as casual, infrequent and even erratic.

Some community service nurses had to discover things on their own. These findings are supported by the findings of the National Health Audit findings conducted in 2009 where it was found that provinces had improper induction of neophytes due to a lack of job policy guidelines, job descriptions, delegation and task shifting policies (Ravhengani and Silinda 2010:5).

Community service nurses received the kind of support Dunham-Taylor et. al. (2008:338) refer to as “professional hazing” as well as “inadequate mentorship and nurturance of new colleagues” which is seen as potentially fuelling job dissatisfaction, and ultimately leading to nurses leaving their employment positions.

The findings of the study revealed that community service nurses did not sign the Performance Management and Development System policy (PMDS)

contract with their supervisors in the ward and were not subjected to one-on-one quarterly reviews for performance, achievements and plans for professional development and training which is informed by the PMDS policy. They were not incentivised for competency achievements in the health institutions where they were placed for remunerated community service. They were frustrated and felt that they were unfairly discriminated.

According to the findings of the study there was no clear definition of roles of the community service nurses and as a result of this, the community service nurses found themselves being subjected to exploitation while placed for remunerated community service in Gauteng.

The roles of community service nurses are not clearly stated in the Nursing Act no 33 (2005:76) and the scope of practice for community service nurses is not clearly stated except that they are competent if they have met the minimum requirements of training; they, therefore, need to use the same scope of practice for registered professional nurses (Nursing Act no 50 (1978:76)).

Community service nurses were exposed to haphazard general administration coupled with poor personnel direction and control, confusion of roles, and poor overall supervision of management, maintenance and care that leads to slapdash practice and exposure to medico-legal and other hazards (Searle and Mogotlane, 2010:321).

4.3. RECOMMENDATIONS

It is clear from the findings of the study that the newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng health facilities were faced with various challenges. The researcher is

therefore putting forward the following recommendations based on the findings of the study:

- To ratify theory practice gap, the lecturers need to hold an annual workshop with the provincial programme managers, clinical specialists and the unit managers to discuss new policies and their implementation and review the curriculum in line with the new policies. Training of the lecturers on new policies that have been developed by the National Department of Health to be conducted regularly.
- The researcher is recommending the establishment of a structured programme for community service nurses placement that will identify the limitations of each community service nurse and the training needs. Based on these findings, a training programme can be designed and be implemented. This training programme can assist in bridging the gap and in capacitating the newly-qualified four-year trained professional nurses at institutional level. Furthermore, this structured training programme can be linked up with the continuing professional development (CPD) points specifically for community service nurses. The training could be arranged as an on-line programme that is implemented during the on-duty time allocation.
- Community service nurses to be allocated a mentor who is a professional nurse who has recently completed community service placement and who is willing to undergo training as a mentor and to mentor novice professional nurses.
- The newly-qualified professional nurses placed for remunerated community service should receive the same salaries as their colleagues who are following a bridging course because they are from the same institutions and are both on study leave. They need to be treated equally in terms of the basic conditions of service.

- The researcher is recommending the establishment of a call centre for community service nurses where they can voice their dissatisfaction. The call centre can be staffed by retired nurses and doctors who can contribute to community service nurses by giving advice on-line regarding workplace related challenges and problem solving in the ward. The call centre can operate for twenty-four hours. The success of the call centre can be evaluated regularly for quality purpose.
- The researcher recommends the quarterly review of the community service placement to be conducted by a professional team consisting of lecturers, matrons, the provincial coordinator and the representatives of the community service nurses at institutional level as well. An audit tool can be designed to showcase this regular audit evaluation.
- The South African Nursing Council should design a dedicated scope of practice for the newly-qualified four-year trained professional nurses placed for remunerated community service in gazzeted health facilities.
- The researcher is recommending the implementation of PMDS to community service nurses similar to all employees of the Department of Health.
- The researcher is recommending that a pocket procedure manual with simple policies, protocols and procedures be developed, published and distributed to the community service nurses as a resource document to be used in the ward for referral.
- A provincial policy guideline for community service nurses should be designed and be signed by the Head of the Department (HOD) and be made available to the managers of the gazzeted institutions.
- A workbook also to be designed with the standardised orientation programme. This workbook can be used to record the structured orientation programme and learning activities conducted during community service placement. A manager who is tasked with mentoring the

community service nurses may sign all learning activities conducted during community service placement. On completion of the community service placement contract, this workbook may be submitted to the South African Nursing Council and Gauteng provincial coordinator.

- Community service nurses need to sign a contract for performance with their supervisors in the wards and be subjected to a quarterly performance review like all other employees of the Department. The progress report generated through this PMDS can be used as an official document that informs the progress report to be submitted to the South African Nursing Council.
- The Department needs to design a structured educational programme for community service nurses that is informed by the PMDS training needs identified for each community service nurse.

4.4. RECOMMENDATIONS FOR FURTHER RESEARCH

The study used a limited number of male and a white graduates representation. Based on the findings, the researcher recommends the replication of the study using a well-represented racial group and males placed for remunerated community service to find out whether similar findings will be achieved or not.

Due to limited funding, the study was only confined to the Gauteng province health facilities; it is, therefore, recommended to replicate the study using all nine provinces of South Africa.

It is recommended that further research be conducted on the impact of staff shortage and adverse events to community service nurses.

