

**EXPLORING UNIT MANAGER'S EXPERIENCES WITH COMMUNITY SERVICE
NURSES IN SELECTED NURSING UNITS IN KWAZULU-NATAL.**

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DECLARATION

I declare that this dissertation titled *Exploring unit manager's experiences with community service nurses in selected nursing units in KwaZulu-Natal* is my own unaided work. It has not been submitted previously for any other degree to any other University. All sources used have been acknowledged through a source of referencing.

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DEDICATION

This dissertation is dedicated to:

- My mum for listening to me and putting a smile on my face.
- My husband Shan, my sons, Ashvick and Avinash for your never-ending support, for without you this would not have been possible.

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This dissertation would not have been possible without the guidance, help and support of individuals who have contributed to the completion of my study in one way or the other.

- Dr Jane Kerr, my supervisor. Thank you for helping me make my dream come true. Your continual guidance, support and words of encouragement are much appreciated.
- To my participants I wish to express my appreciation for your valuable information.
- Catherine Eberle for editing this dissertation.
- Terry Shuttleworth for editing this dissertation.

ABSTRACT

Background:

Community service for nurses was introduced in January 2008, after it was legislated in the *Nursing Act* (55 of 2005). Unit managers assist these nurses during their transition process, from community service nurse, to professional nurses, but are confronted with many challenges. A number of these challenges include various committee meetings, resource allocations, staff supervision and development. Consequently, they are torn between their multiple roles (Dutton, Baker, Crickmore, Hudson, Marshburn, & Rose, 2012:1-6).

Aim:

The aim of this study was to explore the unit manager's experiences with community service nurses in selected nursing units in KwaZulu-Natal.

Method:

The study adopted an exploratory, descriptive and contextual approach in which individual semi-structured interviews were conducted following a qualitative approach. The target population was all the unit managers in a district, a district/ regional, a regional/ tertiary and in specialized health care facilities. Purposive sampling was used to select the study subjects. The sample size included all the unit managers who met the inclusion criteria. Semi-structured interviews were undertaken with ten unit managers in four health care facilities. Interviews were transcribed verbatim, and analysed using content analysis.

Results:

The results revealed that unit managers welcomed community service nurses. The major concern was that they lacked knowledge as to why community service for nurses was implemented, and how to manage these nurses. The findings further revealed that the unit managers in different health care facilities are doing what they feel is right and required during that year of remunerated community service.

Recommendations:

Management in health care facilities should provide training for unit managers and professional nurses in acting positions regarding roles and responsibilities of community service nurses as part of their orientation and in-service training program. It is recommended that each institution has specific policies, procedures and an orientation program, such as, allocation policy, job description and performance appraisal to guide unit managers in respect of community service nurses' supervision. Furthermore, the relevant stakeholders should aim at improving current orientation, mentorship and preceptorship programs for community service nurses

Conclusion:

From the shared perceptions of the unit managers, although the findings cannot be generalised, this study showed that the unit manager's experiences with community service nurses in the selected nursing units was very similar. It is recommended that a document outlining the specific scope of practice and acts and omissions for community service nurses be put in place for the benefit of the unit managers. Unit managers need to be supported by nursing management.

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LIST OF ACCRONYMS

CS	Community service
CSN	Community service nurse
CSNP	Community service nurse practitioner
CSP	Community service policy
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
NDOH	National Department of Health
NFP	Nurse Foundation Program
NSM	Nursing Service Manager
QUT	Queensland University of Technology
SANC	South African Nursing Council
UKZN	University of KwaZulu-Natal
UM	Unit manager
WHO	World Health Organization

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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

Currently, the route to becoming a professional nurse in KwaZulu-Natal (KZN) is by obtaining a four-year Diploma in Nursing (General, Psychiatric, Community, and Midwifery), from a public sector nursing college, or university, while others receive training from private hospital groups (Ndaki, 2004:1). On completion of the 4-year diploma, nurses have to be registered with the South African Nursing Council (SANC) as a Professional Nurse in terms of Section 40 (3) of the *Nursing Act*, (33 of 2005), and serve remunerated Community Service for one year at a public health facility (KwaZulu-Natal College of Nursing, Human Resource Management Circular No. 70 of 2014). However, Ndaki, (2004:1), points out that it will be unfair to expect the private sector to invest thousands of Rand to train nurses and then send them for community service for one year.

One of the most important challenges facing health care in South Africa, according to The National Strategic Plan for Nursing Education, Training and Practice, 2012/2013, 2016/2017:9 is the quadruple burden of disease, namely, HIV and AIDS, communicable diseases, non-communicable diseases, and violence and injury. Staff shortages in the health care system are a global problem (Liou & Cheng, 2014:56). This view is supported by Roziars, Kyriacos, & Ramugondo (2014:92), who state that there is a critical shortage of nurses globally, including South Africa. South Africa faces not only the quadruple burden of disease but increasing staff shortages, and an increasing numbers of patients that are admitted to hospitals that require more intensive nursing care (*Strategic Plan for Nursing Education, Training and Practice*, 2012/2013, 2016/2017:14). Cowen & Moorhead (2004:3) agree with this by highlighting that the hospital of today presents formidable challenges to nursing as a result of the greater intensity of nursing care required by patients. The burden of HIV contributes further to staff shortages, as nurses have now become “*terminal caregivers, not healers*” (Govender & Appel, 2006:1)

The National Department of Health (NDoH) in conjunction with the KwaZulu-Natal College of Nursing (KZNCN) has identified 11 districts in KZN for the deployment of compulsory community service nurses. The selected health care facilities appoint community service nurses, on a yearly basis. This helps to combat staff shortages so that patients can receive basic

nursing care. However, health care administrators expect community service nurses to function independently as quickly as possible, because of the pressures and challenges that are facing health care (Liou & Cheng, 2014:57). These authors further pose the question: Are these nurses competent and ready for clinical practice? (Liou & Cheng, 2014:56).

1.2 Background

For nurses, international research shows that more than half of the nursing workforce is made up of newly qualified nurses (Jones, Benbow, & Gidman, 2014:44). Tapping, Muir, Marks-Maran (2013:102) and Roziers et al., (2014:92), are of the view that newly-qualified professional nurses' jobs globally, can be very challenging and their first experiences may influence their future work satisfaction and have an impact on their career development. The experiences that they encounter can either allow them to progress in their careers or they can destroy their careers. Their initial experiences as newly qualified nurses will also have an effect on their progress within their profession. They may experience instability and insecurities as they adapt into their new role of a professional nurse. Hollywood (2011:661) emphasized that the newly qualified nurse is a very special resource, because they are the future nurses that will lead the nursing profession, therefore, one should invest in them at an early stage in their careers.

According to Tapping et.al. (2013:102), newly qualified nurses experience anxiety and lack of confidence as they transition from student to newly qualified nurse. To ease this transition process, Tapping et.al. (2013:102), addressed this issue by embarking on an innovative programme at St Georges University in West London. This program included preceptorship, leadership, clinical supervision and role development, and was reviewed by the newly qualified nurse on the impact it made during their transition process. Findings revealed that the newly qualified nurses benefited from the programme in terms of identifying their strengths and weaknesses. Areas that needed additional training and development were also identified. (Tapping et.al. 2013:108).

1.2.1 Community service for health care professionals.

Compulsory community service for health care professionals in South Africa was implemented by the Minister of Health in 1998 for all graduates in the medical and allied health fields. (Mohamed, 2005:1). The main aim for implementing community services for health care

professionals in South Africa was to try and deal with the shortages of human resources in the health sector (Mohamed, 2005:1). The South African government hoped that this strategy would improve the health services for all citizens of the country (Mohamed, 2005:1). Furthermore, Roziers et al., (2014:91), acknowledge that since the country has transitioned to democracy in 1994, the health sector has attempted to provide all its citizens with health care services. This gave rise to the implementation of one year of remunerated community service for health care professionals. The main aim of the Department of Health (DOH) was to recruit and retain health care professionals within the South African public sector (Roziers et al., 2014:91).

Currently there are 6500 newly qualified health care professionals that undertake a year of community service at public health institutions (Report of the Community Service for Health Professionals Summit, 2015: 5). Literature shows that health care professionals share different personal experience during their year of compulsory remunerated community service (Reid, 2002: 140; Hatcher 2014: 14). In the South African context, exit interviews were done with doctors on completion of community service. For Reid, (2002: 140) the study revealed that the majority of doctors felt that their community service year was valuable, because they were well orientated and developed professionally. In a later study, Hatcher (2014: 14) reported that 71% had good clinical supervision, and 72% had good support and mentorship. However, only 50 % reported that management handled concerns well.

According to the report of the community service health care professional summit held on 22 April 2015, some of the findings that were shared from the medical practitioners included:

- Fairness of the allocation process. This indicated that 73 % of community service doctors were satisfied with the allocation process in 2013, and in 2014 this figure dropped to 70 %.
- Community service doctors' perceptions around community service. In terms of satisfaction with management, clinical supervision, and availability of senior professionals, this has improved since 2001, whilst there has been a drop for orientation between 2012 and 2014.
- Future work intentions. The community service doctors' intention to move overseas has decreased over the past 3 years, whilst their intention to move into the private sector has increased and their intention to work in the rural community has remained static.

It was recommended that the community service policy should make provision to establish standards for orientation, clinical supervision, management support and availability of equipment (Report of the Community Service for Health Professionals Summit, 2015:15). This should be done in partnership with other government organizations, community based organizations, non-governmental organizations, regulatory bodies, private sector and other civil society organizations.

1.2.2 South African perspective on community service nurses.

Community service nurses find themselves in a transitional period between being a student and that of a professional nurse. In the nursing profession, the transition from a student to a graduate nurse marks the end of an initial educational preparation period and the beginning of a professional journey as a nurse and a member of the multidisciplinary health team (Mampunge & Seekoe, 2013:6). Their theoretical knowledge and clinical skills that they acquired during their four years of training now has to be put into practice. They are faced with added responsibilities and new challenges, thus making this period very stressful (Mampunge & Seekoe, 2013:6). In order to ease this very stressful period, it is imperative that community service nurses are given support and guidance to develop into competent and confident health professionals. Furthermore, it is important that employers support employees during this transition process (Jones et al., 2014:44). It is the nurse manager's responsibility to ensure the smooth transition of these student nurses to qualified nurses (Jones et al., 2014:44).

Community service nurses are given an opportunity to choose five (5) health care facilities from the list of gazetted facilities in which they would like to work, and are placed according to the needs of the patients (Ndaki, 2004:1). Some community service nurses are also employed in very specialized units for example, intensive care units, and paediatrics. According to Muldowney & McKee, (2011:201), new graduates who are tasked to work in intensive care for the first time are very anxious because they are "learners again" and have lots to learn. The environment of an intensive care unit is very different to that of the general wards; therefore, the experiences and competency required of new graduates are not the same (Muldowney & McKee, 2011:201).

Presently in nursing colleges in KZN, the placement of newly qualified nurses into the wards on completion of their training is twofold. They can be placed into a ward according to their preferences or according to the needs of the institution and staffing. Govender, Brysiewicz &

Bhengu (2015:4) revealed that the participants in their study were satisfied with their clinical placement, which was congruent with their own choice of placement. Some newly qualified nurses chose wards in which they could get some fulfilment in their jobs and at the same time they could practice their theoretical knowledge (Palese, Tosatto, Borghi, & Maura, 2007:62).

Students are given theoretical knowledge and clinical accompaniment during their four years of training as stipulated by the SANC. Theobald & Mitchell (2002:28) are of the opinion that the students' have a limited period in the clinical environment and this limited time reduces their ability to develop their skills as clinicians. New graduates do not only need the theoretical knowledge to practice safe nursing care, they also require the practical skills to implement that knowledge. In fact, the World Health Organisation (WHO), concluded that traditional classroom-based learning is not sufficient for gaining competencies. Competencies can be obtained in many ways including, coaching, mentoring, and action learning (Blanchard & Carpenter, 2012:2). After graduation, these nurses are expected to take on the role of a professional nurse and assume full responsibility for their patients (Theobald & Mitchell, 2002:28).

The clinical environment offers a platform where interaction takes place between unit manager and community service nurse. Shezi, (2014:4) highlights the importance of a flexible, dynamic and an organised environment that is needed to produce a competent, independent professional nurse. In addition, it is that experienced professional nurse who can assist these community service nurses to close the gap between theory and practice (Shezi, 2014:4). Unit managers are experienced first line managers who work directly with staff. They are responsible for the effects of staff work, the quality of care, and have an influence on staff's work life (Abdelrazek, Skytt, Aly, El-Sabour, Ibrahim & Engstrom. 2010:736). Unit managers can have both a negative and positive effect on clinical environments (Muldowney & McKee, 2011:202). Unit managers who support the learning of new graduates, create a positive clinical environment, and, those who do not allow staff to ask questions or who do not recognise their abilities, weaken their learning (Muldowney & McKee, 2011:202). Roziars et al., (2014:93), are of the opinion that lack of managerial skills is a problem for newly qualified nurses during their transition process.

Whilst there is sufficient literature nationally and internationally on the newly qualified nurse's experiences in the clinical environment (Beyers, 2013:66), (O'Shea & Kelly, 2007:1541),

(Maxwell et al., 2011: 433) and (Jones et al., 2014:44) there is no literature on the unit manager's experiences with community service nurses in nursing units in KZN. According to Govender et al. (2015:2), the introduction of community service for nurses created lots of confusion among the nurses themselves as well as the professional nurses who have to manage them. There were inconsistencies on how to manage these nurses. Therefore, the purpose of the current study is to explore the unit manager's experiences with community service nurses in their nursing units. To achieve this, a qualitative, descriptive, exploratory and contextual study, using individual semi-structured interviews was undertaken. This study will hopefully be beneficial to, the unit managers, all other relevant stakeholders and the institution as a whole.

1.3 Purpose of the study

The purpose of this study was to explore unit managers' experiences with community service nurses in selected nursing units in KZN.

1.4 Problem statement

On successful completion of the four-year Diploma in Nursing (General, Psychiatric, Community, and Midwifery), R425 programme, students find themselves in a transition period between being a student nurse and a community service nurse, with added responsibility and accountability. The R425 programme is a four-year diploma programme that leads to registration as a professional nurse (SANC Regulation 425). Each ward has a unit manager who is responsible for the effective and efficient running of the ward. The clinical areas are under pressure due to the above mentioned burden of disease in South Africa. Therefore, the unit managers require community service nurses to be competent from their first day as professional nurses.

However, these newly qualified nurses, experience stress and anxiety and they need to be socialized into this new environment (Jones et al., 2014:44). Their theoretical knowledge and clinical skills that they have accumulated during their training has to be put into practice so that they can function as competent professional nurses. Beyers, (2013:49), and Shezi (2014:59) found that community service nurses should be equipped to function as independent practitioners. However, in reality this is not so. Community service nurses do not have the necessary knowledge and skills to function on their own (Shezi, 2014:59).

Many studies have shown that managers in public institutions should have clear guidelines and action plan on how to facilitate learning and adaptations for new community service nurses (Beyers, 2013:66). Whilst other studies recommended that there should be an induction and orientation program, mentorship and preceptorship for newly qualified nurses (O'Shea & Kelly, 2007:1541). Currently, in South Africa there are no formal structures in place to guide managers on how to manage community service nurses. Unit managers are guiding community service nurses through this transition process in ways that they feel is best. These variations gave rise to explore unit manager's experiences with community service nurses in their nursing units to make future recommendations for standardization.

1.5 Research objective

- To determine the unit manager's experiences with community service nurses in selected nursing units in KZN.

1.6 Research question

The question that the current study endeavoured to answer was: **What are the unit manager's experiences with community service nurses in their nursing units?**

1.7 Significance of the study

1.7.1 Significance to hospital management

According to Jones et al., (2014:44), approximately half of the nursing personnel is made up of newly qualified staff. He further states that managers need to provide these nurses with the necessary support and mentorship, together with any programmes that are in place. Mc Kim, Jollie & Hatter (2007:3) are also of the opinion that support and mentorship will improve the quality of service through increased confidence and competence.

The results of the study will hopefully encourage managers to review their current policies or any programmes that are in place. This in turn will allow managers to make the necessary changes to their current policies and programs so that community service nurses acquire proper orientation, support and mentorship, thus improving quality patient care through improved confidence and competence.

1.7.2 Significance to Unit Managers

Unit managers have a major responsibility for the successful implementation of the vision, mission and philosophy of their respective wards and the organisation as a whole. They are accountable for the clinical area in which nursing care is carried out; therefore, they need to create a conducive environment for both teaching and learning. Unit managers are known to have many responsibilities which include organizing, leading and controlling. Among these responsibilities, Chase (2010:11) is of the view that unit managers also perform the following tasks:

- They participate in recruitment and selection of staff and retention of personnel;
- They ensure appropriate orientation, education, credentialing and continuing professional development of personnel;
- Evaluate performance of all staff; and
- Provide guidance and supervision of personnel.

A unit manager is responsible for all the nursing staff in her nursing unit, and for the quality of patient care (Armstrong, Rispel, & Penn-Kekana, 2015:103). The quality of the care in her nursing unit is dependent upon the number, competencies, and effectiveness of the nurses.

Jones et al. (2014:46) and Beyers (2013:57) are of the view that support and guidance from unit managers will ensure a smooth transition from student nurse to community service nurse. Community service nurses need to be mentored and supported by professional nurses with the relevant knowledge and skills in their respective domains.

For (Cipriano, 2011:1), a unit manager is one who guides and leads frontline nurses, thus contributing to the organisations success. It is hoped that the results of this study will give unit managers clear and proper guidelines on how community service should be managed at a nursing unit level.

1.7.3 Significance to Research

Roziars, et al. (2014:98); Jokelainen, Jamookeeah, Tossavinen and Turenun, (2011:510); and Maxwell et al. (2011:433) are all of the opinion that mentorship programs and ongoing support are imperative for newly qualified nurses to be socialized into the health care arena. This in

turn will ease the transition process; improve patient care, support career advancement and retention of staff.

It is thus envisaged that the results of this study should assist the relevant stakeholders to identify the gaps in the current policies, procedures, and programs surrounding community service nurses. This may in turn lead to managers within the hospital settings to design policies, procedures and programs that are in line with what the South African Department of Health and KZNCCN intend to achieve with community service nurses.

1.8 Operational terms

The following terms have been used in the study:

- ***Unit managers***

Unit managers are sometimes referred to as “charge nurses “or “operational managers “. They are professional nurses whom are registered with the SANC, with at least four years of training and extensive clinical experience (Armstrong, et.al 2015:104). The unit manager reflects the lowest level of management which is referred to as the operational level (Muller, 2009:95).

In the context of this study, a ward is assigned a unit manager or an acting unit manager who ensures the smooth running of the ward. She is responsible for all the staff and the quality of nursing care.

- ***Experience***

If you experience a problem, event, situation, it happens to you or affects you (Longman Dictionary: For Advanced Learners).

In the context of this study unit managers will experience problems or challenges because they are in contact with community service nurses on a daily basis.

- ***Community service nurse***

Community service nurse according to Section 40(1) of the Nursing Act, 2005, is “A person who is a citizen of South Africa intending to register for the first time to practise a profession in a prescribed category must perform remunerated community service for a period of one year at a public health facility”.

- *Nursing unit*

Hospitals consist of different types of patients that require different levels of nursing care. Each hospital is divided into many wards or nursing units. The nursing unit is the smallest component of a health care service (Muller, 2009:95). These nursing units cater for the different types of patients from a general nursing unit to a specialized nursing unit care. In the context of the study, different nursing unit's i.e. a specialized psychiatry, a surgical, a medical, an intensive care, midwifery and a neonatal nursing unit were used. In the context of the study, the neonatal nursing unit provided basic nursing care to the new born.

1.9 Summary of chapter one

Chapter 1 included the introduction and the background of the study. The aim of the study, problem statement, research objectives, research questions, significance of the study and the definitions were also declared.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

A literature review is a structured, written presentation on what is available on a specific topic (Burns & Grove, 2009:91). For this study, a literature review allowed the researcher to get an overview of the existing evidence surrounding the topic under discussion. The process involved finding, reading and understanding what is already known about a topic. The literature prevents duplication of previous studies, and helps identify gaps for further investigation (Burns & Grove, 2009:38).

This chapter reviews literature from different electronic databases like Google Scholar, Ebsco Host, Medline, SANC, and correspondence from The NDoH and KZNCN, with the aim of searching for available information on the current study. Despite the fact that nurses have completed a comprehensive four-year Diploma in General, Community, Psychiatric Nursing and Midwifery, they are still inexperienced and need support and guidance (Beyers, 2013:1). The newly qualified nurse therefore, needs to be assisted with gaining confidence and competence (Beyers, 2013:3). Their professional and personal development is dependent upon the unit managers of the respective nursing units in which they are working.

2.2 Global perspective on community service nurses

Holland, Roxburgh, Johnson, Topping, Watson, Lauder & Porter (2010:461), conducted a 'Fitness for practice' study in Scotland, United Kingdom. The main aim of the study was to establish if newly qualified nurses and midwives are fit for practice upon registration. The study found the newly qualified nurses and midwives lack of confidence is an understandable outcome as with all other transitions into new roles (Holland et.al.2010: 467). Further findings revealed that mentors did not utilize a uniform approach during their mentoring which impacted negatively on their learning (Holland et.al.2010: 467). This led to the introduction of a national mentor preparation program across Scotland (Holland et.al.2010: 466).