4.5. IMPLICATIONS OF THE STUDY

The factors identified in this study are interrelated. Most of them have been linked to the impact of the quality of remunerated community service placement for the newly-qualified four-year trained professional nurses. Based on the findings of the study, the following implications have been identified:

4.5.1. Implications for nursing education

Community service for nurses cannot be effectively implemented without emphasising the importance of the nursing education in producing appropriately trained professionals who are distributed and deployed to meet the health needs of South Africans (Nursing strategy for South Africa, 2008: 28). The nursing colleges and universities need to establish a continuously collaborative communication with the gazzeted health institutions where community service nurses are placed in order to identify the challenges in the theory practice gap and put in place some corrective measures to satisfy the community.

4.5.2. Implications on nursing as a profession

Nurses consequently play a unique role in providing and maintaining the health care system (Nursing strategy for South Africa, 2008:28). Furthermore, any shortage experienced in this professional cadre has a negative impact on access and quality of care that is enshrined in the country's constitution. Therefore, regular comprehensive monitoring and evaluation of the satisfaction of nurses with an intention to retain the newly-qualified nurses is important. The findings of the study are, therefore, important for informing the policy makers regarding the novice professional nurses in the nursing profession.

4.5.3. Implications for nursing practice

As part of the implementation of the nursing strategy, it will be crucial to develop enabling policies that will kick start the creation of an appropriate coaching and mentorship programme for professional nurses especially the clinical nursing specialists (Nursing Strategy for South Africa, 2008:28). It is crucial for the South African Nursing Council (SANC) to consider the findings of the study and respond in building quality and safe nursing practice by designing a dedicated scope of practice for community service nurses as well as other categories of nurses in the SANC register. The scope of practice for community service nurses may give guidance in the nursing practice environment.

4.5.4. Implication for nursing leadership

A conscious decision may be put in place for leadership development programmes for professional nurses such as mentorship and coaching programmes, succession plans, carefully planned deployment strategies to increase exposure of newly-qualified four-year trained professional nurses to diverse leadership environments, recognition and rewarding for expertise and excellence (Nursing Strategy for South Africa, 2008:28). Leaders need to seriously consider the findings of the study on experiences and support of the newly-qualified professional nurses placed for remunerated community service in Gauteng, and learn from the challenges experienced by community service nurses, with an intention to change the policies that impacted negatively on the development of expert professionals and future leaders.

4.5.5. Implication for community service nurses

The Department of Health Human Resource is to consider the findings of the study and improve the working conditions for the newly-qualified four-year trained professional nurses placed for remunerated community service. Community service nurses may benefit from the findings of the study if the

policy makers can commit themselves in changing the community service placement policy in line with the findings and recommendations of the study. The trade unions may use the findings of the study when representing their members for dispute resolutions at work place.

4.6. LIMITATIONS OF THE STUDY

Lack of financial resources forced the researcher to limit the study to the Gauteng province only. The researcher is aware of the limited representation of the other racial groups such as whites and males in the study of the newly-qualified four-year trained professional nurses placed for remunerated community service. These health care workers could have diverse experiences and perceptions regarding placement for remunerated community service for nurses in the Gauteng province.

4.7. CONTRIBUTION OF THE STUDY TO THE BODY OF KNOWLEDGE

A qualitative, exploratory, descriptive and contextual study was conducted to explore and describe the newly-qualified four-year trained professional nurses' experience and support they received while placed for remunerated community service in the Gauteng province. The body of knowledge was obtained through a holistic approach by exploring the depth, richness and complexity inherent in the phenomena (Burns and Grove 2005:52).

Bateman (2004:408) explains that the newly-qualified four-year trained professional nurses from South African nursing colleges and universities were joining the existing skeleton staff working in the Gauteng health facilities. This was a challenge because staff shortage interfered with quality supervision, effective mentorship and coaching of the newly-qualified four-year trained professional nurses.

In South Africa, the remunerated community service policy is new and its implementation is also a new venture. A comprehensive information regarding the experiences of newly-qualified four-year trained professional nurses placed for remunerated community service has been revealed by this study. Therefore, the findings of the study will assist the policy makers to gain better understanding about the experiences and support received by community service nurses during placement for remunerated community service in the Gauteng province, which will influence the changes in the policies for the benefit of health delivery. Furthermore, the findings of the study will contribute to the limited South African literature on community service for nurses which will in turn assist other researchers who want to replicate the study.

4.8. FINAL CONCLUSION

A qualitative, descriptive, exploratory and contextual approach was utilised to answer the research questions regarding the experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng Province.

Based on the findings of the study, it is concluded that the objectives of the study have been achieved. It is hoped that majors will be put in place to improve the remunerated community service policy for nurses. The researcher has made recommendations based on best practices implemented by other countries to improve community services for nurses.

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ANNEXURE A

Focus group interview research questions

The following research questions will direct the study:

- What are the experiences of the newly-qualified professional nurses placed for remunerated community service in the Gauteng Province?
- What is the support received by the newly-qualified professional nurse placed for remunerated community service in the Gauteng Province?

Based on the above questions, the following sub-questions will be asked:

1. *Describe your experience of being placed for remunerated community services in the Gauteng province.*
2. *What is your perception about the remunerated community service for nurses?*
3. *What support did you receive while placed for remunerated community service in the Gauteng province health facilities?*
4. *What were your expectations with regard to the support during community service placement?*
5. *What should be done to improve the conditions of nurses who are placed for remunerated community service?*

ANNEXURE B

Permission to conduct research study

P.O Box 68953

Bryanston

2021

13 March 2010

The Head of the Department
Gauteng Department of Health
No 37 Corner of Sauer and Market Street
Marshal Town
2107

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

**TOPIC: EXPERIENCES AND SUPPORT OF THE NEWLY-QUALIFIED
FOUR-YEAR TRAINED PROFESSIONAL NURSES PLACED FOR
REMUNERATED COMMUNITY SERVICE IN GAUTENG PROVINCE**

Dear Sir/Madam

I hereby apply for permission to conduct a research study in your health facilities. I am a registered nurse, presently studying for a Masters Degree with the University of Pretoria, majoring in Advanced Nursing Education. The research topic is: "Experiences and support of the newly qualified four-year trained professional nurses placed for remunerated community service in Gauteng Province.

NATURE AND PURPOSE OF THE STUDY

This is a qualitative, explorative, descriptive study; its purpose is to explore and describe the experiences and support received by the newly-qualified four-year trained professional nurses who were placed for remunerated community service in the Gauteng Province. The benefits and recommendations of the study will assist the province to initiate improvement on the programme for better quality for all South Africans living in the Gauteng province.

EXPLANATION OF THE PROCEDURE TO BE FOLLOWED

This study involves focus group interviews. The participants will be asked about their experiences and the support they received as newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng health facilities.

RISKS AND DISCOMFORT INVOLVED

There are no risks involved in the study. The minimum discomfort may be experienced since the study involves newly-qualified professionals' experiences. The focus group interview sessions will last for about 45 minutes to 1 hour.

POSSIBLE BENEFITS OF THE STUDY

Although the participants will not benefit directly from the study, the results of the study will contribute meaningfully to the body of Health Sciences and will assist the province to initiate improvement in the implementation of community service placement programmes for the newly-qualified professional nurses. This will contribute to the retention strategy for trained professional nurses and also improve the quality of health care delivery in the Gauteng Province.

THE RIGHTS OF PERSONS WHO PARTICIPATE IN THE STUDY

Participation in this study is entirely voluntary. The newly-qualified four-year trained professional nurses placed for remunerated community service can refuse to participate or stop at any time during the focus group interview sessions without giving any reason. Their withdrawal from the study will not affect them in any way.

ETHICAL APPROVAL OF THE STUDY

This study has received approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria. Attached herewith, kindly receive the written approval document as proof that permission has been granted by Pretoria University Ethics Committee.

INFORMATION AND CONTACT PERSON

The contact person for this study is Annajoseph Dulcie Tsoetsi. If there any questions about this study she can be contacted on 0794927974 or (011) 298-2404.

COMPENSATION

Participation is voluntary. No compensation will be given to participants for their participation but refreshments will be served after the focus group interview session.

CONFIDENTIALITY

All information collected will only be used for the benefit of the Gauteng Department of Health and will be kept strictly confidential and not be used for personal gain by the researcher or any other private purposes. Once the information has been analysed no one will be able to identify individual participants. Research reports and articles in scientific journals will not include any information that may identify participants or the health facility.

Attached herewith please find the consent to participate in the study and verbal informed consent which the researcher aims to utilise for the study.

Hope my application will receive your utmost consideration.

Yours Faithfully

Tsotetsi A.D _____

Date_____

ANNEXURE C

Consent form for participants

I _____ consent that the person who asked me to participate in this study has told me about the nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and withdrawal will not affect me in any way.

I have received and signed a copy of this informed consent agreement
(Please print)

Participant's Name _____ Date _____

Participant's Signature _____ Date _____

Investigator's Name _____ Date _____

Investigator's Signature _____ Date _____

Witness's name _____ Date _____

Witness's signature _____ Date _____

Permission to conduct the research study in Gauteng health facilities and to access the participants as requested is hereby granted.

Title and name of principal

Name of Institution _____

Signature_____

Date_____

Witness name_____

VERBAL INFORMED CONSENT

I, the undersigned, have read and have fully explained the participant information leaflet, which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study.

The participant indicates that he/she understands that the results of the study, including personal details regarding the interview will be anonymously processed into a research report. The participant indicates that he/she has had time to ask questions and has no objection to participate in the interview. He/she understands that there is no penalty should he/she wish to discontinue with the study and his/her withdrawal will not affect him/her in any way.

I hereby certify that the student has agreed to participate in the study.

(Please print)

Participant's name_____ Date_____

Person seeking consent_____ Date_____

Signature_____ Date_____

Witness name_____ Date_____

ANNEXURE D

Participants' information leaflet and informed consent

Researcher's name: Dulcie Annajoseph Tsotetsi
Student number: 29656177
Department: Department of Nursing Science
Institution : University of Pretoria

Experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng Province.

Dear Participant

1. INTRODUCTION

We invite you to participate in a research study. This information leaflet will help you to decide if you want to participate. Before you agree, you should fully understand what is involved.