Findings in a study that was conducted by O'Shea & Kelly, (2007:1541) revealed that newly qualified staff nurses did not possess the clinical skills that were needed to function in their new roles. Therefore, the study concluded that an induction, preceptorship, mentorship, and an orientation program be implemented for newly qualified nurses (O'Shea & Kelly, 2007:1541).

In a primary health care setting, Maxwell, Birgham, Logan & Smith (2011:428) explored how newly qualified nurses adjusted to their added responsibilities and accountability. The study concluded that in some cases there was good support and guidance by preceptors, but the new graduates still required an in-depth breakdown of how they could develop further (Maxwell et al., 2011:433).

2.3 South African Perspective on community service nurses

The initial group of health care professionals included doctors in 1998, dentists in 2000 and pharmacists in 2001 (Roziars, et al., 2014:92). The placement of community service health care professionals into posts in all the provinces is done by the NDoH. The initial introduction of community services for nurses was announced in July 2004, by the former Minister of Health, Dr Manto Tshabalala-Msimang. However, the implementation only commenced in January 2008, after Parliament passed the Nursing Act, No. 33 of 2005 (Mohamed, 2005:1).

In 2009, the HPSCA conducted a study in order to evaluate the experiences of dietitians who were undergoing their community service in all the provinces of South Africa (Steyn, Parker, Mchiza, Nthangeni, Mbhenyane, Wentzel-Viljoen, Dannhauser; Moeng, 2012:3). The study revealed that 58 % of community service dietitians were supervised by a dietitian, 23 % were supervised by a doctor; 6% by nurses and 17 % were supervised by other health professionals. Further results revealed that their roles as dietitians were not understood by the health teams and a language barrier was also seen as a challenge (Steyn et.al. 2012: 3). It was then recommended that the DOH and the Director of Nutrition Services should provide policy guidelines and job descriptions to the Chief Executive Officer (CEO) and managers of all institutions (Steyn et.al. 2012: 3). This will give the CEO and managers clear guidelines on the roles of community service dietitians and what is expected of them.

Dietitians, according to Gericke and Labadarios (2006:1) are only allowed to register with the Health Professional Council of South Africa (HPCSA), after completion of their one-year compulsory community service in the public health sector. During this period, they will move from being a novice and progress to a beginner, to becoming competent, becoming proficient until one becomes an expert. This year of compulsory community service will allow them to be supervised during their practice, and to develop skills and critical thinking (Gericke & Labadarios, 2006:1).

In the Western Cape, two qualitative studies conducted by Roziars et al., (2014:91), and Beyers, (2013:66) explored the experiences of newly qualified nurses undertaking compulsory community service. It was recommended that managers in public institutions need to have a clear action plan on how to facilitate learning and adaptations for new community service practitioners (Beyers, 2013:66). It was further recommended that mentor and preceptorship programs need to be in place in public institutions to facilitate a supportive environment, and management need a standard guideline for the management of community service nurses (Beyers, 2013:65). For, Roziars et al., (2014:96), all participants reported a sense of achievement and were prepared for the role change. Unit manager's positive feedback about their clinical performance improved the community service nurses self-rating of improved competence. Some participants expressed a reality shock as they did not expect to take care of severely ill patients who were terminally ill or who suffered from HIV or tuberculosis (Roziars et al., 2014:97). It was recommended that unit managers should promote a positive learning environment for newly qualified nurses; assign preceptors to final year students to prepare them for the role change to community service nurses (Roziars et al., 2014:98).

2.4 Definition of community service nurses

Amidst many definitions of community service, Section 40 (1) of the *Nursing Act No. 33 of 2005* defines a community service nurse as a *“A person who is a citizen of South Africa intending to register for the first time to practice a profession in a prescribed category must perform remunerated community service for one year at a public health facility”*.

Furthermore, Regulation 2.1 of the Regulations relating to the Performance of Community Service (R765), states 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, must perform remunerated community service for a period of one year”*. In addition, the person must be registered in the category community service according to Section 40 (2) of the *Nursing Act No 33 of 2005*.

According to the (*The National Strategic Plan for Nursing Education, Training and Practice, 2012/2013, 2016/2017:20*), the *Nursing Act, 2005 (Act No 33 of 2005)*, *“allows for the review of the scopes of practice for different categories and related education and training programs”*.

2.5 The South African policies on community service health professionals

In terms of the Community Service Policy (CSP), which was implemented in 1994, it is a legal requirement for health professionals to complete a year of remunerated community service at a public health sector when registering for the first time with their professional council in South Africa (Report of the Community Service for Health Professionals Summit, 2015:4). Health professionals who do not complete their community service will not be allowed to practice in South Africa, but this does not restrict them to practice outside of South Africa (Report of the Community Service for Health Professionals Summit 2015 :4).

Hatcher, Onah, Kornik, Peacocke and Reid (2014:1-2), state that the NDoH's main objective for community service for health professionals is to:

- Ensure improved provision of health service to all citizens of our country;
- Provide our young professionals with an opportunity to develop skills, acquire knowledge, behaviour patterns and critical thinking that will help them in their professional development. Health care can only be improved and achieved if those who are caring for the patients have the necessary knowledge and skills. Clinical placement of community service nurses will therefore, improve their knowledge and skills, which in turn would lead to high standards of nursing care. In addition, there should be adequate supervision and mentoring by experienced professional nurses to ensure both professional and personal development of community service nurses.

According to the SANC, there are different training programs, leading to the registration as a professional nurse. Some nurses complete a four-year Diploma in General, Community, Midwifery and Psychiatric Nursing, training program (R425). Others complete a two-year course leading to Enrolment as a nurse (R2175) and then later undertake a two-year Bridging course training program (R683) leading to registration as a General Nurse. Both are then registered by SANC as professional nurses.

Traditionally, prior to 2005, student nurses completing the (R425) program would immediately apply for registration as a professional nurse. Once registered, the nurse would be able to work in the capacity of a professional nurse. Subsequent to the implementation of community service for nurses in 2008, nurses must perform remunerated community service for a period of one year at a public health facility, (*Nursing Act 2005*, 40 (1)).

It is compulsory that student nurses who complete the R 425 program must register with the SANC in terms of Section 40 (2) and 40 (3) of the *Nursing Act* No (33 of 2005) as a Professional and Community Service nurse (KZNCN, 2014: Human Resource Management Circular 70 of 2014). It is compulsory that a completed written application form must be submitted to SANC to be registered in the category of community service. The community service nurse is also required to sign a contract with the Department of Health for appointment as a community service practitioner. Employment is subject to the provisions of the *Labour Relations Act* (66 of 1995) and the Public Service Act, 1994 (Act No.103 of 1994).

The newly qualified nurses will be issued with a certificate of registration in the capacity of community nurse (SANC, R765:5.1). This certificate is valid for a period of two years. The one year remunerated community service must be completed within the two-year period. If the two-year period lapses, and community service is incomplete the nurse will have to redo the entire year of community service. On completion of community service, the head of the institution is required to submit a detailed report to the co-coordinator, KZNCN and SANC. On receipt of the required documentation, SANC will delete the registration in the capacity of community service and register the community service nurse as a professional nurse (Regulation No. R765).

The Minister of Health determines the date on which the community service must commence and the health facilities where the service must be performed (SANC, R765:2.2). A community service nurse, who does community service at an institution not recognized by the Minister of Health, will not be registered and the period of community service will not be, recognized (SANC,R765:8.2). Community service nurses, will be rotated through some of the clinics that fall under the hospitals that they have been allocated to. Rotation is dependent on the nurse manager and service needs.

2.6 Transition process of community service nurses

Researchers,Dyess & Parker (2012:615), Dlamini et al., (2014:149), Beyers, (2013:3), and Price (2013:51) emphasize that the transition process of a newly qualified nurse from a student nurse to a community service nurse is a challenge. The transition from being a student nurse to that of a community service nurse includes a change in status, accountability and responsibility (Jones et al., 2014:44). For Price (2013:52) the professional nurse is professionally accountable for his or her actions. Accountability refers to the conditional obligation of the nurse for his or

her acts and omissions (Muller, 2009:35). Jones et al. (2014:44) state that during this period, the nurse experiences mixed feelings of stress, anxiety, uncertainty, and disorientation. Community service nurses sometimes experience incongruencies between their theoretical and clinical knowledge. Therefore, they have to be socialized into a new work environment with their new experience. Socialization is therefore, seen as a process whereby the newly graduated professionals are directed in their profession to become competent professional practitioners (Mooney, 2007:75). This can be achieved by having proper orientation programs in place in each unit or department and support by their employers (Kane-Urrabazo, 2006:192).

Internationally, several studies in the United Kingdom, Ireland, Wales and Australia show that newly qualified nurses in these countries experience similar emotions during their transition period (Jones et al., 2014:44) and (Theobald & Mitchell, 2002:27). For Hollywood (2011:661), the nursing of children in Ireland was seen as being highly specialized. The nurse has to possess specialized skills to nurse both the child and the family. Therefore, to become a registered children's nurse in Ireland one has to undergo a 12-month postgraduate diploma or an undergraduate degree program (Hollywood, 2011:661). The study considered the transition of student nurses to staff nurses and concluded that preceptorship and mentorship are equally important during this transition period (Hollywood, 2011:661).

In Swaziland, a survey was conducted to capture the perceptions of stakeholders on how new graduates perform and cope at entry level. The findings showed that most graduates were not ready to practice immediately after graduation. They accomplished their theoretical knowledge, but lacked clinical skills and professional qualities (Dlamini et al., 2014:151). A recommendation was that regulatory bodies and institutions develop policies and guidelines to bridge the preparation-practice gap (Dlamini et al., 2014:156). A further recommendation was that employers provide structured support by developing an induction and internship program to allow for a smooth transition of new graduates into their new roles (Dlamini et al., 2014:156).

In the South African context, Mampunge and Seekoe (2013:9) indicated in her qualitative study in the Eastern Cape, that community service for nurses was not instituted properly. The author stated that there was no buddy system or role models employed to support, mentor and supervise community service nurses in the clinical area (Mampunge & Seekoe, 2013:9). In fact, the study showed that the professional nurses in the wards were not provided with

objectives that allowed them to guide and teach the nurses (Mampunge & Seekoe, 2013:50). It was further recommended that preceptors, a registered nurse or an educator be appointed to bridge the gap between theory and practice to assist nurses during this transition period. (Mampunge & Seekoe, 2013:75).

“I felt unprepared and the idea of having my own patient load and being responsible for these people's lives scared me almost as much as having to assimilate into nursing culture...” (Harwood, 2011:1). Harwood, a newly qualified nurse in an emergency department, describes the transitional period as a period where new graduates are forced to think on their feet, hitting the ground running (Harwood, 2011:1). She believes that the transition process is a journey from theory to practice. Dlamini, Mtshali, Dlamini, Mahanya, Shabangu and Tsabedze, (2014: 149) view the transition process as a time when the new graduate leaves the nest to join the flight, a time that could either strengthen or destroy them. Nursing is a hands-on profession. One can read all one wants about a respiratory arrest but it's the experience that gets one through (Harwood, 2011:1). She concluded that preceptorship and support is important to the new graduate during this learning process.

2.7 Preceptorship

According to McCusker (2013:283), preceptorship is a period of transition for a newly registered practitioner during which she will be supported by a preceptor, to develop confidence as an independent professional; to improve skills and values; attitude and behaviour, and to continue on a lifelong journey. McCusker (2013:283), describes a preceptor as a professional nurse or midwife who supports a newly qualified nurse through preceptorship and a preceptee as a newly qualified professional nurse who entering practice for the first time as nurse. In fact, preceptorship is considered to be one aspect of continuous growth and development, which is important for health care professionals to render safe, effective health care. Internationally, many programs have been implemented to assist, support and mentor new graduates. Countries like England, Wales, Scotland, and Northern Ireland have mechanisms in place for preceptorship of newly registered practitioners (McCusker 2013:283). Research in England and Wales support the fact that preceptor support programs should be available initially for the newly qualified nurses (Jones et al., 2014:45). For Jones et al. (2014:44) one of the most significant current discussions in Wales, is the implementation of a Nurse Foundation Program (NFP), that was introduced to support newly qualified nurses in their first year post

training at the Cardiff and Vale University Health Board. Prior to the implementation of the NFP, nurses felt that they were not prepared for their new roles. Some wards offered orientation and induction programs, while others offered compulsory programs like infusion pump training (Jones et al., 2014:46). Nurse Managers found it difficult to release nurses at short notice to attend these programs which resulted in some nurses having very little training, while others had no training at all. However, the implementation of the NFP was seen as being beneficial to all those who attended and to the organization as a whole.

A similar study that was conducted by Price (2013:51), who grouped preceptors into four main areas , namely

- Orientation to patients and services;
- Socialization within the health care team;
- Skill review and refinement; and
- Real-time clinical reasoning.

The study revealed that professional supervision of new graduates should be done by the more experienced nurses (Price, 2013:55). However the new graduate is still accountable for his or her own actions (Price, 2013:52).

Govender et al. (2015:4) examined the perceptions of community service nurses in KZN and found that over 50.4 % , were overwhelmed with patient care and 10 % felt that they may harm the patients due to their lack of knowledge. Govender et al. (2015:5) stated that participants in their study agreed that an improved orientation program, and increased support in their specific departments would have been beneficial to them. Dyess & Parker (2012:616) are of the view that nurse managers are in a perfect situation to assist and develop new graduates that are coming into the workforce as professionals.

McCusker (2013:285) believes that preceptorship has the following benefits:

- For the newly qualified professionals, it increases their confidence and competence which makes them more valued and respected by their employer;
- For the patients, it allows them to be cared for by a safe and confident practitioner who is professionally supported in their new role;

- For the preceptor, it gives them an opportunity to develop their colleagues professionally and being a good role model adds to their job satisfaction.

The literature presented different points of view regarding the different programs in place that guide employers and managers on how to manage community service professionals, mainly nurses. Researchers, Jones et al., (2014:46); McCusker (2013:285) and Theobald and Mitchell (2002:27), viewed some of the current programs that assisted newly qualified professionals to be socialized into their profession. Many researchers felt that the programs were beneficial to the individual and to the institution. Having said that, many studies also reveal that there are many factors that affect the mentorship and support of newly qualified professionals (Hodges, 2009:35).

2.8 Mentorship

Mentoring is an effective leadership strategy that has been used in the nursing profession for many years (Metcalf, 2010:167). Entering practice into any profession is a challenge for the newly qualified practitioner (McKimm et al., 2007:2). It is periods where the theoretical knowledge gained during a training program must be put into practice. McKimm et al. (2007:2) is of the opinion that this transition period is stressful and challenging for the newly qualified practitioner as they are trying to consolidate their skills and they therefore, need guidance and support to develop confidence and competence. For Metcalfe, (2010:167) nursing mentors are often the more experienced nurses who share their knowledge with the less experienced nurses.

According to Quesnel, King, Guilcher and Evans, (2012:66), mentorship can be either a formal or an informal relationship between a mentor and a mentee. Formal mentorship is planned according to the institution or needs of the ward, with the aim of achieving certain goals while informal mentoring is not planned, and has no set structure (Quesnel et al., 2012:66). This relationship must be built on mutual trust, openness, transparency and willingness to share and learn (McKimm et al., 2007:394). In order for this relationship to be successful, the mentor must be a good leader, set realistic goals and should be able to resolve conflict. The mentor must be willing to give of her or his time, have the skills, talent and experience to guide and support less experienced nurses (Booyens, 2008:219) whilst the mentee must be ambitious, and a keen learner with good communication skills (Quesnel et al., 2012:66).

For Theobald and Mitchell (2002:27), in Australia, at Queensland University of Technology's (QUT), a nursing mentor program, was commenced so that students could be socialized into the complex health arena. The program evolved because students felt that they were not prepared for their roles as professional nurses (Theobald & Mitchell, 2002:27). This author emphasized that the role of the professional nurse in health care facilities is demanding and challenging (Theobald & Mitchell, 2002:27).

KZN currently has many approved health institutions for professional nurses for community service. However, presently, there are no existing support programs in place at selected health care facilities that make provision for the newly qualified community service professionals. The study conducted by Govender et al. (2015:4) in KZN, revealed that community service nurses would benefit from mentoring before they are confronted with huge responsibilities. Govender et al., (2015:8), therefore, recommend that a structured mentorship program should be established to guide community service nurses during their community service year. One of the most significant provisions is that they are registered with the SANC, as a community service practitioner and paid a community service nurses salary until completion. Despite this, unit managers still expect them to be fully functional and effective as soon as possible.

2.9 Role of the unit manager

The nursing profession focuses on caring and nurturing for human beings during their experiences of health and illness (Huber, 2014:3). For Yurumezoglu & Kocaman (2012:221), and Armstrong et.al. (2015:103) nursing shortages and improving the quality of health care is a global priority that affects not only developed countries. Nurse supervisors, especially at unit level, play an important role in promoting the work environment, thus ensuring high quality patient care (Galletta, Portoghses, Battistelli, & Leiter, 2013:1773). In order to prevent the current workforce from leaving hospitals; and to ensure that the quality of health care is improved and maintained; hospitals have employed nursing unit managers (Armstrong et.al. 2015:104). Unit managers are sometimes referred to as "charge nurses" or "operational managers". They are professional nurses whom are registered with the SANC, with at least four years of training and extensive clinical experience (Armstrong, et.al. 2015:104). According to the *Nursing Act No.33 of 2005*, (30) (1) "A professional nurse is a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such

practice". In addition, she must have the necessary qualifications, and be able to accomplish the vision, mission and philosophy of the organization and department. Duffield, Roche, Blay and Stasta (2010:31), state that strong leadership qualities in the unit manager has an impact on greater job satisfaction, reduced turnover among nursing staff and improved patient care.

Unit managers are responsible for all the nursing staff in her nursing unit, and for the quality of patient care (Armstrong, et.al. 2015:104). For (Cipriano, 2011:1), a unit manager is one who guides and leads frontline nurses, thus contributing to the organisations success. The quality of the care in her nursing unit is dependent upon the number, competencies, and effectiveness of the nurses. In the context of this study, this can be achieved by maintaining a supportive environment for education and promoting career development of community service nurses in her nursing unit. When nurses have an empowering work environment, they feel more satisfied, and therefore the unit will provide a high quality of patient care (Galletta et al; 2013: 1774) .According to Abdelrazek et al. (2010:737), unit managers in an institution are employed in the capacity of a leader and a manager. For Huber, (2014:2), leadership and management are essential skills that will employ or deploy nurses to provide health care to patients. Leadership and management are two sides of the same coin, are interdependent and are very closely linked (Abdelrazek et al., 2010:737). Both leadership and management are equally responsible for the achievement of high-quality organisational service and performance (Abdelrazek et al., 2010:737).

2.9.1 Management versus leadership.

Management usually consist of people who are experienced in their field of work, whilst a leader may be an individual with specific talents but may not have the necessary experience (Jooste, 2009:43). For Yoder-Wise, (2015:5), either role, manager or leader, involves interacting with people; one cannot lead or manage in isolation. Health care organisations consists of individuals, therefore, managers and leaders should focus on growth and development of individuals in order to achieve organisational goals and objectives (Jooste, 2009:43). Although, the manager and the leader have similar intentions, the ways in which they achieve the goals and objectives of the organisation may differ. Managers command, control and do things right, whilst leaders empower, inspire, create healthy relationships and do the right things (Jooste, 2009: 26).

2.9.2 Management

Management can be defined as a process by which human, financial, physical and information resources are employed, with the aim of achieving the organisational goals (Muller, 2009:95). According to Muller (2009:100), management takes place on various levels. The first level is the “operational level”, a nursing unit, in which the unit manager is responsible and accountable for the effective and efficient running of the unit. Unit managers therefore have a task to plan, organize, direct, and control available financial, material and human resources in order to provide cost effective and economic care to patients. It is at this “operational level” that community service nurses find themselves in. Community service nurses work in close contact with the unit manager and other professional nurses. They sometimes find themselves in very stressful situations. Unit managers should therefore provide a support system and mentor “community service” nurses in her unit to ease the transition process. Together with other professional nurses she must decide on a plan of action for community service nurses to ensure that the objectives of the nursing unit are met. It is the unit manager’s responsibility to give direction to staff to ensure that the goals of the unit are accomplished. This can be achieved by supervising, motivating, and empowering staff so that the objectives of the nursing unit can be reached (Muller 2009:103).

2.9.3 Leadership

According to Huber, (2014:2), leadership is a unique role and function and is broader than management. Leadership is about inspiring confidence and support among individuals in an organisation especially where competence and commitment produce performance (Huber, 2014:4). For Muller (2009:152), the unit manager should also be a leader. In the rapidly changing, chaotic, health care environment, nurses need to identify coping skills and identify ways, in which they can work with each other in harmony (Huber, 2014:2). To be a leader, one needs to influence an individual or a group to strive for professional excellence. For a nurse leader, one needs to be able to combine clinical, administrative, financial and operational skills in order to solve problems so that nurses can provide effective and cost effective health care (Huber, 2014:2). It is in the context of the community service nurse that the unit manager must provide support, motivate and inspire them to ensure greater job satisfaction within a positive and healthy work environment.