2. NATURE AND PURPOSE OF THE STUDY.

This is a qualitative, explorative and descriptive study; its purpose is to explore and describe your experiences and support you received as a newly-qualified four-year trained professional nurse placed for remunerated community service in the Gauteng province.

3. EXPLANATION OF THE PROCEDURE TO BE FOLLOWED

This study involves a focus group interview. You will be asked about your experiences and support you received as a newly-qualified four-year trained professional nurse placed for remunerated community service in Gauteng health facility.

4. RISKS AND DISCOMFORT INVOLVED

There are no risks involved in the study. If you agree to participate, you will be interviewed in groups of six to ten. You will be questioned about your experiences with regard to remunerated community service placement. Minimum discomfort may be experienced as the study involves your experience with regard to remunerated community service placement. The interview sessions will last for about 45 minutes to 1 hour.

5. POSSIBLE BENEFITS OF THE STUDY

Although you will not benefit directly from the study, the results of the study will assist the province to initiate improvement in the programme that will contribute to better quality of life for all South Africans living in the Gauteng province.

6. WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the interview without giving any reason. Your withdrawal from the study will not affect you in any way.

7. HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria and written approval is available. Permission to conduct the study has been granted by your health institution.

8. INFORMATION AND CONTACT PERSON

The contact person for this study is Annajoseph Dulcie Tsotetsi. If you have any questions about this study she can be contacted on 0794927974 or 011 298-2404. Alternatively you may contact my supervisor Mrs. S.S Phiri on office number (012) 354 1791 and cell number 0832990829 and co-supervisor Dr M.D Peu on office number (012) 354 1445 and cell number 0825344245.

9. COMPENSATION

Your participation is voluntary. No compensation will be given for your participation.

10. Confidentiality

All information that you give will be kept strictly confidential. Once we have analysed the information no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your institution.

Your help is sincerely appreciated

D.A Tsotetsi (Researcher) _____

ANNEXURE E

Verbatim transcript from focus group interview

EXPERIENCES AND SUPPORT OF THE NEWLY QUALIFIED FOUR- YEAR TRAINED PROFESSIONAL NURSES PLACED FOR REMUNERATED COMMUNITY SERVICES IN GAUTENG HEALTH FACILITIES- FOCUS GROUP INTERVIEW

VENUE: Chris Hani Baragwanath Hospital

DATE: 26 October 2010

NUMBER OF PARTICIPANTS: 14 identified alphabetically with name tags from Participant A to Participant N for confidentiality purposes.

1. Describe your experiences of being placed for remunerated community service in the Gauteng province?

C – A very traumatic experience. I was placed in admission ward expected to deliver service. The environment was educative but I was supported “in a way”. In a big hospital like this one I was forced to cope in a sense that I had to follow what I was taught in class during training. I had to ask the auxiliary nurses and enrolled nurses to assist me.

D – It was educative but challenging. I was placed in a gynae ward and faced difficult conditions in the new working environment, difficult management and staff. As time went on, I started coping well and found it interesting.

E – *I was placed in a medical ward. On the very first day, I was left alone to run the ward. When sick people die, I did not know what to do. It was very challenging. Once you get used to the situation, it gets fine.*

F – *It has been enlightening but challenging. “Enlightening” in a sense that you appreciate what you have learned once you get used to the environment. “Challenging” because you don’t receive enough support from the seniors. Either way we cope. Not motivated – do things just to get through the day. One needs to be a change agent: change the attitude for service delivery sake.*

G – *One feels thrown into the deep end very fast. After a week in the ward, you are expected to be in-charge even if you don’t know how to work with chemotherapy patients.*

K – *I felt it challenging to be in-charge of the ward but it was educative because you are able to put theory to practice. Training on ward management was not fully covered during training; therefore it was hectic to practice it.*

2. What is your perception about the remunerated community service for nurse?

D – *Remunerated community service for nurses was a great idea to bridge the gap from theory to clinical practice. One needs to get support from the clinical area by rotating in different wards to gain experience. This helps the newly-qualified nurse to learn and reduce fear of the unknown. This was a good idea but it has lost meaning because I have not been rotating to work in other wards. If I can be rotated or allocated to other wards I have fear of the new environment and staff attitude as the staff of a new ward will expect me to be knowledgeable.*

E – *Remunerated community service for nurses was a great idea but turned to be exploitation when you are expected to do everything a professional nurse does. You are viewed by other staff members as incompetent if you are not performing according to the professional nurses. Due to staff shortage, they are using us as professional nurses although there is no rotation. This will make us to be stagnant. I feel like finding someone to change with.*

I – *It is a good idea but failure to rotate to work in other wards leaves one with limited adjustment and hinders continuing education and specialisation. We have been informed that we will be rotated but this creates fears to move to a new ward after adjusting yourself.*

3. What support did you receive while placed for remunerated community service in Gauteng health facilities?

A – *No support at all. During the strike in September I had to rotate in two different wards (40-bedded to a 68-bedded ward) in one night ... expected to support the junior staff members. I was left alone with the drug keys that I did not know in the morning as to where to leave them. I had a corpse during the early hours of the morning and I did not know how to handle the situation.*

C – *Minimal support. There was no orientation yet some of us did not train in this institution. I was expected to do everything. I was told that the ward is still the same I must apply what I have learned as a student at the nursing college. In April I was allocated on night duty with the auxiliary nurses. I had to ask them to show me some of the procedures and they would tell me that I am a professional nurse I am expected to know.*

D – I came with enthusiasm but they clipped those wings that were trying to fly within 3 months. If you are lucky, you do find an individual professional nurse who is able to assist and support you.