2.9.4 Other roles of the unit manager

Delivery of the highest quality and safest patient care begins with retaining experienced nurses (Baker, Marshburn, Crickmore, Rose, Dutton & Hudson, 2012:25). Nurse managers are expected to oversee the demands of the nursing units and create an environment that fosters growth and development (Baker, et.al.2012:25). According to Jasper (2012:431), nurse managers encounter a diversity of roles on an everyday basis. Their roles range from identifying global challenges, to more specific issues of dealing with conflict, staff recruitment, staff development and job satisfaction (Jasper 2012:431). Baker, et.al (2012:25), state that responsibilities that have once been performed by directors, are now included in the managers' scope of practice, which can be seen as a challenge.

A paper that was presented at the American Organisation of Nurse Executives Annual Meeting in San Diego in 2011, identified issues facing nurse managers from a global perspective. The meeting highlighted that recruitment; retention and management of staff remain constant throughout nursing history (Jasper 2012:431). Presently, most organisations added more responsibilities to the nurse managers. Nurse managers have to deal with a workforce who has more choices over their own career development and deal with more complicated financial issues. Furthermore, Baker, et.al. (2012:25) state that the quality of performance and patient outcomes are considered a direct reflection of the nurse managers' effectiveness in fulfilling her roles.

In a qualitative study that was conducted in two provinces in South Africa, namely Gauteng and Free State unit managers were asked about their activities that facilitated quality patient care (Armstrong, et. al. 2015:103). The findings revealed that the following activities were carried out by unit managers to facilitate quality patient care:

- Patient care, which involved providing, checking, directing, discussing, organising and co-ordinating care, made up 25.8% of their time.
- Hospital administration, involving discussions with individuals, private and cooperate organisations, made up 16% of their time.
- Patient administration, which involved admissions, discharge, checking nursing records, and checking equipment made up 14% of their time.

- Education to patients or junior staff and organising professional development activities made up 3, 6% of their time.
- Communication and support to all categories of staff (doctors, nurses, other staff members), patients, their relatives and students made up 13.4% of their time.
- Equipment and stock management, including ordering, receiving, checking, made up 3.9% of their time.
- Staff management involving directing, orientating, allocating, and delegating and staff evaluation made up 11.5% of their time.
- Other roles which included ward hygiene, tidying, and answering telephones made up 11.8%.

Overall, unit managers are held accountable for the quality of patient care in their units (Armstrong, et.al.2015:104). This is achieved by unit managers coordinating all patient care activities and by supervising all staff who are directly involved in providing nursing care to patients (Yoder-Wise, 2015:76).

2.10 Summary of Chapter Two

The main aim of the literature review was to gather current information on the topic. The literature, which has been reviewed, provided information on the various studies that have been carried out. It included the NoDH and KZNCN policies on community service nurses, the emotional impact on community service nurses during this transition period, the importance of mentorship and support, and the different programs that have been introduced internationally to overcome the challenges. It is important that unit managers understand the objective of remunerated community service nursing and their roles and responsibilities towards community service nurses.

Chapter three will discuss the methodology used, research approach, research design, data collection, data analysis, data management and ethical considerations.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This study aims at exploring the unit manager's experiences with community service nurses in their nursing units. Kothari (2012:8), states that research methodology is a way of systematically trying to solve a problem. Research methodology involves the various steps that the researcher takes in order to solve the problem. This chapter seeks to describe the methodology used in this study. It gives a detailed description of the research approach, design, setting, sampling, and how the researcher went about collecting and analysing the data.

3.2 Research Paradigm

A paradigm is a general perspective on the complexities of the world and is characterized by the ways in which humans respond to basic questions such as:

- What is the nature of reality? (ontological),
- What is the relationship between the inquirer and those being studied? (epistemological)
- How the evidence is best obtained (Methodology) (Polit & Beck, 2012:11).

This study is constructed from the viewpoint of a constructivist paradigm, which assumes that reality is not fixed; it exists within a context and is constructed by the individuals participating in the research (Polit & Beck, 2012:12). The ontology for this study is to explore the unit manager's experiences with community service nurses as it occurs in their nursing units. Unit managers have years of experience working with community service nurses and these experiences are mentally created as it occurred over the years. The epistemology for this study is based on the fact that unit managers as leaders are in constant contact with community service nurses. This study expects to obtain rich, in-depth data by conducting individual semi-structured interviews with the unit managers in their nursing units. The main focus is to increase the researchers understanding and curiosity of the unit managers' experiences with community service nurses in their units.

3.3 Research Approach

This study adopted an exploratory, descriptive and contextual approach in which individual semi-structured interviews were conducted following a qualitative approach.

A qualitative approach was chosen because rich, in-depth, quality data was needed to explore and describe the unit manager's experiences, as it unfolded over time with community service nurses in their respective nursing units. The research objective was best achieved through actually talking directly to the participants through the use of semi-structured interviews as this allowed the researcher to explore and understand the experiences of unit managers as it occurred in their daily working lives.

Although the researcher was a previous unit manager, community service for nurses was introduced only after she was transferred into another position. Therefore, an exploratory method was selected to try and find out exactly what is going on in the nursing units with regards to community service nurses. The aim was to get the unit managers to share their experiences in their own words so that the researcher could get a better understanding and rich, in-depth information about their experiences. For this study, the semi-structured interviews were conducted where the participants' work, namely the health care facilities which were the focus of the study (Burns & Grove 2009:35).

3.4 Research settings

A research setting is the locations where a study is conducted (Burns & Grove, 2009:362). The main aim of the study was to explore unit manager's experiences with community service nurses in selected nursing units in KZN. The researcher chose selected health care facilities in KZN where community service nurses are placed. The researcher made no attempt to choose, manipulate or change the setting for the interviews as this could have had a negative impact on data collected (Burns & Grove, 2009:362).

The NDoH has approved 11 health districts comprising several health facilities for placement of community service nurses. The researcher conducted the study in the uMgungundlovu (DC 22) health district, in KZN (see Figure 3-1). This district was selected as it is the district in which the researcher works and lives. The district provides health service to 10% of the provincial population amounting to 1 052 730 with 84.3% of the population who do not have a medical

aid. This district includes two district Hospitals, a district/ regional, a regional/ tertiary and five specialized hospitals. However according to KZNCN Human Resource Circular No 70 of 2014, community service nurses are placed in only seven of the listed hospitals. Out of the seven listed hospitals, the researcher purposefully selected a regional/tertiary (hospital A), a district/regional (hospital B), a district (hospital C) and a specialized health care facility (hospital D) (see Table3-1). The reason that these hospitals were chosen, was based on the fact that the level of care in each hospital is different.

Table 3.1: List of hospitals selected

Facility	Level of care	Total number of unit managers per institution
Hospital A	Regional/Tertiary	30
Hospital B	District/Regional	33
Hospital C	District	24
Hospital D	Psychiatric	11

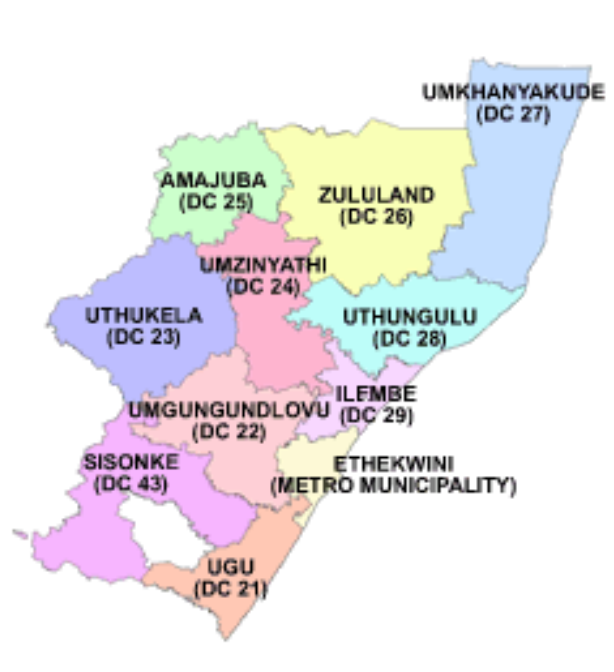


Figure 3.1: Map of the health districts.

3.4.1 Description of the settings

3.4.1.1 Hospital A

This hospital is a tertiary and partly a regional hospital (KZN: DoH, 2016). The hospital has 530 commissioned beds and is currently utilizing 507 beds. It provides 24-hour emergency services, and only accepts patients who have been referred and accepted by a doctor or has a referral letter from a regional or district hospital.

3.4.1.2 Hospital B

This hospital is a regional and partly district hospital (KZN: DoH, 2016). It is a 900 bed hospital, of which 480 beds are regional and 420 beds are district. It serves a population of approximately 1.4 million people. The profiles of patients are people who are unemployed and have poor education and there are approximately 2600 staff.

3.4.1.3 Hospital C

This district hospital is a public hospital that offers primary health care services (KZN: DoH, 2016). It has a bed capacity of 385 beds.

3.4.1.4 Hospital D

This specialized hospital offers specialist psychiatric services (KZN: DoH, 2016). Only problems which cannot be managed at district hospitals are referred to this specialized hospital.

All of the above hospitals have unit managers who are responsible for the effective and efficient running of their respective wards.

3.5 Participants

The participants for this study included all unit managers currently employed at the selected hospitals (A, B, C and D) (see Table 1). Some unit managers are nurses who have completed a four-year comprehensive diploma leading to the registration as a nurse in (General, Community, Psychiatric, and Midwifery). Furthermore, a unit manager, can also include nurses who have undergone the two-year bridging course leading to registration as a General Nurse

and a further qualification in midwifery is essential. However, in order to be a unit manager, a qualification in management is not a requirement.

3.6 Explorative interview

An explorative interview was conducted to improve the data collection and data collection process. Burns & Grove (2009:44) are also of the opinion that by conducting an explorative interview, the researcher will be able to refine the question.

One unit manager, who qualified with the selection criteria, was individually interviewed. The main aim was for the researcher to identify any weaknesses in the question and the collection process, thus allowing improvement in interviewing before conducting the main study (Burns & Grove, 2009:44). The biggest problem that the researcher encountered was her own inexperience which resulted in the participant going off the topic and giving irrelevant information. No changes were deemed necessary to the original question as it allowed for flexibility. The first interview was transcribed but was not included in the final analysis.

A total of ten unit managers from different nursing units in the selected health care facilities for placement of community service were interviewed. The sample size in this study was determined by data saturation. The researcher reached a point during the interviews and realized that she was hearing the same information repeatedly and the interviews were no longer yielding new information, thus data saturation was reached (Polit & Beck, 2012:321). There was an 11th unit manager who was interviewed prior to data collection in order to conduct an exploratory interview and one unit manager whose interview was not included as she did not understand the concept “community service” nurses. The 10 selected unit managers were able to reflect on their own personal experiences with community service nurses and share this information effectively with the researcher (Burns & Grove, 2009:361).

3.7 Participant selection

To understand the unit managers’ experiences with community service nurses in their nursing units, purposive sampling was employed as a non-probability method. Therefore, professional nurses who were serving in or acting in positions as a unit manger were selected. The choice of this selection was guided by the fact that the unit managers were easily accessible and unit managers could assist the researcher in answering the research question. The researcher

purposefully picked the participants, from the unit managers, because they have the information on the issues under study and will be able to provide rich, quality data that will enlighten the researcher on their experiences with community service nurses (Burns & Grove, 2009:355).

The sample included unit managers currently employed at the selected health facilities. All unit managers were informed about the study via the Nursing Service Managers at the unit managers meeting. The researcher then went physically to each hospital and distributed the information packs to all unit managers who were on duty and available at that time. The process of the study was explained to them verbally, and in an information pack, highlighting the risks and benefits and that all the information will be kept confidential (see Annexure 1).

Inclusion criteria

- Unit managers who will be willing to participate.
- Professional nurses who are serving in or acting in positions as a unit manager.
- Unit managers or professional nurses must be managing or previously have managed community service nurses.

Exclusion criteria

- Those who decline to participate.

Unit managers who volunteered, and who met the inclusion criteria were interviewed by the researcher. The following unit managers were interviewed:

Table 3.2: Summary of the demographic findings

Participant	Ward	Hosp	Gender	Age	Highest Qualification	Unit management experience	No of CSN
1.	Psychiatry	D	Male	35 - 44	Diploma	9 years	5-7
2.	Psychiatry	D	Female	35 - 44	Diploma	10 years	5-7
3.	Psychiatry	D	Female	45 - 54	Diploma	10 years	1-2
4.	Midwifery	C	Female	35 - 44	Diploma	7 years	5-7

5.	Psychiatry	D	Female	45 - 54	Diploma	12 years	1-2
6.	Surgical	A	Female	45 - 54	Diploma	1 year	1-2
7.	ICU	B	Female	45 - 54	Diploma	1 year	1-2
8.	Medical	A	Female	35 - 44	Diploma	8 years	3-4
9.	Medical	B	Female	35 - 44	Diploma	8 years	1-2
10.	Neonatal	C	Female	45 - 54	Diploma	9 years	3-4

3.8 Data collection

All unit managers were informed about the study via the Nursing Service Managers at the monthly unit managers meeting. This created a foundation for unit managers to willingly share their experiences with the researcher. The researcher then went physically to each hospital and distributed the information packs to unit managers who were on duty and available at that time. The process of the study was explained to them verbally, and in an information pack, highlighting the risks and benefits and that all the information will be kept confidential (see Annexure 1). They were given the researcher's, supervisors' and university ethics committee contact numbers, in case of any queries. They were requested to respond to the invitation within five working days, stating if they were willing to participate in the study or not. The researcher then returned to the hospitals to fetch the completed forms on the 5th day. If they agreed to be a participant in the study they had to sign a written consent form (see Annexure: 2).

The researcher conducted semi-structured interviews to collect data. The choice of using semi-structured interviews as a means of data collection was guided by the fact that the researcher's aim was to get a detailed picture on the unit managers experiences with community service nurses; and to allow for flexibility in case the researcher needed to clarify or ask more in-depth questions that were of interest (du Plooy - Cilliers, Davis, & Bezuidenhout, 2015:142).

A semi-structured interview guide, including a specific broad question and prompts that would provide the information that would best answer the research questions was prepared by the researcher. The interview began with obtaining demographic data of the participants (Annexure 3). Then an open-ended question investigated the unit manager's experiences with community service nurses (Annexure 3). The interview guide also contained probing questions that encouraged the participants to talk more about their daily experiences with community

service nurses. The participants were asked about their current policies and orientation programs, and the influence it had the community service nurses.

After receiving approval for the study from the University of KwaZulu-Natal (UKZN) Biomedical Ethics Committee (see Annexure 4), the KZN Department of Health Ethics Committee (see Annexure 7) and the various hospital ethics committees, (see Annexure 6, 8, 9&10) data were collected. For Polit & Beck (2012:61) gaining entry into the health care institutions is important, because without gaining entry the study cannot proceed. Getting gatekeeper approval from the relevant stakeholders in hospital A, hospital B, hospital C and hospital D was a lengthy process. Gaining access into the different health care institutions was done via the Chief Nursing Service Managers.

The researcher ensured that informed consent was signed by all participants. The individual semi-structured interviews were conducted during times that best suited the participants, so that they did not interfere with running of the wards and patient care. A date, time and venue were set and the participants were informed in writing. Participants from the selected nursing units were allowed to choose a private office in the nursing unit that was convenient and comfortable for them to express their views freely (Burns & Grove, 2009:362). The researcher made no attempt to choose, manipulate or change the setting for the interviews as this could have had a negative impact on data collected (Burns & Grove, 2009:362). The researcher wore a uniform to ensure that she would be easily identified when gaining access into the hospitals and nursing units. The researcher ensured beforehand that all participants spoke English, so there was no need for a translator to be present.

On the day of the interview, the participants were reminded telephonically to confirm their appointments. The researcher made sure that she was always on time for the interview. However, not all appointments with the unit managers were kept due to situations that the unit managers found themselves in. In hospital A, the selected unit managers were extremely eager and kept to their specific appointments. The researcher did not encounter any obstacles except for one unit manager who clearly did not understand the concept of the “community service nurse”. Hospital B was undergoing major construction, which made it very difficult to hear and listen to the participants. Getting appointments with the unit managers in hospital C was extremely difficult because unit managers were always busy. On the first occasion, the researcher had to reschedule the appointments.

The researcher introduced herself to the participants, and informed them about the purpose of the study. The researcher also highlighted the issue of confidentiality and the use of pseudonyms to protect the names of the participants. According to de Vos et al. (2011:353), interviews may be very stressful for both the participant and the researcher. Therefore, the researcher created a non-threatening, conducive and trusting environment by asking the unit managers for their demographic profile first. Next, all the participants were asked the following open ended question:

- What have been your experiences with community service nurses?

Probing questions were asked to clarify certain aspects of the study, complete answers and to gain more information about the unit manager's experiences with community service nurses (de Vos et al., 2011:349). All interviews were recorded on an audio tape recorder. Interviews were continued until data saturation was reached. Data saturation occurred when the interviews did not provide any new or additional information from the participants about their experiences with community service nurses (deVos et al., 2011:350). The researcher conducted the semi-structured interviews between March 2015 and August 2015.

3.9 Data Analysis

The process of data analysis involves bringing order, structure and meaning to the mass of collected data (de Vos et al., 2011:408). Data were collected through conducting individual semi-structured interviews with ten unit managers who shared their stories about their experiences with community service nurses in their nursing units. Tape recordings were listened to several times on the day of the interview to allow the researcher to become familiar with the data (Burns & Grove 2009:521).

The analysis was done manually by the researcher. The tape recordings were listened to and transcribed line by line. Each participant was given a code, to ensure that they would not be able to be identified in the study. To maintain confidentiality and anonymity, the researcher developed a code for each participant. The coding was done as follows:

Unit Manager = *UM*
Interview sequence = *01, 02, 03 etc.*
Ward or department = *S (urgical), M (edical)*

= SP (ecliased). N (eonatal), MID (wifery)

Therefore, a unit manager (UM), who was interviewed second, (02), working in a medical unit, was coded as follows: UM02M

Content analysis is a method that has been commonly used in nursing studies (Elo & Kyngas, 2007: 107). It may be used with either qualitative or quantitative data in an inductive or deductive way (Elo & Kyngas, 2007: 107). For this study content analysis was used to analyse the qualitative data that was obtained through semi-structured interviews in an inductive way as there were no previous studies dealing with the phenomena under study. (Elo & Kyngas, 2007: 107). For Graneheim & Lundman (2004:108), the main aim for inductive content analysis, is for the researcher to become immersed in the data; read through the written material several times; describe all the aspects of the content and condense data into codes , categories and themes.

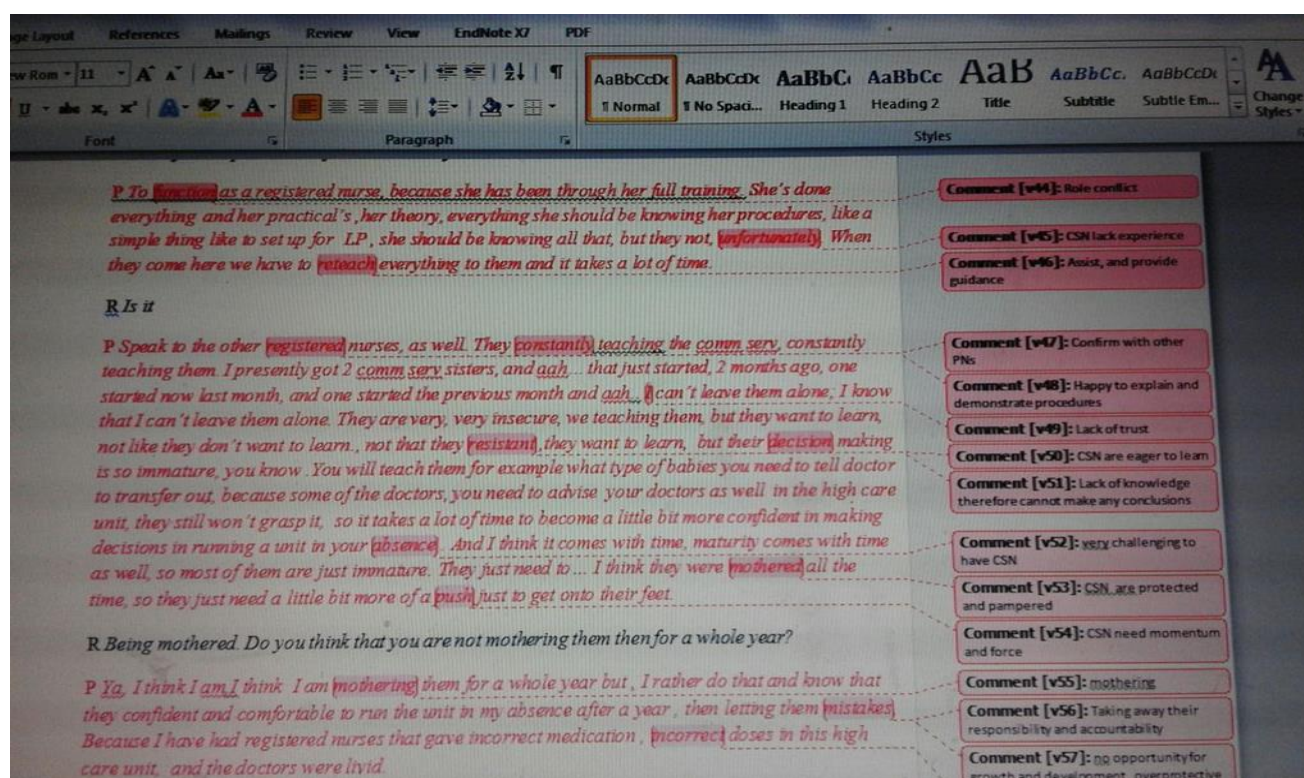


Figure 3.2: Screen shot: open coding process

For Elo & Kyngas, (2008: 109), inductive content analysis is divided into three phases, that is, the preparation, organizing and reporting phases. The preparation phase began when the researcher began the analysis process by reading and rereading the transcripts to get an

understanding of the written text. Next the researcher began to organize the data by a process of open coding; creating categories and an abstraction (Elo & Kyngas, 2008: 109). Open coding meant that the researcher, while reading the text, wrote down headings in the margins to describe content of the text (Figure 3-2). According to the objectives of the study, codes were rearranged, relabelled, or dropped as necessary. In order to further condense the data, similar codes were then grouped to form categories or themes. Themes included similar events or incidents that best described the unit manager’s experiences with community service nurses in their units.

THEME	QUOTES	SUMMARY OF QUOTES	IN DOCUMENT
CHARACTERISTICS OF COMMUNITY SERVICE NURSES			
mothering /hand bagging	<p>.... so cannot leave the community service nurse night duty, unless you have somebody else that PNs on allocated with them (UM 02)</p> <p>.... always having another professional nurse with them that entails them not being left alone (UM 03)</p> <p>when it comes to actually implementing the plan of action, they not going to be alone (UM 03)</p> <p>somebody senior to be with them (UM 04)</p> <p>if they are working a 7 to 7 shift, we always have to a backup nurse with them (UM 04)</p> <p>we treat them as a professional nurse but we always buddy them with somebody (UM 04)</p> <p>were we really short staffed , then I have to be around... even excuse myself from meetings (UM 05)</p> <p>maybe for an hour for lunch... have to ask the neighbouring ward to keep an eye (UM 05)</p>	<p>UM ... through their years of experience have realized that CSN have gained their theoretical knowledge but lack clinical experience.</p> <p>UM like to allocate CSN with professional nurses because their years of experience makes them more competent in nursing and has an impact on nursing care as compared to the CSN who has just completed her training.</p>	<p>From the above statement, it is evident that the community service nurses are not adequately prepared to function in the nursery.</p> <p>It is clear that after several months of support and mentorship they become confident.</p> <p>Unit managers believed that they needed guidance from experienced professional nurses to gain their clinical competence.</p>

Figure 3.3: Screen shot: summary of themes and quotes

The main theme, similar quotes and a general description of the quotes were documented onto a Table (Figure 3-3).

The data analysis continued as shown in (Figure 3-4) where themes and sub-themes emerged. To ensure credibility the transcripts were also analysed by a co-coder who is a PhD candidate, who holds a Master of Public Health Degree.

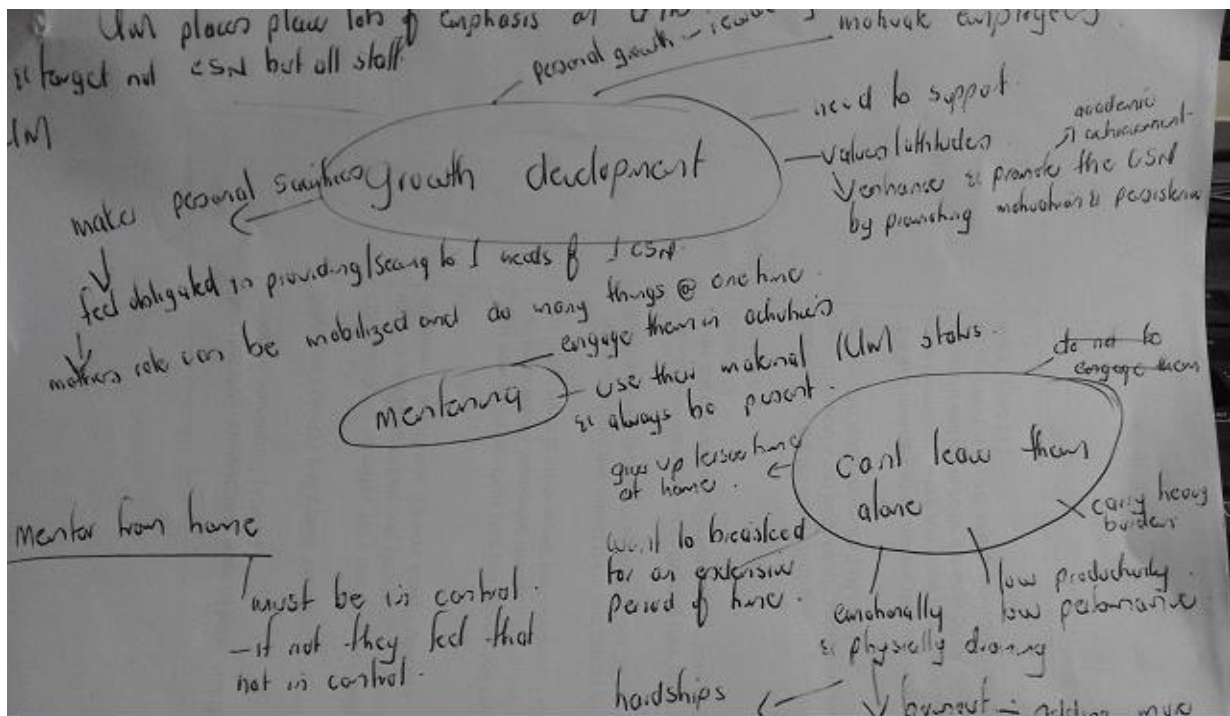


Figure 3.4: Screen shot: data analysis process

3.10 Trustworthiness

Trustworthiness refers to the standards and quality of the research (Polit & Beck, 2012:585). In qualitative research, the same results are not possible and measurable because each individuals' experience is unique and different (du Plooy-Cilliers et al., 2015:258). The researcher made every effort to confirm that the findings accurately reflected the experiences of the participants by conducting the following:

3.10.1 Credibility

Credibility refers to confidence in the truth of the data and the interpretation thereof (Polit & Beck, 2012:585). It means that the researcher must check for the accuracy of the findings by employing certain procedures (Creswell, 2009:191). To ensure credibility in this study, the following processes were used:

- **Triangulation**

For this study, ten unit managers were interviewed and each individual viewpoint and experience were scrutinized by the researcher to obtain rich, in-depth information that

answered the research question (Shenton, 2004; 66). Another form of triangulation that added credibility to this study was site triangulation. This was achieved by interviewing unit managers from different health care facilities. The samples represented all the hospitals A – D. Although, the participants were from four different institutions, similar results emerged (Shenton 2004:66).

- **Tactics to help ensure honesty in informants.**

In this study all participants were requested to respond to the invitation within five working days, stating if they were willing to participate in the study. This gave the participants an opportunity to think about their involvement in the study and gave the researcher an opportunity to collect data from those who were genuinely interested and willing to take part (Shenton 2004: 67). Furthermore, the participants were given an opportunity to withdraw from the study at any time, without any consequences (Shenton, 2004:67).

- **Peer Review and Debriefing**

The researcher had many sessions with her supervisor to review and explore the various aspects of the study (Shenton 2004: 67). After listening to the recordings, translating the recordings into written texts and extracting the main themes and sub-themes, onto a table, the researcher presented all the findings to the supervisor. In addition, a co-coder assisted to ensure that all the final themes and sub-themes answered the research question. The independent co-coder is a PhD candidate and a qualitative research specialist.

- **Examination of previous research findings**

The researcher found that the studies by Beyers, (2013), Dlamini, et.al. (2014) and Govender, (2015) all revealed similar findings to the findings of the current study (Shenton 2004:69)

3.10.2 Dependability

According to Shenton (2004:71), a detailed report must be given on all the processes that were carried out during the study. This will enable readers to assess if proper research practices were followed. In addition, this in-depth information will allow the reader to get a better understanding on the methods used and the effectiveness thereof (Shenton, 2004: 71).

To ensure dependability in this study, the researcher gave a detailed report on:

- The exploratory, descriptive and contextual approach that was used which followed a qualitative approach
- The settings in which the study was conducted.
- The data collection process in which individual semi-structured interviews were conducted.

3.10.3 Confirmability

Confirmability refers to the fairness of the data (Polit & Beck, 2012:599). To ensure confirmability in this study the following processes were carried out:

- **Investigator triangulation**

This involves the use of two or more researchers who can cross check the codes or results to ensure consistency and reduce bias (Creswell, 2009:191). In essence it means the degree to which the results or codes can be confirmed by somebody else to ensure that the results portray the exact experiences of the unit managers. The researcher ensured that confirmation of the codes was done by an independent co-coder who did not participate in the study. The independent co-coder is a PhD candidate and a qualitative research specialist.

3.10.4 Transferability

Transferability refers to the degree to which the research findings can be transferred to other settings (Polit & Beck, 2012:599). It is the responsibility of the researcher to ensure that sufficient information is given to enable the reader to make such a transfer (Shenton 2004: 70). This was achieved by the researcher providing:

- **A thick and contextualized description**

To ensure transferability, the researcher provided a detailed description of: the four health care institutions in which the study was conducted, inclusion and exclusion criteria, the number of participants that took part in the study (ten unit managers), the sampling method that was used to choose the participants (purposive sampling), the demographic data of each unit manager, the data collection methods that were employed (semi-structured interviews), the length of

each interview (between 45-60 minutes), and a detailed description of the findings (Shenton, 2004:71).

3.11 Ethical Considerations

Research should be based on mutual trust, acceptance, co-operation, and it must be well accepted by all the stakeholders who are involved in the research project (de Vos et al., 2011:113). It is important that the researcher adheres to ethical principles, acts with integrity, is trustworthy and respectful. This study involves human beings as study participants; therefore, the researcher ensured that their rights were protected during the entire study (Polit & Beck 2012:150). The following ethical principles that affected the participants were taken into consideration for this study:

3.11.1 Informed consent

Emanuel, Wendler, Killen & Grady (2004:934), suggests five standards for evaluating informed consent:

- Firstly the researcher should establish recruitment procedures and incentives for the participants, (Emanuel et.al 2004:934).

In order to recruit participants for this study, the researcher went physically to each hospital and distributed the information packs to all unit managers who were on duty and available at that time. The process of the study was explained to them verbally, and in an information pack, highlighting the risks and benefits and that all the information will be kept confidential (see Annexure 1). The researcher explained in detail the aim of the study the duration of the interview would be between 45 minutes to an hour and was conducted at the convenience of the participant. The researcher further highlighted that the participants would not receive any monetary or any other type of incentive for their participation in the study (Emanuel et.al .2004: 934).

- Secondly the researcher should ensure that the disclosure of information to all the participants be given in a language that they understand (Emanuel et.al .2004:934).

Before commencing the study, the researcher ensured that all participants spoke English, so there was no need for a translator to be present. All other correspondence which included the information pack and consent forms were in English.

- Thirdly, the researcher must ensure that permission to carry out the research is obtained from the relevant stakeholders before obtaining permission from the participants (Emanuel et.al .2004:934).

For this study, the researcher ensured that the study commenced only after ethical approval and permission was granted from the following stakeholders:

- UKZN – Biomedical Research Ethics Committee (Annexure 4);
 - KZN Department of Health Research & Knowledge Management Ethics Committee (Annexure 7);
 - Relevant Hospital managers (see Annexures 6, 8, 9, 10);
 - After the study was examined, permission was required from the UKZN Biomedical Research Ethics Committee for recertification (continuing review) and application for approval of amendments. Permission was requested on 22 March 16 (see Annexure 5).
- Fourthly the researcher must ensure that there is voluntary participation by participants (Emanuel et.al .2004:934).

All the participants were given a verbal explanation and an information pack, highlighting the process of the study, the risks, the benefits and that all the information will be kept confidential (see Annexure 1). They were given the researcher, supervisor and university ethics committee contact numbers, in case of any queries. They were requested to respond to the invitation within five working days, stating if they were willing to participate in the study or not. The researcher then returned to the hospitals to fetch the completed forms on the 5th day. If they agreed to voluntarily participate in the study they had to sign a written consent (see Annexure: 2). The participants also were informed that the interviews were to be audio-taped, for which their consent was required.

- Fifth, attention must be given to ensure that the participants are aware of their right to refuse to participate or withdraw from the study (Emanuel et.al .2004:935).

The participants were also informed on their right to withdraw from the study at any time without any penalty and would not be coerced to participate in the study (de Vos et al., 2011:117).

3.11.2 Respect for recruited participants

According to Emanuel et.al. (2004:935), researchers have an ongoing obligation to all the participants in the study. An essential obligation is to develop and implement procedures to protect the confidentiality of the participants (Emanuel et.al.2004:931). In addition, the researcher must ensure that the participants know that they can withdraw from the study without penalty (Emanuel et.al. 2004:931).

The researcher ensured privacy by conducting the interviews in private rooms. This allowed the unit managers to talk freely and share their stories about their experiences with community service nurses in their units, without having any fear of being overheard. The demographic information was provided in writing by each participant. To ensure anonymity, the researcher explained that there was no need for the participant to document their names on the demographic data which they provided (du Plooy-Cilliers et al., 2015:267). Instead; each participant was allocated a code that was written on the demographic findings and was used during the transcription process. The researcher stored all the relevant data of the study on her memory stick as well as on her supervisor's memory stick. This was locked in a cupboard where it will be stored for a period of 5 years after completion of the study. The researcher also highlighted that the participants may withdraw from the study at any time without any penalty.

3.12 Data Management

Data were managed by the researcher, and supervisor. All the transcriptions were typed by the researcher. A copy of all the recordings and transcriptions were emailed to the supervisor. Both researcher and supervisor had personal codes to access their computers. This ensured that no one else had access to their computers. All transcribed data, coding and themes of analysed data were stored on the researcher's personal computer and saved on other hard drives like memory sticks, in the event of the researcher's computer accidentally crashing. The audio tape recorder, researcher's notes, memory sticks were locked in the researcher's personal cupboard for safekeeping (de Vos et al., 2011:408).

On completion of the study, the researcher has stored all data, in the supervisor's office and this will be retained for a period of five years. Raw data will be shredded and all data that was stored on the researcher's personal computer and memory stick will be permanently deleted.

3.13 Data Dissemination

On completion of the study the researcher will ensure that the study is distributed to all the relevant stakeholders. A copy of the study will be given to her supervisor, the UKZN library, Biomedical Research Ethics Committee of UKZN and Nursing Service Managers and KwaZulu-Natal Department of Health, College of Nursing.

3.14 Summary of Chapter Three

In this chapter, the process to undertake the study was described. The research method that was used in the study was outlined. It included research design, setting, sampling, data collecting instrument, data collecting process, data analysis and data management. Ethical considerations were also outlined.

CHAPTER 4: RESEARCH FINDINGS

4.1 Introduction

This chapter presents the findings that were obtained through semi-structured interviews with unit managers, regarding their experiences with community service services in their nursing units. Although the nursing care in each nursing unit differed, the experiences of each unit manager with community service nurses were different yet similar in some respects. Most unit managers lacked knowledge, whilst others were clueless with regards to the reasons as to why community service for nurses was introduced. Unit managers were experiencing challenges in terms of their own workload, staff shortages; they lacked trust and confidence in community service nurses, and feared litigation. They found that community service nurses needed to be supported and mentored to gain their competence. Lack of written guidelines resulted in each unit manager managing community service nurses differently.

4.2 Demographic findings

A total of ten unit managers participated in the study. The demographic data included the wards that unit managers work in, gender, age, and highest level of nursing qualification, number of years practising as a professional nurse and the number of community service nurses per month that are allocated to each ward. The information was collected through a self-administered questionnaire (Annexure 3) and was summarized as follows:

4.2.1 Wards

Unit managers in a district, a district/regional, a regional/tertiary and a specialized hospital were interviewed. Nursing units were selected from medical, surgical, nursery, intensive care, midwifery and psychiatric wards.

4.2.2 Gender

Nine out of the ten unit managers were female. This is in line with the SANC Annual Statistics for 2014 as nursing is a female dominated profession. At the end of 2014, there were 26662 female professional nurses compared to 2512 male professional nurses in KZN.

4.2.3 Highest level of nursing qualification

All unit managers interviewed, had a Diploma in Nursing as their highest qualification. Two participants had a post basic qualification in midwifery, three participants had a post basic qualification in psychiatry and one unit manager had a post basic qualification in intensive care nursing. The remaining three unit managers did not have any additional qualifications.

4.2.4 Number of years practising as a unit manager

The unit managers commenced their nurse training in the 1980's. The average unit manager's experience ranged between 7 – 12 years with only two unit managers having only one year of unit management experience.

4.2.5 Number of community service nurses per ward

Community service nurses are included in the staff establishment in all nursing units in all health care facilities where data were collected. The number of community service nurses per health care institution varies every year. The nursing service manager allocates them on a rotational basis to different nursing units depending on the patients' needs. The average number of community service nurses per ward per month is between 1 and 7 nurses.

4.3 Summary of the theme and sub-themes

The findings revealed one theme describing the experiences of unit managers with community service nurses in their nursing units. (Figure 3-5).

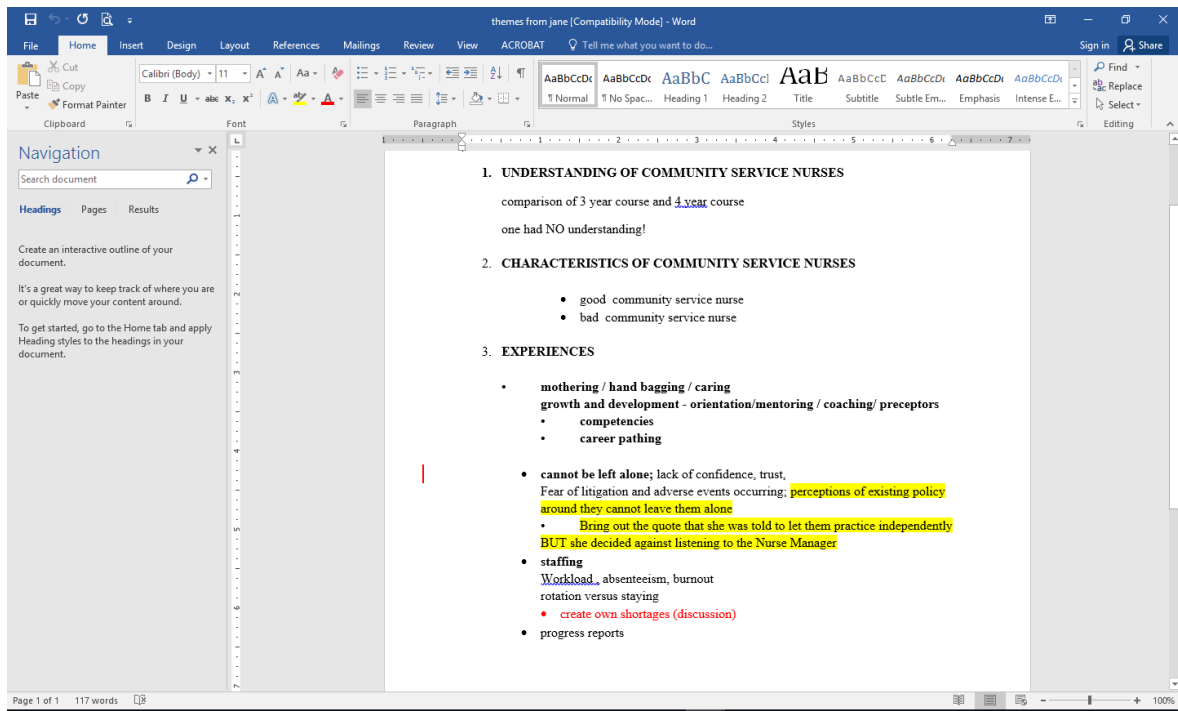


Figure 3.5: Screen shot: first draft of themes and sub-themes

Finally, the researcher came out with the findings that can be summarized as follows: unit managers may be seen to be mothering and hand bagging community service nurses in their nursing units. The following table displays the final theme and sub-themes:

Table 3.3: List of final theme and sub-themes

THEME	SUB-THEMES
<p>MOTHERING/HAND BAGGING</p>	<p>Growth and development</p> <ul style="list-style-type: none"> • mentoring • preceptors • orientation <p>Mothers lifelong experiences</p> <ul style="list-style-type: none"> • cannot be left alone • fear of litigation/adverse events • workload, absenteeism, burnout <p>Not letting go</p> <p>Staffing</p>

After analysing the data, one theme emerged: “mothering and hand bagging” community service nurses. This theme was divided into four sub-themes namely, growth and development, mothers’ lifelong experiences, not letting go and staffing.