H – The orientation I received was for one day where they showed me how to function as a professional nurse and this was not life-long teaching. I was also faced with financial challenge for I was not compensated accordingly. My salary was not backdated. HR was so irresponsible.

J – No one came to check and you to see yourself if you are coping or not.

M – I was allocated in an ENT ward. I was never orientated the sister-in-charge informed me that the ward was still the same. I learned alone. The South African Nursing Council could not register me as a community service nurse. I got support from DENOSA to overcome this challenge. The South African Nursing Council demanded me to pay an amount of R300.00 for the mistake made by the nursing college.

N – Initially I was trained here at Chris Hani Baragwanath Hospital and I did not receive any support; I was, therefore, not stressed up because I was familiar to the situation of not receiving any support. I got support from other fellow students.

4. What were your expectations with regard to the support during community service placement?

B – I expected to be allocated a mentor to show me around in the ward until I become knowledgeable.

C – *I also expected to have a mentor irrespective of the fact that I trained at Chris Hani Baragwanath Hospital. A lot of things might have changed when I was in college. I expected a positive attitude from the ward staff. I expected them to show me the ward as well.*

D – *During my training I was placed at Johannesburg Hospital for experiential learning, I was familiar with the new environment. I, therefore, expected to be given time to get used to the new environment of placement.*

E – *I was expecting to be placed in the area of my choice in order to get support. I did not select Chris Hani Baragwanath Hospital.*

J – *I expected to be informed about everything regarding placement e.g. the uniform I was supposed to wear, to be taken around the hospital to know all the departments. This did not happen, when we reported on the first day they just called your name and ask you to go to the ward where you were allocated. I expected to be introduced to the staff in the ward where I was allocated. This did not happen because the sister did not know that I was coming. I had to introduce myself to staff and they also did the same. The orientation in the ward should have been done on my arrival but this did not happen, it was only done when there were some misunderstandings. I was expecting to be informed about some of the procedures and protocols in the ward but this was only done when one of the patients absconded and people started realising that I did not know the right procedure to deal with the situation. As a result I was subjected to intimidation by the matron forcing me to write a statement.*

N – *I expected staff members to orientate me on new medication and also to take me to rounds to familiarize myself with the new environment.*

5. What should be done to improve the conditions of nurses who are placed for remunerated community service?

D – The orientation programme should include the following: introduction to the principal matron and other senior managers of the hospital. We don't know these people because we have not met them, give proper lay-out of the hospital, allocate mentors in the wards, orientate the staff in the ward to receive community service nurses positively with understanding, read policies to us and also be allowed to read the policy manuals in the ward if you need to without accusations that you are not working.

E – Add Human Resource matter in the orientation programme.

H – In-service training or orientation of the ward sisters on what to expect from the community service nurses because they seem not to know what is expected from us. This will correct staff attitude towards us.

J – Community service nurses must be involved in selecting the wards where they want to work in order to prepare them for continuing education and specialisation for example: to be an ICU-trained nurse.

K – Avoid rotating staff at random when there is a problem e.g. staff shortage but let the rotation happen on a 3-monthly basis. Orientation to be done for a month instead of 4 days but should continue if necessary.

ANNEXURE F

Approval letter from the University of Pretoria Ethics Committee

Faculty of Health Sciences Research Ethics Committee

30/06/2010

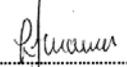
Number :	S131/2010
Title :	The experiences and support of newly qualified four-year trained professional nurses placed for remunerated community services in Gauteng Province
Investigator :	Dulcie Tsotetsi, Department of Nursing Science, University of Pretoria (SUPERVISORS: Mrs. S. Phiri/ Dr.MD Peu)
Sponsor :	None
Study Degree:	MCur Advanced Nursing Education

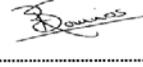
This Student Protocol was considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 29/06/2010 and provisional approval herewith given, pending receipt of the permission from Heads of all the 5 hospitals/clinics where the research is to be conducted and the provincial Ethics Committee.