The theme of “mothering and hand bagging” was derived from the actual words that the unit managers used in this study as illustrated below

... I just feel that they need a little bit more of mothering (UM 10: N)

...firstly when they get there we normally handbag them (UM 07: ICU)

Most of the participants viewed their role as being similar to being a mother to community service nurses. They viewed their nursing units as their homes in which community service nurses were viewed as their children. All participants were unique, they experienced different challenges, but they portrayed similar if not the exact characteristics of being a mother. As a mother would do, they too will make all the adaptations and sacrifices to ensure that the community service nurses are assisted to progress in the clinical environment as stated:

if they are working a 7 to 7 shift, we always have to a backup nurse with them (UM 04: MID)

If I am not there, then I have, a sister under me who makes sure that they do get the help that they need (UM 07: ICU)

A mother has a responsibility for her children, that is, to develop them to become responsible human beings. Similarly, from the above discussion it is evident that the unit managers have a responsibility towards community service. Community service nurses are seldom left alone and unit managers ensure that they are given the necessary guidance and help so that they can grow and develop into competent and responsible professional nurses.

4.4 “Mothering and hand bagging community service nurses”

“Mothering” is a process for caring for children as their mother, or of caring for people in the way that a mother does (Cambridge Advanced Learners Dictionary, 2013). Mothering involves worrying, planning, consulting, advising, and eventually letting go (Tuteur, 2010:1). This view is supported by (Francis-Connolly, 2000:282) who stated that mothering is concerned with protecting, preserving and fostering growth and development in a child. It is clear, that a

mother has many important roles to play in raising a child for which she may be eventually held accountable for (Francis-Connolly, 2000:282). In a qualitative study that was carried out by Francis-Connolly, (2000:284), the participants regarded mothering as an “enfolded activity” because it required many tasks that have to be carried out simultaneously. Therefore, a mother’s daily presence in her child’s life is very important. If a mother shirks her responsibilities, the child may grow up to be an irresponsible adult. It is evident in this study that the unit managers in the different nursing units played the role of a mother to the community service nurses. Unit managers worked very closely with community service nurses. They believed that there is a need to mother community service nurses as they are inadequately prepared to function as competent, independent professional nurses. This view is supported by Beyers (2013:38), who stated that new graduates are ill prepared for their roles as nurses. Unit managers portrayed an image similar to that of a mother and continuously “mothered” community service nurses. This is evident in the following statement by one of the unit managers:

.... they were mothered all the time.... just need a little bit more of a push just to get onto their feet (UM 10: N)

...everything she does, or everything she doesn't understand, still she will phone us at home (UM 10: N)

Following the theme of “mothering”, one-unit manager used the term “hand bagging”. A hand bag is one of the necessities in a women’s life. Women carry a handbag everywhere, even if there is no need to. If she wants to keep something with her and not lose it, she will put it into her hand bag. Likewise, unit managers view community service nurses as important members of staff. Unit managers insist on carrying community service nurses through their daily activities and hold onto them. This picture clearly depicts a similarity between a woman carrying her handbag and a unit manager carrying a community service nurse.

From the above statements it is clear that the unit manager’s personality is one that involves nurturing the community service nurses for long periods of time, even up to a year, until they become competent professional nurses. “Nurturing” means taking care off, feeding and protecting someone or something, especially children to develop and become successful (Cambridge Advanced Learners Dictionary, 2013). In comparison to a mother who nurtures her child until they become successful, unit managers nurture the community service nurses

until they become fully competent. It is evident that they are willing to use their maternal, unit manager status and always be present to mother the community service nurse. This was illustrated in an excerpt by a unit manager:

I am mothering them for a whole year.... know that they confident and comfortable to run the unit in my absence ... (UM 10: N)

From the above discussion it is then evident that “*mothering*” was the major and most appropriate theme that emerged from the transcriptions. In the same way as a mother would care for her children, likewise, a unit manager would care for the community service nurses working in her nursing unit.

4.4 1 Growth and development

Researcher, Francis-Connolly (2000:282) noted that one of the many responsibilities of a mother is to foster growth and development in her child. As a child matures mothers get involved in their growth and development. Mothers devote themselves and pay attention to the academic and social development of their children to ensure that they are successful. Likewise, unit managers in the current study placed lots of emphasis on the growth and development of community service nurses.

Learning and teaching in a clinical environment is very important, because it will improve individual competencies and team effectiveness and ultimately improve patient care. Beyers (2013:49), states that when community service nurses are placed in the clinical area as part of a team, they develop skills that are needed to carry out basic nursing care. The author further states that it is the nursing manager’s responsibility to develop junior staff and to facilitate clinical learning (Beyers, 2013:49). Researchers (Abdelrazek et al., 2010:737; Rouse & Al-Maqbali, 2014:193) are of the opinion that unit managers are both equally responsible for the achievement of high quality organisational service and performance, and play a very important role in the development of a healthy work environment.

Although, community service nurses are adult learners, unit managers insisted on nurturing them. It is very clear that unit managers encourage personal development, and professional growth of community service nurses. In most of the nursing units, community service was not only rendering basic nursing care, but were included in a combination of activities that will

allow them to grow and develop in the nursing profession. Unit managers invested in the growth and development by providing them with opportunities to broaden their theoretical knowledge in their clinical environment. Unit managers portray the image of a transformational leader who motivates her followers to perform to their full potential over time by providing them with a sense of direction (Huber, 2014: 14). In addition, unit managers analyse the followers needs and sets goals for them, based on what is expected of them (Huber, 2014: 14). This was made evident in statements by three different unit managers:

...If there is any infection control, occupational health, quality management stuff, I like to get them involved (UM 07: ICU)

...It's like I am having a 4th year student cos it's really we still need to sit... teaching them, in-service them (UM 08: M)

Like for each condition we give them lectures and every registered nurse for that month, including us, will have a topic to do and discuss it in the morning (UM 10: N)

Furthermore, unit managers have a mind-set of positivity and hope that if they offer their assistance and direction, community service nurses will do their best and accomplish their duties. It is true that community service nurses do not know everything as illustrated in a statement by a unit manager:

She's done everything her practicals, her theory, everything she should know her procedures, like a simple thing like to set up for LP, she should know all that, but they not, unfortunately... (UM 10: N)

Unit managers are aware that it is not possible for community service nurses to know everything in their first year as professional nurses. It is obvious that they have gained theoretical knowledge but sometimes lack clinical experience for simple procedures. Therefore, unit managers provide an opportunity for them to develop their skills and expand on their current theoretical knowledge in the clinical environment. This is also illustrated in the following excerpt by a unit manager who states that the community service nurses themselves will tell you that they do not feel competent:

...they will tell you still, I am not competent... I would teach them to make sure that they competent (UM 10: N)

A survey was done in Japan to identify the relationship between the levels of nurse's competence and the length of their clinical experience (Takase, 2012:1400). The results demonstrated that nurses are eager to learn and have an increased competency level at the beginning of their nursing career (Takase, 2012:1400). This is in line with the current study. Community service nurses are at the beginning of their nursing careers. They portray enthusiasm, are very motivated and energetic. Unit managers conveyed an impression that they cope well with basic nursing care and are seen as a productive workforce. The following transcripts showed how the unit managers viewed community service nurses:

They form a valuable part of the nursing team and in terms of nursing care, basic nursing care, they are actually quite good. ...basic nursing care (UM 06: S)

Most of them are so enthusiastic, usually quiet in good spirits, enthusiastic, looking forward, to learning (UM 03: SP)

They young they fresh, they innovative, they come with new ideas (UM 02: SP)

From the above discussion, it is very clear that as a child's growth, development and confidence is shaped by a mother who cares for him, likewise, the unit manager as a mother shapes the growth, development and confidence of community service nurses in her nursing unit.

4.4.1.1 Mentoring

Mothers always play the role of a mentor in their growing child's lives'. This she can achieve by giving them advice in different situations, encouraging them, motivating them, talking to them or even just giving them a hug. Mothers always go the extra mile, offer their help and try to control every situation just to make sure that all goes well for their child so that they develop into healthy, resilient adults. However, a mother mentoring a child does not require a formal program, it occurs spontaneously.

Similarly, unit managers are very enthusiastic about supporting and mentoring community service nurses. They want to inspire and provide guidance to the less experienced community service nurses so that they can reach fulfilment in their careers. These findings are consistent with a study by Beyers (2013:38). This study emphasized that new graduates should have

mentors who will guide them and support them through the first five or six months in the clinical setting. This is made clear in the statement below:

We as senior sisters always showing them, mentoring them how to do things (UM 08: M)

In the current study, unit managers in all the selected nursing units display similar skills, which make mentorship and support much easier. Unit managers have years of experience in nursing and are specialists in the wards that they manage. This view is shared by Beyers (2013:39), who stated that new nurses need guidance from experienced nurses to develop their clinical skills. In addition, new graduates also need assistance with decision making skills (Beyers, 2013:39). This view is also shared by a unit manager in this study:

...their decision making is so immature (UM10: N)

This enables the unit managers to use their own knowledge and experiences to mentor community service nurses. However, unit managers continue to support and mentor community services indefinitely as there are no specific guidelines on the scope and practice of community service nurses. Furthermore, unit managers do not have any direction from nursing management on the extent of mentorship and support that they need to provide during the community service nurses year of remunerated community service. This impacts negatively on the unit managers themselves, because they are of the opinion that they are not doing justice when it comes to mentorship. The following excerpt below illustrates this point:

...think we speak of mentorship very loosely..... we don't actually do it properly (UM 03: SP)

much better nicer if there was a program that we..., a uniform program that we would follow (UM 05)

Furthermore, unit managers are of the opinion that community service nurses are very motivated and adjust more easily than employees who have been in the organisation for years. According to them, community service nurses were eager to learn to improve their knowledge and skills. Since community service nurses are able to practice and demonstrate what has been taught to them, mentoring became easier and more meaningful. This is illustrated by the following statement:

Unlike the old staff that have worked in the wards for 5 or 6 years, they are so used to the procedures, they just bend the rules to suit themselves. But with, them (community service nurses) you will find that they will do things as you have told them (UM 05: SP)

Some that are willing to learn.... You get the positive ones who are willing to learn... (UM 04: MID)

Although, community service nurses are motivated, they still remain incompetent to practice independently. In fact, most of the unit managers said that there is still a need to mentor them. This was made very clear in the transcripts of the unit managers. In a study that was conducted in Swaziland by Dlamini, et al. (2014:148) a similar finding was revealed. Graduates in the study were willing to learn and become autonomous in their practice, but, nurse managers felt that they were not ready to practice upon graduation, and needed support (Dlamini et al., 2014:148). They therefore, need to be mentored to increase their own confidence, enhance their professional knowledge and careers and their own job satisfaction. Coupled with this, community service nurses will then be able to render quality nursing care, they will be able to function on their own and adverse events will be reduced. The statements below illustrate that they still require mentorship:

I think they do need but until they get confident (UM 05: SP)

...they need a lot of mentoring and direction, supervision (UM 06: S)

In order to gain their competence, community service nurses, were given the opportunity to be mentored and supported by unit managers. In fact, unit managers were happy to assist and groom them so that they can improve on their specific skills. Broder-Singer (2011:1) shares this view and believes that mentors will not invest their time and energy in developing somebody whom they don't like. Jarman and Newcombe (2010:17) stated that there are various ways to ease the theory - practice gap. Newly qualified nurses in a specialized unit should be given mentorship and support and should be socialized into their new environment. These findings are consistent with Beyers (2013:52). This author is of the opinion that by community service nurses getting support and mentorship, their clinical skills will be improved. This is also evident in the context of the current study:

you need the extra time with them to mould them and groom them.... (UM 04: MID)

...They still need that mentoring..... they themselves are scared to take the challenge
(UM 04: MID)

However, two unit managers felt that the mentorship can be done by another person; it was suggested that the college tutors should mentor the community services nurses. Although, one may see it as the unit managers shirking their responsibilities, but they realize and understand that they cannot do everything themselves. Likewise, mentorship of a child does not always have to be by the mother; it may be another individual in the child's life like a teacher or coach. This is illustrated in the transcripts below:

...mentorship can be done, structured maybe by the college, tutor (UM 04: MID)

if you talking mentorship. We not really saying that it has to be manager that they working under, you know it can be any other person (UM 03: SP)

mentorship from my side for one year...from college for at least another 6 months (UM 10: N)

One of the major concerns that were raised by the unit managers in the current study was the fact that there are no formal mentorship programs in place. This resulted in each unit manager, in the different nursing units in the selected health care facilities, doing what they feel is benefiting the community service nurse. Formal mentorship programs benefit the mentor, the mentee and the organisation as a whole and are very difficult to set up (Broder-Singer, 2011:1). Unit managers are very concerned that there is no consistency in what they are doing. They need a structured uniform program that they can follow. According to Broder-Singer (2011:1), a formal mentorship program will not be implemented unless management deems it necessary. The author further goes on to say that “*you can have a great plan*”, but if the company does not participate in this plan it will not be successful. Unit managers share the same sentiments that they need a structured mentorship program to be developed by management. Some of their concerns are illustrated below:

I think that they can do with some form of formal mentorship.... It can't be that we just mentoring and not really doing it properly (UM 03: SP)

...Much better nicer if there was a program that we..., a uniform program that we would follow (UM 05: SP).

It is then clear that the unit manager plays the role of a mother to the community nurses in her nursing unit. She is willing to teach, develop, enhance their professional knowledge, and transform the community service nurse into a competent professional nurse despite all the challenges she encounters. Participants in the study conducted by Beyers, (2013:51) stated that support and mentorship was lacking in their year of community service.

Furthermore, unit managers were asked what they know about community service nurses, the following are examples of the responses:

I can't really understand the concept of community service PNs (UM 02: SP)

I do know that when they introduced it, it was almost like an added year of training, but in the practical sense (UM 03: SP)

I thought it was just ... for them to get extra mentorship during that one extra year (UM 10: N)

The above statements are an indication that unit managers have a very blurred, vague idea as to why community service nursing was introduced. This lack of knowledge contributes negatively to the mentorship of community service nurses. The findings of this study revealed that unit managers are in a catch-22 situation. Do they treat community service nurses as professional nurses who can function independently on their own, is it just an added year of training, or do they require mentorship and support? One of the unit managers mentioned that she does not see the need for them to be mentored after their exams, as stated below:

To me I actually don't understand this whole thing having them still being mentored after passing their exams (UM 02: SP)

All the unit managers had a lack of knowledge surrounding similar aspects of community service nurses except for one, who had a totally different perception. She made it very clear that the community service nurses she was referring to were those who had completed the one-year Diploma in community health nursing after completing their three (3) year diploma in general nursing. She definitely confused community service nurses with nursing care in the

community. In addition, she also made reference to the four (4) year program that included community nursing. This was stated as follows:

It's the old course that ...you know previously we used to do 3 years general, 1 year midwifery, 1 year community and 1 year psychiatric and I find that the sisters that done it on the 1 year, they are much more educated on what goes on in the community (UM 9: M)

... the sisters that do the 4-year course don't gather much information for themselves when they do go to the community (UM 9: M)

Furthermore, she described both her positive and negative experiences with 'community service nurses', which confirmed that as a unit manager she had no idea what a community service nurse was, she lacked knowledge. This was illustrated in the following statements:

.... the community sisters, the positive I would say they, they can tell you what goes on in the community these days (UM 9: M)

.... negative aspect I would say that they need to be much more clued up as to how things operate, how to refer patients... (UM 9: M)

The above comments lead me to wonder whether her mentorship and support were of any help in the current work situation. The findings revealed that she agreed that they do require mentorship because they are newly qualified as explained below:

As a newly qualified professional nurse, definitely..... these nurses, you ask them any admin and they don't seem to know or anything about the community (UM 9: M)

The above statement is supported by Beyers (2013:49), who stated that the nurse manager's responsibility is to provide guidance and support to junior staff.

4.4.1.2. Preceptors

McKenna and Wellard (2009:275) believe that clinical education is an important component for undergraduate nurses to apply their theoretical knowledge to the clinical practical setting. In this study, a unit manager in a specialized nursing unit was happy to engage community service nurses with preceptors with the aim of enhancing their clinical competence, and be

socialized into their new environment. Clinical teaching according to McKenna and Wellard (2009: 275), is a multifaceted activity, involving supervising the students and their learning.

In the current study, a unit manager acknowledges that community service nurses haven't been exposed to many procedures especially those in an ICU nursing unit. Therefore, she allocates preceptors who will guide and nurture community service nurses through their daily activities. This will allow community service nurses to reflect on their current knowledge and skills and be guided to improve and master where they are lacking. This is a period where a newly qualified practitioner is supported by a preceptor to develop their confidence, refine their skills and behaviours (Keen, 2014:11). The following statements illustrate what happens in an ICU nursing unit:

we do have preceptors, 2 of them on a daily basis and we ensure that they teach them things that they haven't been exposed to (UM 07: ICU)

ICU trained staff.... keep them free so they do teach, not only comm serv, but they do teach the other students (UM 07: ICU)

However, with the help and guidance from the preceptors the community service nurses will be able to move from a dependant nurse practitioner to an independent competent nurse practitioner. Unit managers believed that they needed guidance from experienced professional nurses to gain clinical competence so that they can deliver safe quality nursing care independently. This view is supported by (Keen, 2014:21) who states that this journey will take the newly qualified practitioner forward as an independent and innovative leader and role model for future generations. This is seen as a paradigm shift. Kuhn (1970:10) thinks of a paradigm shift as a “*change from one way of thinking to another. It's a revolution, a transformation a sort of metamorphosis. It does not just happen, but rather it is driven by agents of change*”.

The following statement indicates that unit managers are able to see a paradigm shift in community service nurses:

She always goes back and says, remember SR I just came out and I was so nervous and so scared to take charge [ship] of the ward. But now after all your grooming [me] and helping me, I can do it (UM 04: MID)

From the above discussion, one can see that the unit manager's journey with community service nurses in a specialized nursing unit e.g. An ICU is very similar to the journey of a mother with her child. A mother is the primary caregiver for her child and is seen as an expert in nurturing her child. Children go through different developmental stages. She is one who will always be willing to invest her time, be patient, encourage, support, nurture and inspire her child. Her main aim is to socialize her child into the different development stages in their lives with the hope of them becoming independent adults.

4.4.1.3 Orientation

The main purpose of an orientation program is to reduce anxiety, reduce employee turnover, reduce start-up costs and “*culturalise*” the person into the organisation and save supervisors time (Barr, 2011:2). If new employees are properly orientated to their new jobs, they will start to develop a sense of pride in their jobs (Barr, 2011:2).

Community service nurses form part of the monthly establishment of staff in the selected nursing units. They are considered new employees, because on completion of their training, they are allocated to different nursing units in selected health care facilities. Therefore, an orientation program will also assist a new nurse to feel safe, welcomed and valued (Beyers, 2013: 41). Placement on completion does not necessarily have to be in the same health care facility that they were trained in as stated by a unit manager:

I don't know but as I was from another institution and I started here as a comm serv, so you know they are like different things to do. Some in or like here they doing things, even though it's the department of health, but you know there are different things (UM 08: M)

Unit managers are working closely with them on a daily basis, and are in constant contact with them. Currently, most unit managers are concerned about the fact that they have a general orientation program that they utilize for all professional nurses. They do not have a specific orientation program for community service nurses. Similarly, in a study that was conducted by Shezi (2014:62) community service nurses found that one of the biggest organisational challenges was the lack of an induction and orientation program for them. The following transcripts in this study were an illustration of the unit managers' concerns:

There's no orientation ...official orientation program from the hospital for them as such (UM 06: S)

It's just the general orientation program in HR that is done by HR (UM 08: M)

I have the same one as I have for ICU nurses (UM 07: ICU)

There is no specific orientation program.... They just go through the orientation program that we do for other professional nurses (UM 05: SP)

From the above, it is clear that unit managers would like to have a specific orientation program for community service nurses. Likewise, Shezi, (2014:47) is of the opinion that an induction and orientation, policies and procedures need to be in place for community service nurses. This author further states that the induction and orientation program should be actively implemented and drawn up by the relevant stakeholders, namely, human resources departments, deputy nursing service managers, operational managers of units, infection control managers and occupational health and safety managers.

For many years' employees' orientation provided very basic information which included the organisations culture, products and values (Barr, 2011:5). In fact, this is exactly what the current nursing units have, a very basic orientation program for all professional nurses. According to Barr (2011:5), most companies recognize that a simple generic program is not enough, and a more specific and complex one is needed. Likewise, unit managers would prefer to have a specific orientation program that will be beneficial to community service nurses as well as the unit managers.

Yes, I think that, that will be very much beneficial to both us and them, because as I am saying I do what I feel they is enough, and maybe it's not enough you know (UM 05: SP)

Without a specific orientation program, unit managers find it very difficult to ease the community nurses into their work environment. Dlamini et al (2014:153) found that there is no orientation program for new graduates as they enter into the service. Each unit manager within each institution is doing what they feel is required and necessary. In the current study, unit managers are of the opinion that an exit interview with community service nurses would be

beneficial to both the unit manager and community service nurse because the community service nurses missed out on the orientation opportunity.

I'm doing something that I feel is working for me and other unit managers will be doing what will work for them... But if there was maybe something, an exit interview, as we said that could help a lot and then we know exactly what they need (UM05: SP)

I think so it will be valuable because there's no orientation ...official orientation program from the hospital for them as such (UM 06: S)

These findings concurred with a study conducted by Shezi, (2014:46). The participants in the study felt that a strategic plan dedicated to them should be in place. The main objective of this plan will be to enhance learning opportunities and clinical experience to ensure that they are competent and independent at the end of their community service year (Shezi, 2014:47). The participants felt that objectives must be set out for each month. These objectives must be achieved timeously by them. This in turn will provide guidance on the best practices for quality patient care (Shezi, 2014:47).

4.5 Mothers' lifelong experiences

A mother is a very wise woman, because during her life's journey she has experienced many challenges. Despite all the challenges, she moves on in her life. Whatever the challenge, whether good or bad, it would have made her a stronger person. Because of her vast experiences, a mother is seen as someone who "knows best" as one would say "experience is the best teacher". Furthermore, a mother would not want her children to go through the same things that she went through, especially if her experience was bad. Likewise, unit managers also experienced many challenges as newly qualified professional nurses, and have many years of experience as unit managers thus making them "know best". They, like mothers do not want community nurses to go through what they went through as newly qualified nurses as stated by one-unit manager below:

I know what it was like being a student and going first to the ICU and what it feels like going in there. And you know you can empathize with what they going through (UM 07: ICU)

... Were just left in the deep end to function on our own (UM 10: N)

According to Dlamini, et al. (2014:150) some studies where new graduates lacked support from staff, viewed their transition process as being “*thrown into the deep end*” while others viewed their transition process as being “*sheltered under the umbrella*”. It is evident then, that, some new graduates had similar experiences to the unit managers and were left alone to function. Other participants, who were sheltered under the umbrella, were over protected in the same way that unit managers were over protecting the community service nurses in their nursing units. Unit managers in the current study “know best” and would not like the community service nurses to be left alone. In addition, illustrated below are some of the other experiences that the unit managers in this study experienced as newly qualified professional nurses.

I can talk from my own experience. Since I was a 4th year ... 4-year student nurse, when I finish my 4-year student nurse, I didn't know how to do medication. Then it's were I learnt (UM 08: M)

because talking from my experience ... you were a student and then you were placed in a ward, fair enough for 2 or 3 months you also had somebody else guiding you (UM 10: N)

In thinking and reflecting back on her own experiences, unit managers know what is best for the community service nurses in her nursing unit.

4.5.1 Cannot be left alone

From the above statements, it is clear that when unit managers qualified, they felt they could not be left alone because they too felt incompetent and needed to be guided. Therefore, in the current study, unit managers believed strongly that community service nurses cannot be left alone initially. This belief is relatively long-lasting and is grounded in their own experiences as newly qualified nurses which resulted in their specific actions and activities as depicted by four different unit managers in the statements below:

We can't leave them alone... they cannot cope when they are left alone (UM 10: N)

You can't leave this person alone... You can even ask help from another ward (UM 05: SP)

They don't have the expertise and experience (UM 04: MID)

Don't like allocate them on night duty where they will be alone (UM 08: M)

A further similarity that exists between this study and that of Dlamini, et al. (2014:152), is that unit managers in both studies felt that community service nurses cannot be left alone as they need constant supervision. Supervision aims to provide realistic solutions to identified problems, thus improving clinical practice and personal growth (Shezi, 2014:460). Dlamini et al. (2014:152) found that participants in the study felt uncomfortable when left alone, because they were not confident doing clinical procedures alone. The results of this study also revealed that unit managers believed very strongly that community service nurses lacked confidence. Their lack of confidence may be due to the fact that they are working in a new environment, or they may see themselves as being the most junior and less experienced when compared to all around them. This view was made very clear by the unit managers in the following statements:

I have yet to see one confident; com serv nurse sister that I can say let me leave her in the department alone, I can't. (UM 10: N)

They don't have the expertise and experience (UM 04: MID)

A further similarity between this study and that of Dlamini et al. (2014:148) is that employers expect nurses to have the necessary clinical skills and a professional attitude upon graduation. They are expected to render quality nursing care because they have received both the theoretical and clinical module during their training. However, in Swaziland these expectations are not met as there has been a decline in the nursing care that is rendered by new graduates. (Dlamini, et al., 2014:148). Unit managers in the current study were of a similar opinion as stated below:

She's done everything and her practical, her theory, everything she should be knowing her procedures, like a simple thing like to set up for LP, she should be knowing all that, but they [do] not, unfortunately (UM 10: N).

In addition, Jarman and Newcombe (2010:16) state that, starting work as a newly qualified nurse in an emergency unit is frightening because they do not have the necessary skills and experience. The unit manager in the ICU recognized that community service nurses are insecure, scared and vulnerable during this period. They see themselves as 'little fish in a big

pond', and question whether they are going to survive the challenges ahead as illustrated by the ICU manager:

Whereas somebody that hasn't been exposed and they come and see all these tubes and they see all these things, I think it scares them and it's frightening...This is my experience (UM07: ICU)

From the above statements it is evident that community service nurses are still deemed to be incompetent and cannot be left alone to function independently in the specialized nursing units.

If community service nurses are left to function on their own, unit managers are not likely to trust them, and therefore, do not engage them in activities on their own. This means that the unit manager needs to accept that they cannot function on their own, and put themselves in the shoes of the community service nurse, not discourage them, and not be overly critical. Having said that, it is clear that unit managers try to build their confidence by allocating them with more experienced professional nurses, who can teach and supervise them as stated:

I still have to put an experienced registered nurse with them, for the entire year (UM 10: N)

So always allocate them... the community service nurses with another experienced staff (UM 08: M)

In this way community service nurses will be given the opportunity to master their procedures and skills. Unit managers behave in the same way that a mother would. If a child lacks confidence a mother will always boost her confidence by showing her love, giving her an opportunity to practice and master her skills, like combing her hair and giving her praise if it is well done. A mother will always make sacrifices for her child. The following excerpts depict to what lengths the unit managers went to ensure that community service nurses were not left alone:

We really short staffed, and then I have to be around... even excuse myself from meetings... I will be there in case she stuck (UM 05: SP)

We have them with a sister at a bedside ... for at least 2 weeks without them taking a patient. (UM 07: ICU)

Not going to cope they will still phone us at home (UM 10: N)

The findings clearly illustrate that unit managers will change their own schedules or request for help from other wards so that an experienced nurse works with a community service nurse.

4.5.2 Fear of litigation and adverse events

According to Miller (2009:662), malpractice litigation against nurse practitioners is on the increase. The major allegations against nurse practitioners is as a result of, failure to treat or monitor patients, and improper performance which may result in permanent damage, loss of wages, pain and even death (Miller, 2009:662). Although litigation against nurse practitioners is on the increase, there are several strategies and ways in which this can be reduced. Firstly, there is a need to improve individual performance of nurses. Secondly, the nurse practitioners educational program and teaching content needs to be looked at together with the role and support given to them (Miller, 2009:662).

Legislation, governing the practice of community service nurses is the Nursing Act 33 of 2005, Regulations Relating to Performance of Community service (R765) of 24 August 2007, Scope and Practice of Registered Nurses (R2598) of 30 November 1984 and Acts and Omissions R387 of 15 February 1985. Unit managers are aware that community service nurses are professional nurses who are accountable for their own actions and omissions. Although, it is the nurse's legal and ethical responsibility to function within her scope of practice, Beyers, (2013:46), unit managers overall are in charge and accountable for what goes on in their nursing units as stated by a unit manager:

We have to be accountable as well (UM04: MID)

Likewise, McIntosh and Stellenberg (2009:12), stated that nurse managers are held responsible for the management of nursing care. Unit managers in this study are fully aware that nurses are very vulnerable to litigation and the implications thereof. They recognize the serious harm that can be caused to patients if there is a negative incident or adverse event. With regards to the community service nurses in their nursing units most unit managers felt that they were inexperienced and prone to making errors. Two unit managers were very vocal and were happy to give examples of some of the things that community service nurses did e.g.:

Community service nurse, aah... gave KCL straight as bolus to the patient and...(UM 08: M)

Because I have had community service nurse that gave incorrect medication, incorrect doses in this high care unit, and the doctors were livid (UM 10: N)

Dlamini et al. (2014:154) noted that community service nurses in Swaziland cope well with basic nursing care but experience challenges with specific clinical procedures, such as insertion of a nasogastric tube. This may be due to the lack of clinical exposure during their training (Dlamini et al., 2014:154). Likewise, the unit managers in this study make it very clear that community service nurses experience challenges in the clinical area as stated below:

They can't identify after the stomach washout that, that baby is desaturating, the colour of the baby, he's getting cyanosed (UM 10: N)

But there are some that you can see are just there to buy their time. They do lack knowledge, and they ... they, are afraid to ask (UM07: ICU)

The above excerpt clearly shows that community service nurses lack knowledge and clinical experience. These findings are consistent with that of Dlamini et al., (2014:153). Nurses gain clinical competence when they are exposed to real practice situations with actual patients. This will prevent them from monitoring patients properly, thus leading to improper care. Therefore, the above experiences of the unit managers illustrate that they have every right to fear litigation and adverse events occurring in their nursing units.

The unit manager of the specialized units like the intensive care units and nursery are wary that some community service nurses are very prone to making mistakes because they appear scared and fear adaptation to the new environment. Beyers (2013:35) made a similar finding in his study. The author stated that the adaptation of the community service nurse to their new environment is seen as an 'obstacle course' because they are inadequately prepared for their new environment. Community service nurses were working in a team setting and had to adapt to the different role functions within the multidisciplinary team (Beyers, 2013:35). Working and adjusting to the new environment was very difficult for the community service nurses, but they eventually experienced it as a learning environment (Beyers, 2013:35). The statement

below illustrates that community service nurses in this study fear adaptation into the new environment:

And they come in not wanting to stay, because they are scared of the babies, but by the end of 6...7 months they actually request to stay in the nursery (UM 10: N)

From the above statement, it is evident that the community service nurses are not adequately prepared to function in the nursery.

The following statements are an indication that nursing care, particularly in specialized units like the ICU is complicated and difficult, resulting in community service nurses not providing holistic patient care, thus compromising nursing care. Everingham, Fawcett, and Walsh (2012:694) support this statement in a study conducted by them where they found that changes to sedation management were difficult to implement. It increased their workload and they feared their patient's safety because of their lack of knowledge. This is evident in the following statement by one of the unit managers:

Because like they don't have much experience to deal with like complications that arise, for example a PPH, or something that arises post-delivery. So they can't be held accountable for that (UM 04: MID)

In order to provide support and guidance to community service nurses, unit managers made it very clear that they themselves or a more experienced professional nurse has to be around with community service nurses to ensure that safe nursing care is rendered to patients. These findings are consistent with Beyers (2013:39) study, who stated that new nurses need guidance from more experienced nurses to develop their clinical skills. The following excerpts depict this point:

If the 2 of them cannot be around, then I have to be around.... to rather avoid adverse I incidents (UM05: SP)

will have one senior with them in a cubical then we all guiding them, supervising them ensuring that everything is up to date as in obstetrics there is a lot of litigation. (UM04: MID)

From the above discussion, it is important therefore, for unit managers to take responsibility for their nursing units and to take responsibility for any shortcomings that facilitates improper patient care and negligence. Nurse Managers may be held liable, together with their employer or as individuals for any malpractice in their working environment (McIntosh & Stellenberg, 2009:12).

4.5.3 Workload, absenteeism, burnout

“*Being a mother*” is being primarily responsible for what goes on at home (Wanko, 2016:65). A mother’s roles and responsibilities include from getting her child ready for school, accomplishing her many tasks during the day until reading bedtime stories to her child. These roles can be exceedingly stressful which may eventually lead to burnout. Regardless of how she feels and no matter how demanding her chores become, a mother will make sure that she meets the needs of her child.

“*Being a unit manager*” likewise involves many roles and responsibilities. The role of the nurse manager is documented as one of the most “overburdened positions in health care” (Dutton et al., 2012:1-6). These authors further state that nurse-managers do not have enough time to complete their work. They have various committee meetings and daily interruptions involving resource allocation, staff supervision, and development and are torn between their multiple roles (Dutton et al., 2012:1-6). For Armstrong et.al. (2015:106), findings revealed that a unit manager had to deal with 36 different types of activities in one hour. It took the unit manager 30 minutes to make one entry in the patient’s records because of the interruptions which ranged from answering the telephone, responding to patients’ visitors, providing support to doctors or assisting junior nurses.

Most of the unit managers in the current study described how overwhelmed they were, by the endless tasks that they had to accomplish. They displayed a sense of frustration and emotional stress because they are overloaded with work. It is evident that unit managers experienced many challenges and difficulties. They have other duties, like attending meetings concerning staff shortages which result in them not having adequate time to support community service nurses. These findings are consistent with that of Beyers (2013: 38) and Armstrong (2015:106). New graduates were often left on their own to function due to staff shortages and a hectic clinical environment. For the latter, in a qualitative study on the roles of the unit manager, findings revealed that unit managers spent an average of 16% on hospital administration.

Meetings took up a significant amount of time, sometimes even up to one hour with the nursing service manager. Despite all the unit managers' challenges, they have an obligation to assist and develop community service nurses to become competent nurse practitioners, so that they can provide quality and safe nursing care in the respective nursing units. Some of their perceptions from the interviews are illustrated below:

Hey, we try. As you see we are unit managers, and work in the wards, we attend meetings; we also got like so many other tasks to see to (UM 04: MID)

UM's feel very stressed out because they have too many responsibilities and find it difficult to meet their expectations. According to Armstrong et.al. (2015:108), unit managers also complained that administration and meetings take up too much of their time. They struggle to stay on top of their workload because of all the tasks that need to be accomplished. Their jobs appear not to be rewarding, feeling of helplessness, and do not have time to teach, support or supervise the CSN. Their excessive amount of stress leads to a situation of burnout. This statement by a unit manager clearly shows how she feels:

Campaign on reducing the infant morbidity and mortality rate... kangaroo mother ... baby friendly initiative drive... prevention of mother to child transmission of HIV and AIDS... God, this is too much ...it's a real burnout (UM04: MID)

From the above statement it appears that the unit managers are physically and emotionally exhausted.

4.6 Not letting go

For most mothers, letting go of the parent role is very difficult. Mothers invest many years in raising and nurturing their child and therefore, letting go is a struggle. Letting go means that the mum will no longer be in control of the child's life.

Mothers are fully aware that their child will eventually grow up, make their own decisions, and take responsibility for their lives. In addition, mothers will want their children to become independent and explore but there is a tendency that they will still want to have some input and control over certain situations in the child's life. It appears that mothers always have a need to be in control because they may see it as their responsibility towards their children. They hover over the child, and do not allow them to make mistakes thus making it very difficult for the

child to take control of their own lives. Furthermore, when a mum is willing to let go of her child, it clearly shows that she has confidence and trust in her child.

Likewise, unit managers behave in the same way like a mum. They are mindful that community service nurses are professional nurses who are responsible and accountable for their own actions and omissions but also hover over them and don't want them to come on board and take responsibility for their own actions as stated:

They cannot be left alone to manage the ward. Not to say that they are incompetent, it's just if something should happen (UM 02: SP)

Even though, at that time I feel that they are able to perform their duties....we still have someone to work with them (UM 05: SP)

Unit managers want to be in control over every situation in their nursing units and not let go of their position as managers. They are responsible and accountable for all that goes on in their nursing unit. As a manager, she is responsible for nursing staff and practice, to a management position which interfaces with educators, doctors and non-nursing personnel (Wanko, 2016:79). In addition, they have a responsibility towards growth and development of community service nurses and a responsibility to provide quality and safe patient care (Beyer, 2013:49).

According to Beyers (2013:49), when community service nurses come into the clinical setting, they need to develop skills to perform basic nursing care. This can be achieved by the nurse managers providing support and guidance to facilitate clinical learning (Beyers, 2013:49). Likewise, in this study, unit managers insist that community service nurses cannot be left alone to function, they need support and guidance. Therefore, unit managers and other experienced professional nurses find it very difficult to let go of community service nurses in the clinical areas. They hold on to the community service nurses and hover over them to ensure that all their tasks are done correctly and that they are providing quality and safe patient care. The following unit managers made it clear that they cannot let go of community service nurses and allow them to function independently:

You can't leave these girls to function independently (UM 04: MID)

I still have to put an experienced registered nurse with them, for the entire year (UM 10: N).

The following study by Shezi (2014:59) showed that community service nurses should be equipped to function as independent practitioners. This study highlighted that in reality this is not so. Community service nurses do not have the necessary knowledge and skills to function on their own (Shezi 2014:59). A similar finding was made in the current study. Although community service nurses have completed their training, unit managers feel that they are not capable of functioning independently, they always need supervision and guidance thus making it very difficult to let go of them:

... We know that these girls are just of college, and they need a lot of help and assistance, guidance and supervision constantly, so they cannot be left alone to function independently on their own, although they are allocated to us (UM 04: MID)

Most of the unit managers in the study attempted to make themselves indispensable. Although there are nurse managers and other unit managers who can assist community service nurses, they refuse to let go of them. Unit managers went to the extent of allowing the community service nurses to phone them at home if they were unsure about something:

If they not going to cope they will still phone us at home (UM 10: N)

The above statement clearly indicates that unit managers like mothers, want to have some input and control over situations that community service nurses find themselves in. They would prefer that community service nurses consult them rather than any other manager on duty.

The findings of this study indicate that unit managers do not have proper, written guidelines from management as to whether community service nurses can function independently in their nursing units. This poses a huge challenge. Unit managers are in limbo and do not know how to allocate community service nurses as compared to other professional nurses on the staff establishment as stated by this manager:

Matron always advised us, if I have the staff just to put them with somebody else (UM 10: N)

By unit managers not letting go of community service nurses and not allowing them to function as independent, competent professional nurses, they end up experiencing role conflict. Role conflict is defined by Han and Wang Dong (2014:475) as the simultaneous occurrence of two or more role expectations. Some unit managers in the study allow community service nurses to function on their own:

.... they can manage and will be fine, when they throw in the deep end (UM 02: SP)

Whilst in other situations unit managers' do not allow community service nurses to function independently as indicated by this manager:

I don't leave them alone, unless it's an emergency where I am so short staffed and the staff are sick, then only I will leave them alone in this department (UM 10: N)

The community service nurses in the study that was conducted by Shezi, (2014:62) experienced a similar challenge. In the absence of an experienced professional nurse due to staff shortages, they were left to function as an acting sister in charge of the nursing unit. This is very similar to what happens in other organisations. Manager's roles within organisations are borderline (Han et al., 2014:474). Middle managers function either as a manager or as a basic working employee (Han et al., 2014:474). Thus, their superiors, peers, subordinates and external groups have different, conflicting expectations of them. It was further revealed that the middle managers experience work-related anxiety as a result of role conflict (Han et al., 2014:483).

The unit managers in this study indicated that community service nurses' roles were also borderline. They are mindful that community service nurses are professional nurses, but they are sometimes not allowed to function in the capacity of a professional nurse, resulting in role conflict. Govender et al., (2015:7) stated that, as specified in Regulation 765 of 15 February 1985 (SANC 2007), the community service nurse follows the scope of practice of a professional nurse, and until specified for this category, role conflict will continue to be a dilemma. In the current study, the community service nurses' roles depended on the circumstances of the ward in which they found themselves in as stated below:

That community service sister is allocated with a registered nurse for the day and that registered nurse may for some reason not be at work so she will be left alone (UM 06: S)

Don't like allocate them like the in charge of the ward (UM 08: M)

The majority of the unit managers were unhappy about the way in which management rotated the community service nurses. Rotation of community service nurses in all the health care facilities in the current study was done on a monthly basis. Community service nurses were made aware of their placements on a change list that is available to all staff.

Some unit managers found it difficult to let go of community service nurses from their nursing units to other nursing units during that year. The findings indicated that the unit managers viewed their roles as similar to being a mother whom has invested many years raising and nurturing her child, therefore, letting go is a struggle. Likewise, unit managers complained that they spent many months grooming community service nurses and just when they could see that they can function on their own they have to let go of them. They wanted to hold onto the brightest, their best and most competent community service nurses.

After so many months of grooming.... this one is competent, then we realize... they being moved to another department (UM 04: MID).

In addition, unit managers were also of the opinion that letting go and allocating community service nurses to other wards affected their career pathing as mentioned by a unit manager

If they continued working with us, I would have eventually sent them....to do the ICU course ... because of them being moved out, they had to leave (UM07: ICU.)

I said to the matrons... when the comm serv nurses are finishing their college training...should have a questionnaire... asking them their field of work... would be able to decide where you would want to place them... (UM 07: ICU)

In fact, a participant in the study conducted by (Beyers, 2013:47), felt that he was kept in one ward due to staff shortages. This prevented him from gaining experience.

4.7 Staffing

According to McIntosh & Stellenberg (2009:12), one of the major challenges facing the South African health care system is staff shortages. This is evident in the context of this study as well; as unit managers clearly expressed that they are also faced with the problem of staff shortages as stated:

Ya, staffing is terrible (UM 04: MID).

I am very, very short staffed (UM 10: N)

Because we are short staffed, we do appreciate them coming (UM 04: MID)

Unit managers readily accept the problem of staff shortages because it is an ongoing problem. Unit managers display a positive attitude towards staff shortages. They do not focus on the challenges of staff shortages, but they choose to focus on strategies to improve the situation, and on the impact that community service nurses have during this period. They are mindful that community service nurses are professional nurses who are responsible and accountable for their own actions and omissions. A view that is also supported by (McIntosh & Stellenberg, 2009:12). This makes it easier for unit managers to shuffle community service nurses around and use them in the absence of another professional nurse or with another professional nurse. This is clarified by the unit managers as stated below:

Throughout this hospital, they basically do night duty and they always allocated with another PN (UM 02: SP).