Prof M J Bester	BSc (Chemistry and Biochemistry); BSc (Hons)(Biochemistry); MSc (Biochemistry); PhD (Medical Biochemistry)
Prof R Delpoit	(female)BA et Scien, B Curationis (Hons) (Intensive care Nursing), M Sc (Physiology), PhD (Medicine), M Ed Computer Assisted Education
Prof V.O.L. Karusseit	MBChB; MFGP (SA); MMed (Chir); FCS (SA)
Prof J A Ker	MBChB; MMed(Int); MD – Vice-Dean (ex officio)
Dr M L Likibi	MBChB; Med Adviser (Gauteng Dept. of Health)
Dr MP Mathebula	Deputy CEO: Steve Biko Academic Hospital
Prof T S Marcus	(Female) BSc (LSE), PhD (University of Lodz, Poland)
Prof A Nienaber	(Female) BA (Hons) (Wits); LLB (Pretoria); LLM (Pretoria); LLD (Pretoria); PhD; Diploma in Datametrics (UNISA)
Prof L M Nihe	MBChB(Natal); FCS(SA)
Mrs M C Nzeku	(Female) BSc(NUL); MSc Biochem(UCL,UK)
Snr Sr J. Phatoli	(Female) BCur (EtAl); BTech Oncology
Dr R Reynders	MBChB (Pret), FCPaed (CMSA) MRCPCH (Lon) Cert Med. Onc (CMSA)
Dr T Rossouw	(Female) MBChB.(cum laude); M.Phil (Applied Ethics) (cum laude), MPH (Biostatistics and Epidemiology (cum laude), D.Phil
Mr Y Sikweyiya	MPH (Umea University Umea, Sweden); Master Level Fellowship (Research Ethics) (Pretoria and UKZN); Post Grad. Diploma in Health Promotion (Unitra); BSc in Health Promotion (Unitra)
Dr L Schoeman	(Female) BPharm (NWU); BAHons (Psychology)(UP); PhD (UKZN); International Diploma in Research Ethics (UCT)
Dr R Sommers	Vice-Chair (Female) - MBChB; MMed (Int); MPhar.Med.
Prof T J P Swart	BChD, MSc (Odont), MChD (Oral Path), PGCHE
Prof G van Biljon	(female)FCP (Paed)SA
Prof C W van Staden	Chairperson - MBChB, MMed (Psych); MD; FCPsych; FTCL; UPLM; Dept of Psychiatry

Student Ethics Sub-Committee

Prof R S K Apatu	MBChB (Legon,UG); PhD (Cantab); PGDip International Research Ethics (UCT)
Dr A M Bergh	(female) BA (RAU); BA (Hons) (Linguistics) (Stell); BA (Hons) (German) (UNISA); BEd (Pretoria); PhD (Pretoria); SED (Stell)
Mrs N Briens	(female) BSc (Stell); BSc Hons (Pretoria); MSc (Pretoria); DHETP (Pretoria)
Dr S I Cronje	BA (Pretoria); BD (Pretoria); DD (Pretoria)
Prof M M Ehlers	(female) BSc (Agric) Microbiology (Pret); BSc (Agric) Hons Microbiology (Pret); MSc (Agric) Microbiology (Pret); PhD Microbiology (Pret); Post Doctoral Fellow (Pret)
Prof D Millard	(female) B.Iur (Pretoria); LLB (Pretoria); LLM (Pretoria); AIPSA Diploma in Insolvency Law (Pretoria); LLD (UJ)
Dr S A S Olorunju	BSc (Hons). Stats (Ahmadu Bello University –Nigeria); MSc (Applied Statistics (JKC United Kingdom); PhD (Ahmadu Bello University – Nigeria)
Dr L Schoeman	CHAIRPERSON: (female) BPharm (North West); BAHons (Psychology)(Pretoria); PhD (KwaZulu-Natal); International Diploma in Research Ethics (UCT)
Dr R Sommers	Vice-Chair (Female) MBChB; M.Med (Int); MPhar.Med


 DR L SCHOEMAN; BPharm, BA Hons (Psy), PhD;
 Dip. International Research Ethics
CHAIRPERSON of the Faculty of Health Sciences
 Student Research Ethics Committee, University of Pretoria


DR R SOMMERS; MBChB; M.Med (Int); MPhar.Med.
VICE-CHAIR of the Faculty of Health Sciences Research
 Ethics Committee, University of Pretoria

ANNEXURE G

Copy of permission letter obtained from Ekurhuleni District



RESEARCH ETHICS CLEARANCE CERTIFICATE

Research Project Title: THE EXPERIENCES AND SUPPORT OF THE NEWLY QUALIFIED FOUR-YEAR TRAINED PROFESSIONAL NURSES PLACED FOR REMUNERATED COMMUNITY SERVICE IN GAUTENG PROVINCE.

Research Project Number: 22/10/2010-1

Name of Researcher(s): D.A Tsotetsi

Division/Institution/Company: GDoH

DECISION TAKEN BY THE EKURHULENI HEALTH DISTRICT ETHICS PANEL (EHDEP)

- THIS DOCUMENT CERTIFIES THAT THE ABOVE RESEARCH PROJECT HAS BEEN FULLY APPROVED BY THE EHDEP. THE RESEARCHER(S) MAY THEREFORE COMMENCE WITH THE INTENDED RESEARCH PROJECT.
- NOTE THAT THE RESEARCHER WILL BE EXPECTED TO PRESENT THE RESEARCH FINDINGS OF THE PROPOSED RESEARCH PROJECT AT THE ANNUAL EKURHULENI RESEARCH CONFERENCE HELD IN JULY/AUGUST.
- THE ETHICS PANEL WISHES THE RESEARCHER(S) THE BEST OF SUCCESS.