But it was just early last year, when I got here we were not well staffed and at that time I did use the community nurses as being part of the team (UM 07: ICU)

However, unit managers sometimes create their own shortages. They were instructed by a nurse manager to leave the community service nurses to function on their own. However, most unit managers decided against listening to the nurse manager and did what she thought was right. The following excerpt is a clear indication of the instruction given:

We had a matron that always told us to leave the comm servs alone because they registered nurses and they need to function, so please leave them alone (UM 10: N)

In most nursing units, community service nurses are allocated as professional nurses. Therefore, management see that the wards as being adequately staffed. Unit managers are supposed to utilize community service nurses as professional nurses. However, they chose not to and instead, they chose to allocate a community service nurse with another professional nurse, thus creating their own staff shortages. Their own staff shortages were created because unit managers allocated two professional nurses on duty at any given time. The findings revealed that unit managers felt that community service nurses lacked experience, were incompetent, and were prone to making mistakes, therefore, could not be left alone to function. This had a negative impact on the allocation of community service nurses as stated below:

I am very short staffed, but I have to make plans in my off duties and leave them with another registered nurse (UM 10: N)

They say you have professional nurses and you need to utilize them, but then people don't realize you can't leave these girls to function independently (UM 04: MID)

Contrary to the statement above, just one unit manager stated that:

Our previous matron always advised us, if I have the staff just to put them with somebody else (UM 10: N)

The above statement clearly illustrates that management are not prepared to make any confirmed decisions regarding community service nurses. This led to mixed instructions by management. Can community service nurses be left to function independently or not? This decision is left entirely up to the unit manager, depending on her staffing as there are no written guidelines to follow. By allocating community service nurses with other professional nurses, unit managers are creating their own staff shortages within their nursing units.

In summary, the findings indicated that unit managers do not allow community service to practice according to the scope of practice of a professional nurse.

In this study, unit managers shared similar but different views about the monthly rotation of community service nurses. Currently, in the context of this study:

- some managers stated that they are rotated every 3 months;
- a unit manager stated that a 3 monthly rotation was tried but was not feasible so community service nurses stay in one ward for the entire year;

- other managers did not mention a specific time frame for rotation;
- a manager stated that rotation depends on the matron who agrees that they should be rotated, but never does; and
- Another one stated that they [are] supposed to be rotated but appeared unsure.

This is evident in the table below:

Table 3.4: Rotation of community service nurses

(UM 03: SP)	“..... it didn’t work out in trying to move them every 3 months. And then it was decided that they will stay in the ward “
(UM 04: S)	“... they initially put them here and after a little while you see that they are moved away from you...”
(UM 06: S)	“They supposed to be in the ward for 3 months and they are rotated to other surgical and medical wards”.
(UM 07: SP)	“They are allocated to us on a 3 monthly basis “
(UM 08: S)	“3 months, and then they change to other wards”
(UM 9: M)	“3 months, they rotated on a 3 months, 3 monthly basis”
(UM 10: SP)	“... matron always tells us that she is going to rotate them, but very unlikely. Most of them just stay... but by the end of 6 to7 months that [they] actually request to stay ...”

4.8 Summary of Chapter Four

In this chapter, the findings derived from the interviews were presented so that the theme and sub-themes could be identified. These were identified according to the objectives of the study. Chapter 5 will further discuss the findings of the study and recommendations.

CHAPTER 5: DISCUSSION AND RECOMMENDATIONS

5.1 Introduction

Community service nurses are in a transition period between being a student nurse and being a professional nurse. Beyer (2013:3) is of the opinion that the first year as a professional nurse is an “obstacle course”. The newly graduated nurse is not a student, but a member of the health team. They are not adequately equipped; therefore, they need to be assisted to gain confidence in a very intimidating environment (Beyers, 2013:3). It is imperative that they gain clinical experience under the supervision of experienced professional nurses in a public health facility for one year (Shezi, 2014:2). The main aim of this study was to explore unit manager’s experiences with community service nurses in their selected nursing units.

5.2 Discussion of findings

The findings of this study generated new information about the unit manager experiences with community service nurses. Although there are different levels of care in each health care facility and each nursing unit, the experiences and challenges that each unit manger shared are very similar.

Community service nurses are allocated by nursing management to the wards on a monthly, rotational basis depending on the needs of the health care facility. Therefore, not all wards have community service nurses every month or the same number of community service nurses as the previous month. However, all ten (10) unit managers in the study had an opportunity to have community service nurses included in their quota of staff as professional nurses. The following sub-themes were identified:

- Lack of knowledge surrounding management of community service nurses.
- Mothers lifelong experiences
- Growth and development
- Not letting go

5.2.1 Lack of knowledge surrounding management of community service nurses

The findings of this study showed that unit managers have a very vague and blurred idea as to why community service for nurses was introduced. Their ideas varied from a nurse who just

needed an added year of training with responsibility to a nurse who cannot function independently on their own. Community service nurses are governed to practice according to the Nursing Act 33 of 2005, Regulations Relating to Performance of Community service (R765) of 24 August 2007 and Scope and Practice of Registered Nurses (R2598) of 30 November 1984. Unit managers are fully aware that community service nurses are professional nurses, who are accountable for their own actions and omissions, but are not willing to let go of them and allow them to function independently. This is a serious concern because all unit managers raised similar views in their interviews. Furthermore, unit managers expressed their frustrations that they did not have any guidance from their managers regarding the management of community service nurses. This led to each unit manager managing community service nurses in the ways in which they believed would benefit the health care facility, the patient, the nurse and themselves. Unit managers took on their roles as managers and assisted the community service nurse through their transition process from student nurse to professional nurse.

Unit manager's lack of knowledge and lack of proper written guidelines from their management was directly linked to the situations that they found themselves in. Community service nurses were allocated by management, depending on the needs of the health care facility. Most of the community service nurses were rotated on a three monthly basis through the different nursing units. Some community service nurses stayed in one ward for longer periods, whilst others for shorter periods. Despite their length of stay in each nursing unit, unit managers had a responsibility towards clinical teaching and supervising community service nurses during their year of community service.

Unit managers have the knowledge and experience to guide and support community service nurses in her nursing units. The findings illustrated that unit managers were enthusiastic to mother and nurture them. Shezi (2014:46) highlighted that an operational manager is responsible for clinical accompaniment. She is an individual who is in a position to encourage professional nurses to supervise community service nurses in the nursing units (Shezi, 2014:46). In addition, clinical supervision and accompaniment is the responsibility of experienced professional nurses who are highly skilled to guide, coach, give advice, clarify questions and support community service nurses in their nursing units.

Unit managers were jointly concerned about the lack of a specific orientation program for community service nurses in their units. The study revealed that all units had their own orientation program. Furthermore, the findings also revealed that there were no specific orientation programs for community service nurses. This impacted negatively on the work environment. It was evident that unit managers did not know what to expect of a community service nurse. Beyers (2013:54) concluded that some community service nurses received orientation at the beginning of their community service, while others learned from their experience during their year of placement. These findings concur with Govender et al., (2015:5). The participants in their study felt that an improved orientation program would have made them feel more supported in the unit or health care institution (Govender et al. 2015:5). In this study, generic orientation programs for professional nurses were used to orientate community service nurses in general and specialized units. A major concern is whether or not community service nurses are adequately prepared to function as professional nurses especially in specialized units. Duffield et al. (2010:25) and Long, Mitchell, Young and Rickard (2013:698) believe that new graduates in a critical care environment and intensive care unit will require a specific orientation program for the development of safe and competent practitioners. Beyers (2013:57) further stated that a well-established orientation program, including governing practices like risk management, infection control, and general safety should be implemented to introduce these nurses to the hospital and to the expectations of the employer. A recommendation by Govender et al., (2015:8) is that community service nurses should be orientated at the beginning of their community service year with a standardized orientation program.

A specific orientation, mentorship and preceptorship program should be designed to socialize new graduates into their new role and environment (Dlamini, et al.2014:155). These programs will guide community service nurses through hands on care, and allow them to fit in without feeling insecure or inadequate (Dlamini, et al.2014:155).

5.2.2 Mothers lifelong experiences

Unit managers acknowledge that some community service nurses were considered “good “, whilst others were considered “bad “community service nurses. The results revealed that the good community service nurses were very motivated and had a strong desire for expansion of their current knowledge. In addition, unit managers portrayed a picture of them showing an

interest in their work, enthusiastic, and always strived to do their best. The findings revealed that some community service nurses would go the “*extra mile*” and make changes to their off duties in the case of staff shortages. Absenteeism was not an issue and they were always punctual. It seems that unit managers displayed a sense of relief when working with these nurses.

It was evident that the ways in which community service nurses carried out their nursing duties had a positive impact on the unit manager. Unit managers were able to trust that the good community nurses will be able to render safe quality patient care in her absence. They were young, energetic, and innovative. Unit managers believed that they were now responsible and accountable and had a passion for nursing.

On the other hand, unit managers perceived the bad community service nurses as nurses who appeared not to enjoy their job, they lacked compassion and were very reluctant to learn and improve their current knowledge and skills. This is consistent with the findings in the study by Dlamini et al. (2014:153). These authors noted that the current generation of nurses do not enjoy the practical side of nursing and do not see it as a lifelong vocation. In addition, students do not take the clinical component seriously, thus fail to attain the necessary standards. The findings revealed that the community service nurses were very demotivated and disinterested in working in certain nursing units. They were insecure, scared and vulnerable during this period. In other instances, some unit managers saw them as just” buying their time “so that they could complete their year of community service and move on in their careers. This finding concurs with that of Dlamini et. al. (2014:153) who stated that the profession was seen as a gateway to other professions which have more prestige and offer better salaries. This led to compromised safety, and lack of quality nursing care by the community service nurses.

The study also showed that some community service nurses were only demotivated and unhappy in their jobs at the beginning of their community service. Initially they struggled to cope with the hectic workload and some were not in good health. The findings showed that unit managers were very supportive, portrayed a positive attitude and mothered them during their year of community service. This affected the confidence and competence of a few of the community service nurses. The findings revealed that as time moved on; they became more confident and appeared happier in their jobs.

5.2.3 Growth and development

Unit managers are in direct and constant contact with community service nurses. Their continuous interaction and experiences with community service nurses influences their growth and development. Although the context or working environment is different for each unit manager, all unit managers displayed similar attitudes towards the growth and development of community service nurses.

Beyers (2013:57) recommended that the support, guidance, and acceptance that community service nurses receive from the senior nurses will impact on their professional growth, self-concept and their retention. Unit managers were perceived to be good leaders because they had a positive attitude that enabled them to mentor and support community service nurses. Duffield et al. (2010:25) is of the opinion that leadership involves activities such as supervising, empowering, mentoring, and recognizing staff for their achievements. This study reflects a clear picture of unit managers creating learning opportunities and inspiring community service nurses. Cipriano (2011:61) concurs, that nurse managers are responsible for personnel, and create an environment that supports professional practice and employee engagement. Nurse Managers have a responsibility to create an environment of guidance, accompaniment, and one that facilitates clinical learning (Beyers, 2013:61). It was clear that unit managers are happy to have community service nurses in their units. They are included in doctor's rounds, in-service training and meetings so that they can gain confidence and competence. Unit managers informed me that they are happy to groom and mould them until they can function independently.

If the ward is adequately staffed, unit managers make use of other professional nurses as well as themselves as preceptors and mentors to support and guide community service nurses in their nursing units. However, this practice was found to be more common in the specialized wards than in the general wards. These results matched that of Beyers (2013:60), in that a preceptor or mentor must be allocated to a new graduate to ease them into their new working environment. Community service nurses in the study expressed how stressful it was to run a ward without the guidance of a senior sister to guide those (Beyers, 2013:60).

It is very clear that unit managers work closely with community service nurses and are responsible for the effective and efficient day-to-day running of their wards, together with the management of staff, and providing quality and cost effective nursing care. Unit managers

guide the community service nurse through their daily work activities and commended them for their efforts. They understand that community service nurses are newly qualified graduates, who require assistance. The study findings converged with the findings of Govender et al. (2015:7). Community service nurses are supported by professional nurses, who help them gain confidence by giving them feedback and encouragement (Govender et al., 2015:7).

5.2.4 Not letting go

The study has shown that unit managers experienced many challenges that impacted on their management of community service nurses in their nursing units. It is clear that some of the challenges resulted from lack of proper, documented guidelines from management. They were also adamant that they did not want the community service nurses to go through similar experiences that they encountered as newly qualified nurses.

Unit managers acknowledge that the rotation of community service nurses posed a major challenge when it came to the allocation of professional nurses in their units. In this study, community service nurses were allocated as planned by the nursing manager. Allocation involves selecting staff according to their capabilities and assigning them to a specific ward with the aim of providing quality patient care (Mehta, 2012:1-32). Allocation of community service nurses in all the health care facilities in the current study was done on a monthly basis. Community service nurses are made aware of their placements on a change list that is available to all staff.

In the event of a professional nurse being absent from work, unit managers would shuffle staff around leaving the community service nurses on their own. Beyers (2013:38) and Govender et al. (2015:6) made a similar finding; that due to staff shortages, and hectic clinical settings, community service nurses are often left alone. Unit managers revealed that community service nurses were inexperienced and insecure, thus the quality of nursing care was compromised. In other instances, community service nurses were never allowed to manage a shift of night duty. It was clear that unit managers who were not able to leave community service nurses on night duty alone, adds to their frustration of staff shortages. The transcripts showed that most of the unit managers made sacrifices in order to cope with their added frustrations.

A concern expressed in this study and that of Beyers (2013:44) and Price's (2013:52) is that of current staff shortages, stress, and workload among nursing staff. Researchers, Beyers

(2013:44) and Price (2013:52) concurred with the results of this study. Staff have additional responsibilities, which resulted in fewer nurses being available to guide and support newly qualified nurses. Similarly, this study confirmed that unit managers were exposed to work stress and frustration, as they had many other duties and did not have adequate time to support and mentor community service nurses.

Community service nurses are exposed to the clinical situation during their four years of training. According to Dlamini et.al (2014:154), more attention is given to the theoretical component rather than the clinical component. Students do not take the clinical component seriously; they will deliberately miss clinical practice and prefer to study for their tests. This resulted in them not attaining the necessary clinical standards (Dlamini et al., 2014:154). This perception was similar to those of the unit managers. Unit managers felt that the community service nurses were still inexperienced and incompetent on completion of their training. A similarity between this study and that of Beyers (2013:57) is that additional mentoring and support is required on completion of their training in order for them to reach competency especially, in specialized units. Blanchard and Carpenter (2012:2) stated that the WHO concluded that traditional classroom learning is inadequate to acquire competencies and can be acquired through mentoring and coaching. It is clear that the actual capacity to deliver quality patient care is compromised by many challenges. A major concern of this study is that, according to the SANC, there is no scope and practice or acts and omissions for community service nurses. All the health care institutions in the study do not have specific policies, orientation programs, or roles and responsibilities for community service nurses, all of which would form an important guide to the mentoring and support of community service nurses. Each unit manager works in isolation, with no recorded policies or procedures from nursing management to assist them. Individual unit managers do what they think will benefit the community service nurse in their respective departments. In the absence of a unit manager, other professional nurses do not know how to allocate a community service nurse.

Unit managers state that nursing service managers rotate community service nurses according to service needs. Some unit managers expressed their frustration which they experience when they had to 'let go' of community service nurses so that they can be rotated. These unit managers believe that they have worked hard and groomed them, and just when they are competent to be left alone, they are moved to another ward. Other unit managers stated that it was beneficial to both the ward and the nurse if they remained in a ward for a longer period of

time. The longer placement of the community service nurses may allow them to have an interest in a specific area enabling them to further their careers in specialized units like intensive care. On the other hand, another unit manager's concern was, whether community service nurses would be getting adequate exposure if they are kept in the same ward for their entire year. In the study that was conducted by Beyers (2013:47), a participant stated that the hospital prevented him from getting work experience by keeping him in the same ward for seven months. The participant believed that this was done because of the shortage of staff. Therefore, a recommendation by Beyers (2013:60) is that community service nurses are rotated every three months so that they can gain experience in all aspects of healthcare that the facility offers.

Nursing is a very stressful occupation. Unit managers believe that they need support from nursing management in terms of placement of community service nurses as all community service nurses are allocated as professional nurses. This depicts a picture that wards are adequately staffed with competent, experienced professional nurses; therefore, quality nursing care should be achieved. A part of a unit manager's daily activity is to ensure that she provides adequate and competent nurses to render quality nursing care in the unit (McIntosh & Stellenberg, 2009:12).

5.3 Summary of Chapter Five

We need to realize that unit managers will always have community service nurses in their staff compliment of the respective nursing units that they manage. Therefore, it is important that there are written, formalized programs in place to manage community service nurses.

The findings of this study have shown that the managing of newly qualified community service nurses is difficult. There are no guidelines from SANC, and within each health care facility surrounding the management of community service nurses. Unit managers feel that they need to manage these nurses in a way that best suits their departments, without compromising patient care. In addition, they receive no guidance from nursing management which adds to their frustration.

5.4 Limitations

The following limitations were identified in this study:

An identified limit was that the study was conducted in only four institutions. It would be difficult to generalize these findings to other health care facilities in other districts. Furthermore, the study did not include all professional nurses, only unit managers were interviewed. The findings revealed that although unit managers are in charge of their respective units, community service nurses worked mostly under the guidance of other professional nurses. Therefore, other professional nurses might have had different experiences to those of the unit managers.

5.5 Recommendations

The following recommendations are made regarding the gaps identified from the findings in the present study:

For policy:

- The relevant stakeholders should engage in ongoing dialogue aimed at improving current orientation, mentorship and preceptorship programs for community service nurses;
- It is important that each institution in the study has specific policies, procedures and an orientation program, such as an allocation policy, job description, and performance appraisal to guide unit managers in respect of community service nurses' supervision.

For practice:

- Conduct exit interviews or questionnaires with community service nurses to be able to improve the programs.
- Ensure adequate supervision and mentoring by experienced professional nurses to ensure professional and personal development of community service nurses.

For research:

- The study needs to be replicated in other approved health care facilities in KZN;
- Conduct a needs analysis as a foundation for designing the content of a specific orientation program.

For education:

- Health care facilities should provide training to unit managers and professional nurses in acting positions regarding roles and responsibilities of community service nurses as part of their orientation and in-service training program. This will:
 - Reduce the stresses and frustrations among unit managers such as allocating a community service nurse to be in charge of a ward in the absence of another professional nurse;
 - Ensure that all unit managers in all health care facilities do the same things; and
 - Ensure that unit managers become more knowledgeable.

5.6 Conclusion

The study revealed that unit managers at district, regional, tertiary and specialized hospitals had different experiences managing community service nurses in their units. The ways in which the unit managers provided mentoring and support to community service nurses differed because of the difference in the level of care in each hospital, the absence of a scope of practice, and specific rules and regulations governing community service nurses.

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ANNEXURE 1: Information sheet

15 December 2014

TOPIC: EXPLORING UNIT MANAGERS' EXPERIENCES WITH COMMUNITY SERVICE NURSES IN SELECTED NURSING UNITS IN KWAZULU- NATAL.

Dear Participant,

My name is Mrs V Sewkarran from the University of KwaZulu-Natal. I am studying towards attaining my Master of Nursing (Nursing Management) Degree. In order to fulfil the requirements of my study, I have to carry out a research project.

You are being invited to consider participating in this study that involves research on the unit managers' experiences with community service nurses. The aim and purpose of this research is to explore the unit manager's experiences with community service nurses in selected nursing units in KwaZulu-Natal.

The study is expected to enrol sixteen participants from four selected health care facilities. It will involve individually interviewing the participants at a suitable and convenient time. The interviews will last for 45 minutes to one hour.

If you agree, the interviews will be audio taped using the researcher's personal laptop. Confidentiality will be maintained, as all documentation and records will be kept on the researcher's personal laptop, and no one will have the pin code to access the information. Participants will be requested to answer the questions so that the researcher can gather the required information for the study. There may be a need for a follow up interview.

Ethical considerations:

- Your participation in this study is voluntary, and you may withdraw at any time without any penalty, should you request to withdraw;
- Your privacy, confidentiality and anonymity will be assured at all times;
- You will not be required to write down any of your identifying details on any documents;

- You will not receive any momentary or any other type of incentives;
- You will not be expected to cover any cost towards the study;
- The Biomedical Research Ethics Committee (BREC) or the Department of Health will be given access to confidential information, only in special circumstances;
- Only participants and supervisors will have access to the information collected; and
- All documentation will be destroyed after a period of 5 years.

Benefits: The evidence obtained from the study:

- may contribute to the development of mentorship programmes;
- may contribute to the improvement of current policies; and
- may enlighten unit managers on the importance of mentorship and support.

This study has been ethically reviewed and approved by the UKZN Biomedical Research Ethics Committee.