Dr. R. Kelleman
CHAIRPERSON: GAUTENG DEPARTMENT OF HEALTH (EKURHULENI REGION)
Dated:

DR J. SEPUYA
DEPUTY CHAIRPERSON: EKURHULENI/METROPOLITAN MUNICIPALITY
Dated: 22/10/2010

ANNEXURE H

Copy of a permission letter obtained from the Gauteng Department of Health

CONDITIONS OF APPROVAL OF RESEARCH CONDUCTED GAUTENG DEPARTMENT OF HEALTH
AND SOCIAL DEVELOPMENT (GDHSD)

For approval by Director: Policy, Planning and Research



**HEALTH AND SOCIAL DEVELOPMENT
(GDHSD)**
 POLICY, PLANNING AND RESEARCH (PPR)
 Enquiries: Sue le Roux
 Tel: +2711 355 3212
 Fax: +2711 355 3675
 Email: Sue.LeRoux@gauteng.gov.za

CONTACT DETAILS OF THE RESEARCHER	
Date	19 July 2010
Tel number	+27-11-298-2404 (Office), +27-79-492-7974 (mobile)
Email	Dulcie.tsotetsi@gauteng.gov.za
Researcher /Principal Investigator (PI)	Dulcie Tsotetsi
Supervisor	Mrs S. Phiri
Institution	University of Pretoria, Department of Nursing Science
Research title	The experience of newly qualified four-year trained professional nurses placed for remunerated community services in Gauteng Province

Approval is hereby granted by the Gauteng Department of Health and Social Development for the above research project to be conducted. Approval is limited to compliance with the following terms and conditions:

ONLY FOR APPROVAL OF THE RESEARCH STUDY TO BE CONDUCTED BY DULCIE TSOTETSI ENTITLED "THE EXPERIENCE OF NEWLY QUALIFIED FOUR-YEAR TRAINED PROFESSIONAL NURSES PLACED FOR REMUNERATED COMMUNITY SERVICES IN GAUTENG PROVINCE"

1. All principles and South African regulations pertaining to ethics of research are observed and adhered to by all involved in the research project. Ethics approval is only acceptable if it has been provided by a South African research ethics committee which is accredited by the National Health Research Ethics Council (NHREC) of South Africa; this is regardless of whether ethics approval has been granted elsewhere.

Of key importance for all researchers is that they abide by of all research ethics principles and practice relating to human subjects as contained in the Declaration of Helsinki (1964, amended in 1983) and the constitution of the Republic of South Africa in its entirety. Declaration of Helsinki upholds the following principles when conducting research, respect for:

- Human dignity;
 - Autonomy;
 - Informed consent;
 - Vulnerable persons;
 - Confidentiality;
 - Lack of harm;
 - Maximum benefit;
 - and justice
2. The GDHSD is indemnified from any form of liability arising from or as a consequence of the process or outcomes of any research approved by HOD and conducted within the GDHSD domain;
 3. Researchers commit to providing the GDHSD with periodic progress and a final report; short term projects are expected to submit progress reports on a more frequent basis and all reports must be submitted to the Director: Policy, Planning and Research of the GDHSD;
 4. The Principal Investigator shall promptly inform the above mentioned office of changes of contact details or physical address of the researching individual, organisation or team;
 5. The Principal Investigator shall inform the above office and make arrangements to discuss their findings with GDHSD prior to dissemination;
 6. The Principal Investigator shall promptly inform the above mentioned office of any adverse situation which may be a health hazard to any of the participants;
 7. The Principal Investigator shall request in writing authorization by the HOD via PPR for any intended changes of any form to the original and approved research proposal;
 8. If for any reason the research is discontinued, the Principal Investigator must inform the above mentioned office of the reasons for such discontinuation;
 9. A formal research report upon completion should be submitted to the Director: Policy, Planning and Research of the GDHSD with recommendations and implications for GDHSD, the Directorate will make this report available for the HOD.

AGREEMENT BETWEEN THE GAUTENG DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT (GDHSD)
AND THE RESEARCHER

Ms. S le Roux

Director: Policy, Planning and Research

Date: 21/07/2010

Signature:



Name and surname of Principal Researcher

Research/Academic Institution

Date: 20 July 2010

Signature:

D.A. Tsoetsi

ANNEXURE I

GDHSD research proposal evaluation form

GDHSD RESEARCH PROPOSAL EVALUATION FORM

(UNDER AND POST GRADUATE RESEARCH PROPOSALS)

For approval by Director: Policy, Planning and Research



GAUTENG DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT (GDHSD)

Vision of the Department

"To be the best provider of quality health and social services to the people in Gauteng"

POLICY, PLANNING AND RESEARCH (PPR) DIRECTORATE

Enquiries: Sue le Roux or Siviwe Mkoka

Tel: +2711 355 3212/3249

Fax: +2711 355 3675

Email: Sue.LeRoux@gauteng.gov.za / Siviwe.mkoka@gauteng.gov.za

SECTION A

Researcher/Principal Investigators Name	Dulcie Tsotetsi
Physical Address	Not provided
Postal Address	P.O. Box 68953, Bryanston, 2021
Telephone Contacts	+27-11-298-2404 (Office), +27-79-492-7974 (mobile)
Email Address	Dulcie.tsotetsi@gauteng.gov.za
Institution	University of Pretoria, Department of Nursing Science
Research Topic	The experience of newly qualified four-year trained professional nurses placed for remunerated community services in Gauteng Province
Date Received by the PPR Directorate	06 July 2010 (No Ethics Certificate), certificate received on 12 July 2010
Date Received Reviewer	12 July 2010
Final Review Date	19 July 2010
Date Submitted to PPR Director	19 July 2010
Research Site(s)	Gazetted health facilities within the Gauteng Health Domain. Researcher is waiting for "in principle approval" from facility managers.
Type of research	Qualitative using exploratory design
Supervisor	Mrs S. Phiri