In the event of any problems or concerns, you may contact the researcher, supervisor or the UKZN Biomedical Research Ethics Committee, contact details as follows:

Researcher

Name: Mrs V Sewkarran
 Address: Greys Campus
 Cell no: 0836505810
 Office no: 033 8973535
 Email: shansewkarran@gmail.com

Supervisor

Name: Dr J Kerr
 Address: UKZN, Howard Campus
 Cell no: 0836269423
 Office no: 031 -2601432
 Email: kerrj@ukzn.ac.za

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
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 Private Bag X54001,
 Durban,
 4000
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 Tel: 27 2602486 – Fax: 27 31 2602609
 Email: BREC@ukzn.ac.za

Thank you

ANNEXURE 2: Consent form

I _____, (Full name of participant) voluntarily agree to participate in the study titled: **Exploring unit managers’ experiences with community service nurses in selected nursing units in KwaZulu-Natal**. I have read the information sheet, and understand the purpose of the study. I also understand that as a participant, I am obliged to participate in a recorded interview, I may withdraw from the study without penalties, and that there are no momentary rewards for my participation.

____/____/____

Participants Signature

Date

____/____/____

Researchers Signature

Date

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
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ANNEXURE 3: Data collection prompts

EXPLORING UNIT MANAGERS EXPERIENCES WITH COMMUNITY SERVICE NURSES IN SELECTED NURSING UNITS IN KWAZULU-NATAL.

Section: A

Unit manager's demographic information

The following questions will be answered by the participants before commencing with the interview:

1. Ward presently in charge of :

1. Medical	
2. Surgical	
3. Paediatric	
4. Intensive care	
5. Psychiatric care	
6. Nursery	

2. Gender:

1. Male	
2. Female	

3. Which best describes your age:

1. Less than 25 years	
2. 25 – 34 years	
3. 35 – 44 years	
4. 45 – 54 years	
5. 55 years or more	

4. Highest level of nursing qualification:

1. Diploma	
2. Degree	
3. Masters	
4. PHD	

5. How long have you practised as an R/ N?

1. Less than 1 year	
2. 1 – 2 years	
3. 3 – 4 years	
4. 5 – 9 years	
5. 10 years or more	

6. How many community service nurses have you dealt with?

1. None	
2. 1 – 2 nurses	
3. 3 – 4 nurses	
4. 5 – 7 nurses	

Section: B

1. What have been your experiences with community service nurses?

Prompts:

1. Could you tell me, what you understand by the phrase ‘community service nurses’?
2. Are community service nurses included as part of your quota of professional nurses?
3. Please tell me, how do you feel about having community service nurses in your ward?
4. Tell me about the current policies and orientation programmes that you have in your departments. Are they appropriate for the orientation of community service nurses?
5. As a unit manager, do you think that they require any mentorship and support?

What are the reasons for your answer?

ANNEXURE 4: UKZN biomedical research ethics committee approval



18 December 2014

Mrs Vashni Sewkarran
415 Bombay Road
Northdale
Pietermaritzburg, 3201
shansewarran@gmail.com

PROTOCOL: Exploring unit manager's knowledge, skills and attitude related to the mentorship and support of community service nurses in selected health care facilities in KwaZulu-Natal: Degree Purpose (Masters) - School of Nursing and Public Health (Nursing), BREC REF: BE443/14.

EXPEDITED APPLICATION

A sub-committee of the Biomedical Research Ethics Committee has considered and noted your application received on 01 October 2014.

The study was provisionally approved pending appropriate responses to queries raised. Your responses received on 14 December 2014 to queries raised on 12 December 2014 have been noted by a sub-committee of the Biomedical Research Ethics Committee. The conditions have now been met and the study is given full ethics approval.

This approval is valid for one year from 18 December 2014. To ensure uninterrupted approval of this study beyond the approval expiry date, an application for recertification must be submitted to BREC on the appropriate BREC form 2-3 months before the expiry date.

Any amendments to this study, unless urgently required to ensure safety of participants, must be approved by BREC prior to implementation.

Your acceptance of this approval denotes your compliance with South African National Research Ethics Guidelines (2004), South African National Good Clinical Practice Guidelines (2006) (if applicable) and with UKZN BREC ethics requirements as contained in the UKZN BREC Terms of Reference and Standard Operating Procedures, all available at <http://research.ukzn.ac.za/Research-Ethics/Biomedical-Research-Ethics.aspx>.

BREC is registered with the South African National Health Research Ethics Council (REC-290408-009). BREC has US Office for Human Research Protections (OHRP) Federal-wide Assurance (FWA 678).

The sub-committee's decision will be RATIFIED by a full Committee at its meeting taking place on 10 February 2015.

We wish you well with this study. We would appreciate receiving copies of all publications arising out of this study.

Yours sincerely


Professor D.R. Wassenaar
Chair: Biomedical Research Ethics Committee

Biomedical Research Ethics Committee
Professor D.R. Wassenaar (Chair)
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Website: <http://research.ukzn.ac.za/Biomedical-Ethics/African-Biomedical-Ethics.aspx>

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ANNEXURE 5: UKZN biomedical research ethics recertification application approval



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KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

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01 April 2016

Mrs Vashni Sewkarran
415 Bombay Road
Northdale
Pietermaritzburg
3201
shansewkarran@gmail.com

PROTOCOL: Exploring unit manager's knowledge, skills and attitude related to the mentorship and support of community service nurses in selected health care facilities in KwaZulu-Natal: Degree Purposes (Masters) - School of Nursing and Public Health (Nursing).
BREC REF: BE443/14.

New Title: "Exploring Unit Managers experiences with community service nurses in selected nursing units in KZN".

RECERTIFICATION APPLICATION APPROVAL NOTICE

Approved: 18 December 2015
Expiration of Ethical Approval: 17 December 2016

I wish to advise you that your application for Recertification received on 22 March 2016 for the above protocol has been noted and approved by a sub-committee of the Biomedical Research Ethics Committee (BREC). The start and end dates of this period are indicated above.

If any modifications or adverse events occur in the project before your next scheduled review, you must submit them to BREC for review. Except in emergency situations, no change to the protocol may be implemented until you have received written BREC approval for the change.

This approval will be ratified at the next meeting to be held on 12 April 2016.

Yours sincerely

Mrs A Marimuthu
Senior Administrator: Biomedical Research Ethics

ANNEXURE 6: Permission to conduct research from hospital A



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

To: Mrs. V. Sewkarran Grey's Hospital Nursing Campus
From: [REDACTED]
Date: 13 November 2014
Re: Request for permission to conduct research at [REDACTED] <i>Exploring the Unit Managers' knowledge, skills and attitudes regarding the mentorship and support of Community Service nurses in selected health care facilities in KwaZulu-Natal</i>

Dear Mrs. Sewkarran

Your request to conduct research at [REDACTED] refers.

Permission to conduct the above study is hereby granted under the following conditions:

- Your provisional ethical approval and research protocol is assumed to be valid and final ethics approval is a prerequisite for conducting your study at our hospital. Once obtained from BREC, please submit a copy of the full ethics approval;
- You are also required to obtain approval for your study from the Provincial Department of Health KZN Health Research Unit prior to commencing your study at [REDACTED]. You will find more information on their website: <http://www.kznhealth.gov.za/hrkm.htm>
- Confidentiality of hospital information, including staff and patient medical and/or contact information, must be kept at all times;
- You are to ensure that your data collection process will not interfere with routine services at the hospital, i.e. research activities to be conducted after hours or during lunch/tea breaks;
- You are to ensure that hospital resources are not used, e.g. staff collecting data; photocopying; telephone; facsimile, etc.;
- Informed consent is to be obtained from all participants in your study;
- Policies, guidelines and protocols of the Department of Health and [REDACTED] must be adhered to at all times;
- Professional attitude and behaviour whilst dealing with research participants must be exhibited;
- The Department of Health, hospital and its staff will not be held responsible for any negative incidents and/or consequences, including injuries and illnesses that may be contracted on site, litigation matters, etc. that may arise as a result of your study or your presence on site;
- You are required to submit to this office a summary of study findings upon completion of your research.
- You are requested to make contact with the Nursing Manager, [REDACTED] hospital once you are ready to commence data collection.

Recommended by:

[REDACTED]
Senior Manager: Medical Services

Date

13/11/14

Approved by:

[REDACTED]
Hospital CEO

Date

13/11/2014

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE 7: Permission to conduct research from the Department of Health



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM 321/14
Enquiries : Mr X Xaba
Tel : 033 – 395 2805

Dear Mrs V. Sewkarran

Subject: Approval of a Research Proposal

1. The research proposal titled '**Exploring unit manager's knowledge, skills and attitude related to the mentorship and support of community service nurses in selected health care facilities in KwaZulu Natal**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Edendale, Greys, Northdale and Town Hill Hospital.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

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

Yours Sincerely



Dr E Lutge

Chairperson, Health Research Committee

Date: 11/12/14.

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE 8: Permission to conduct research from hospital D



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

E-mail: [REDACTED]

Reference: HVK 21 Nov 2014
Enquiries: Ms A Mathey
Telephone: (033) 341 5626

21 November 2014

Mrs Vashni Sewkarran
415 Bombay Road
Northdale
PIETERMARITZBURG
3201

Dear Mrs Sewkarran

RE: PROTOCOL: Exploring unit managers' knowledge, skills and attitude related to the mentorship and support of community service nurses in selected health care facilities in KwaZulu-Natal.

At a [REDACTED] held on Friday 21st November 2014, the committee was unanimous in granting approval for your research to be conducted at [REDACTED]

Please note that this approval is dependent on full approval being granted by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal. Furthermore you are advised to make your intentions known to the Nursing Manager at [REDACTED] in order for him to inform his staff.

The Committee wishes you every success with your research.

Yours faithfully,

[REDACTED]

[REDACTED]

Chairperson, [REDACTED] (TRPC)

[REDACTED]

CEO, [REDACTED]

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE 9: Permission to conduct research from hospital C



health

Department:
Health
PROVINCE OF KWAZULU-NATAL



Date: 04 December 2014
Enquiries: [Redacted]

Mrs V. Sewkarran
Greys Nursing Campus
Greys Hospital

Dear Madam

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH ON
EXPLORING UNIT MANAGERS KNOWLEDGE, SKILLS AND ATTITUDE RELATED TO THE
MENTORSHIP AND SUPPORT OF COMMUNITY SERVICE NURSES IN SELECTED HEALTH
CARE FACILITIES IN KWAZULU-NATAL : DEGREE PURPOSES (MASTERS) – SCHOOL OF
NURSING AND PUBLIC HEALTH (NURSING) BREC REF : BE443/14 (UKZN) AT**

Your request regarding "to conduct a research on the above is acknowledged and refers.

I have pleasure in informing you that permission has been granted to you by Northdale Hospital to conduct research.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The Hospital will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to [Redacted]

Thanking you.

Sincerely

[Redacted]
Medical Manager
[Redacted]

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE 10: Permission to conduct research from hospital B



health

Department:
Health
PROVINCE OF KWAZULU-NATAL



OFFICE OF THE CHIEF EXECUTIVE OFFICER

Reference No.33/5/1
Enquiries: [REDACTED]
Tel: 033-3954040

Date: 11 November 2014

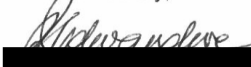
Mrs. V. Sewkarran
Greys Campus
415 Bombay Road
Northdale
Pietermaritzburg
3201

Dear Mrs. Sewkarran

RE- REQUEST TO CONDUCT A RESEARCH: "EXPLORING THE UNIT MANAGERS KNOWLEDGE, SKILLS AND ATTITUDES REGARDING THE MENTORSHIP AND SUPPORT OF COMMUNITY SERVICE NURSES IN SELECTED HEALTH CARE FACILITIES IN KWAZULU – NATAL".

Your request to conduct the above-mentioned surveillance is supported by [REDACTED] Hospital Management, subject to approval by Provincial Health Research Committee in the Department of Health.

Yours sincerely,


[REDACTED]
CHIEF EXECUTIVE OFFICER
[REDACTED]

uMnyango Wezempilo. Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE 11: Proof of editing



Reg. No. 2006/166780/23

To whom it may concern

EDITING OF RESEARCH DOCUMENT: VASHNI SEWKARRAN

I have an MA in English from University of Natal (now UKZN) and have been performing editing services via my company for ten years. My company regularly edits the research dissertations, papers and theses of the School of Nursing, Environmental Studies and various other schools and disciplines at the University of KwaZulu-Natal as well as editing for publishing firms and private individuals on contract.

I hereby confirm that Dennis Schaffer from ~~WordWeavers cc~~ edited ~~Vashni Sewkarran's~~ dissertation titled "Exploring unit manager's knowledge, skills and attitude related to the mentorship and support of community service nurses in selected health care facilities in KwaZulu-Natal" and commented on the anomalies he was unable to rectify in the MS Word Track Changes and review mode by insertion of comment balloons. Corrections were made in respect of grammar, punctuation, spelling, syntax, tense and language usage. Once the queries referred to above have been attended to by ~~Ms. Sewkarran~~, the document should be correct.

I trust that the document will prove acceptable in terms of editing criteria.

Yours faithfully

Catherine P. Eberle (MA: University of Natal)

7 Woodlands Rd
GLENWOOD
DURBAN
4001
083 415 2531

16 November 2015

ANNEXURE 12: Researcher reflection

I began this long journey two years ago after much debate on whether I would like to do my Master Degree in Nursing Administration or not. After much deliberation, I began the degree. I began my research proposal. Finding a management topic was difficult because currently I am employed as a nursing lecturer. However, my initial thought was to do a quantitative study because I do have a very structured personality. However, at the back of my mind the thought of doing a qualitative study lingered on as I really enjoyed the qualitative module under the expert guidance of my lecturer.

One of my major functions as a lecturer was student accompaniment in the clinical area. During my visits to the wards, I always found myself listening to very frustrated unit managers. They knew that they could trust me because I was a unit manager of a paediatric ward before becoming a lecturer, so to them I was an old 'acquaintance'. According to the Collins English Dictionary an acquaintance is "a person with whom one has been in contact with, but who is not a close friend". They were experiencing challenges with community service nurses, and grumbled about the lack of support that they received from nursing management. They were happy to have community service nurses, but the majority lacked experience. Unit managers were overwhelmed with the amount of work that they had and helping community service nurses was an extra burden. They displayed anger, frustration and a sense of helplessness. I listened to them, but could never put myself in their shoes, because I took up the post as a lecturer in 2006 and community service nursing was implemented in 2008. I then came to the conclusion that there were issues surrounding community service nurses that needed attention. It was then that I decided to choose a topic around community service nurses and find out what the factors are that contributed to their frustrations, and hence my topic: **Exploring unit managers' experiences with community service nurses in selected nursing units in KZN.**

I began my quantitative proposal under the expert guidance of my supervisor who allowed me to have Skype sessions with her on alternate Fridays. I was excited and enthusiastic as all seemed to be going well. My proposal was almost complete when I started thinking about my questionnaire. How am I going to obtain rich, in-depth, actual experiences of unit managers that I required for my study if I am going to have a questionnaire with 'yes' and 'no' answers. I became confused, frustrated and desperate, and had to think and rethink about the entire process of my study. It was at this point that the thought of giving up kept coming to my mind.

I tried different methods and ways to continue with what I was doing, but there was seemingly no way out. I realized I had two options, one was to change the topic or reword the topic, and the other was to do a qualitative study. Then, after much deliberation, I realized, that there was no other way, but to do a qualitative study. I was disappointed because I had put in so much of effort and time into my proposal, and I had to go back and do a qualitative proposal, something I never envisaged doing. How naïve I was, as I thought this was going to be a short, quick and easy journey. I had mixed emotions as to whether I should continue or not, but I knew that it had to be done and there was no ‘quick fix’.

I made an appointment to see my supervisor and informed her about my challenges. Her immediate response was “I am glad that you figured this out by yourself.” I realized that I had to do individual interviews to get rich in-depth information that I needed. Her advice was to change the topic and to do a qualitative study. With much frustration and disappointment, I once again began this long journey. However, things began to speed up. Getting gatekeeper approval was smooth sailing. I contacted the gate keepers of the selected health care facilities one by one and both hospital and nursing management were very accommodating provided I did not interrupt any of the unit manager’s activities. I was extremely excited and thought that I had overcome the most difficult process of my research. How wrong I was.

Getting appointments with the unit managers was increasingly frustrating. At most times I had to change the dates because unit managers seemed over-committed. My experience as a unit manager was still very fresh in my mind; I knew exactly where they were coming from and how challenging the clinical environment is. My first interview was daunting. I was just as scared as my participant, if not even more. Having to work the voice recorder was extremely challenging. I was terrified of losing my information. On completion of my first interview, my supervisor advised me to transcribe my interview so that I could get the feel of transcribing. This was the most frustrating, time-consuming and tedious job that I had to do. I thought it was easy and I could transcribe at least one interview per day, how wrong I was, yet again. It took me a minimum of 3 days to transcribe one interview. I had to listen, and listen, and listen; I became increasingly frustrated as lack of patience is my greatest weakness. To my disappointment, my supervisor was not pleased with my first interview. Her initial thought was that the participant was rambling on about information that didn’t make sense. I was lost and helpless and yet again the thought of giving up came to mind. She advised me to read Spradley (1979). I asked her if I could use Nvivo. Her immediate response was that I should do the

transcribing by myself so that I could immerse myself in the data and get the actual experiences of the unit managers. Another stumbling block, I thought that this was going to be quick and easy, how wrong I was. The interviewing process in 2 hospitals was very challenging because I knew all the unit managers. I tried very hard to bracket out my own experiences as a unit manager and not be judgemental. The wards were extremely busy and in most cases the scheduled times were not met due to the unforeseen situations that unit managers found themselves in. I tried very hard to be patient as I did not want to make myself a nuisance and get in their way.

As I began my data analysis, I realized how little I knew. I read Spradley (1979), Zhang and Wildemuth (2009:1-12) and many qualitative articles to understand the concept of content analysis. I was overwhelmed with so much data and found it extremely difficult to read and read as I am neither a good reader nor a writer. My supervisor advised me to enter the quotes by category, sub-category and a summary of the quotes into a landscape format [SPREADSHEET], a process I knew that I was going to struggle with. Yet again, my impatient personality crept in. Was she just asking me to do extra work? This sowed doubt in my mind, I was confident that what I had done in a word document was sufficient. I was disappointed and fed-up to a certain extent and my journey just became that much longer. I reflected on why this was such a challenge for me. I was taken out of my mind-set of having to do a qualitative study instead of a quantitative study. This was a long a tedious process and it took the researcher days to find out what each transcript meant. For the researcher all seemed important. The supervisor advised the researcher to use a spread sheet so that all similar units that matched could be easily identified and labelled with a code. The first two attempts did not disclose much as the researcher found it difficult to condense the data into codes and then into categories.

Little did I realize how right she was? During this process I became an expert at putting all my information into a landscape table, something which I struggled with before. I had a clearer picture of what I was doing and my journey became that much shorter. I was now able to rearrange, re-label, and drop out codes according to the objectives of my study. I tried to keep to deadlines and to send my work timeously to my supervisor. I would email my supervisor and check on a daily basis for her feedback. I realized that I cannot cope well under stress, nor am I a good reader or writer. This journey has made me realize how impatient I am, but in order to be successful, I must persevere and never give up.

With much anticipation, I awaited my examiners report. To my disappointment, I had major corrections from both examiners, something I had to deal with silently. My supervisor was just as disappointed as I was, if not even more. Once again, my impatient personality crept in, how could this happen? I asked myself am I the only one? It took me a few days to compose myself. After much deliberation I once again realized there is no quick fix to attain ones Masters.

I once again began this long journey. I did not know which way to turn or where to begin. With the help and encouragement of my supervisor, I found my direction. For me, at this junction, what was important was the fact that my supervisor did not lose hope in me. She trusted and believed that I could do it; but reminded me timeously that there is no quick fix to completion. At times I would sit for hours trying to fix one aspect. I realized that just as a mother struggles to let go of her child, I struggled to let go of my work to my supervisor, as I am a perfectionist and like to do things properly. Doing all my corrections made me realize how much of the important information I had omitted just because I was impatient.

To be honest, I actually enjoyed doing my corrections. Second time round, I was able to make sense of the transcribed data. Unit managers behave just as a mother would. Being a unit manager myself for six years made me realize that we do not want to let go of any duties. No matter how difficult each situation is, we trust no one else, and want to be in control of every situation.

It was painful yet a very exciting process. I realized my mistakes and rectified them. Without the help, guidance and patience of my supervisor, I as a novice researcher would not have completed this journey; she managed to pick me up whenever I fell, thank you.

ANNEXURE 13: Second proof of editing



1st of September 2016

To whom it may concern

EDITING OF DISSERTATION FOR VASHNI SEWKARRAN

I have a master's degree in Social Science, Research Psychology and TEFL qualification from UKZN. I also have 15 years of teaching experience. I have been editing academic theses for students from UKZN, UNISA and DUT for the past five years. I have further done editing, transcribing and other research work for private individuals and businesses.

I hereby confirm that I have edited **Vashni Sewkarran's** dissertation titled "Exploring unit managers' experiences with community service nurses in selected nursing units in KwaZulu-Natal". Corrections were made in respect of grammar, tenses, spelling and language usage using track changes in MS Word 2016. Once corrections have been attended to the dissertation should be acceptable.

Yours sincerely



Terry Shuttleworth (MSSC, UKZN).