ONLY FOR APPROVAL OF THE RESEARCH STUDY TO BE CONDUCTED BY DULCIE TSOTETSI ENTITLED "THE EXPERIENCE OF NEWLY QUALIFIED FOUR-YEAR TRAINED PROFESSIONAL NURSES PLACED FOR REMUNERATED COMMUNITY SERVICES IN GAUTENG PROVINCE"

2

SECTION B: PROPOSAL REVIEW

	YES	NO	Comments
1. Is this research project within the scope of the Department of Health key policy priorities/directives?	√		Recruitment and retention of qualified nurses is one of the priority policy issues at national and provincial level. Remunerated Community Service Placement Policy is one option the department has considered in trying minimizing the loss of qualified practicing nurses in South Africa.
2. Content of Research:			A similar study was conducted in Red Cross War Memorial Children's Hospital in the Western Cape Province. However, Gauteng presents unique characteristics demographically and otherwise and repetition in Gauteng will closely represent the diverse South African population.
• Original work	√		
• New facts, ideas	√		
• Confirmation of uncertain data		√	
• Repetition of known data and consequently of limited importance		√	
• Insufficient research information	√		
• Confusion of topics/questions		√	
3. Is the title of the research project suitable?	√		The title of the study is: "The experience of newly qualified four-year trained professional nurses placed for remunerated community services in Gauteng Province". Title is appropriate, catchy, specific and encapsulates the purpose of the study.

ONLY FOR APPROVAL OF THE RESEARCH STUDY TO BE CONDUCTED BY DULCIE TSOTETSI ENTITLED "THE EXPERIENCE OF NEWLY QUALIFIED FOUR-YEAR TRAINED PROFESSIONAL NURSES PLACED FOR REMUNERATED COMMUNITY SERVICES IN GAUTENG PROVINCE"

SECTION B: PROPOSAL REVIEW

	YES	NO	Comments
4. Are the objectives of the research project adequate?	√		<p><u>Objectives</u></p> <ol style="list-style-type: none"> 1. To explore and describe the lived experiences of the newly qualified professional nurses who are placed for remunerated community service in Gauteng Province; 2. To explore and describe the support, received by the newly qualified professional nurses placed for remunerated community service in Gauteng Province.
5. Could the objectives be limited to better focus on the project's main objective?		√	

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	YES	NO	Comments
6. Writing style			
▪ The text of the proposal is clear	√		Well written proposal, in an acceptable academic format and style.
▪ The nomenclature used is correct	√		
▪ The references used are relevant, comprehensive and accurate (corrected)		√	
▪ The spelling and grammar are correct	√		
▪ The language needs improvement		√	
▪ The research proposal needs restyling and rewriting		√	
7. Are the research methods appropriate to the study	√		
8. Does the study have ethical approval? If yes, name the ethics committee	√		Yes (Conditional, pending endorsement by central office of GDHSD as well as permission granted by facility managers of research sites) Officially granted on 20 June 2010 by University of Pretoria's Faculty of Health Sciences Research Ethics Committee. Reference Number: S131/2010 This ethics approval certificate is attached.
9. Is data collection method in line with study design?	√		
10. Is time frame of the proposal adequate to meet the objectives?	√		
11. Is it stated in the proposal the method of dissemination of the results of the research project?	√		Research outputs will be disseminated as report to all stakeholders including Gauteng Health and Social Development Central office. The aim is to inform policy formulation in this regard.
12. Is the possible conflict of interests clarified?	√		
13. Are financial implications and financial support transparent?	√		No financial implication for GDHSD.

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SECTION C - SUMMARY OF THE RESEARCH PROPOSAL

This is a proposal for a research study which will be conducted in fulfillment of requirements a master's degree by Dulcie Tsotetsi who is registered for a MCur Advanced Nursing Education Degree at the University of Pretoria.

It is a qualitative and explorative study which will study the experience of newly qualified nurses who are placed for remunerated community services in Gauteng Province". Conditional Ethics Approval was obtained from the University of Pretoria's Faculty of Health Sciences Research Ethics Committee. Facility Managers have been approached by the researcher and they will have to grant the researcher permission to begin with data collection at their facilities.

Specific Objectives:

1. To explore and describe the lived experiences of the newly qualified professional nurses who are placed for remunerated community service in Gauteng Province;
2. To explore and describe the support, received by the newly qualified professional nurses placed for remunerated community service in Gauteng Province.

There are no financial implications for the GDHSD; researcher must adhere to all conditions stipulated here and in the accompanying agreement termed "conditions of approval".

- ANNEXURE A: Focus group interview research questions
- ANNEXURE B: Letter to request permission to conduct the study from the Gauteng Department of Health
- ANNEXURE C: Consent form for the participants
- ANNEXURE D: Participants' information leaflet and informed consent
- ANNEXURE E: Verbatim transcript from focus group interview
- ANNEXURE F: Approval letter from the University of Pretoria Ethics Committee
- ANNEXURE G: Copy of permission letter obtained from Ekurhuleni District
- ANNEXURE H: Copy of a permission letter obtained from the Gauteng Department of Health
- ANNEXURE I: GDHSD Research Proposal Evaluation Form