

the researcher's intention was to gain insight into the experience of professional nurses regarding their community service year at a hospital and not a specific tertiary hospital per se.

Reflexivity: The enquirer reflects on how their role in the study and their personal background, culture and experiences holds potential for shaping their interpretations. The researcher in this study completed her community service placement year in 2009 at a tertiary academic hospital in the Western Cape after completing a four-year degree programme at a university in the Western Cape. The researcher's experience of the community service year, which was positive, stirred her interest to learn more about the experiences of other professional nurses. However, the researcher was continuously aware that that her experience should not be used to influence the responses of the participants, neither should it influence how the collected data was interpreted.

Holistic account: Qualitative researchers try to develop a complex picture of the problem or issue under study. This involves reporting multiple perspectives, identifying the many factors involved in a situation and generally sketching the larger picture that emerges. In this study, the researcher used multiple probes to gain the necessary depth in the data collected. The researcher made every attempt to gain a full understanding of the participant's experience of their year of community service.

3.3 Research Design

A research design refers to all the decisions a researcher makes in the planning of the study. It is also described as the blueprint or working plan for action to reach the intended goal by answering the research questions of the study (Wood & Ross-Kerr, 2011). An exploratory and descriptive research design was used in this study.

3.3.1 Exploratory Design

This research study was exploratory in nature since little is known about the professional nurses' experiences of their community service year at a secondary academic hospital in the Western Cape. Exploratory research is conducted to acquire an understanding of a situation, phenomenon, and persons (De Vos, Strydom, Fouché & Delpont, 2011). According to Mack et al. (2005), the advantage of exploratory research is that it allows participants to respond to research questions in their own words. The semi-structured interview used for the study consisted of open-ended question, which allowed participants the opportunity to express themselves freely.

3.3.2 Descriptive Design

Descriptive designs focus on gathering more information about characteristics within a particular field of study (Burns & Grove, 2005). The purpose of using the descriptive design in this study was to observe, record and describe aspects of a situation, such as the professional nurses' experiences of their community service placement year. The researcher used the words of the participants, which were obtained by interviewing the participants using a semi structured interview schedule.

The analysis was inductive and the categories and themes were derived from the data gathered, using quotes from the transcriptions of the interviews to provide meaning.

3.4 Population and Sampling

3.4.1 Population

The population is the whole group of individuals who are of interest to the researcher (Jooste, 2010). The term population refers to all the elements that meet the sample criteria for inclusion in a study, referred to as a target population (Schneider, Whitehead, Elliot, Lobindo-Wood & Haber, 2007). Annually the Department of Health allocates approximately 15-20 new community service practitioners to each of the academic hospitals in the Western Cape. The target population for this study comprised all professional nurses who were in community service during 2012-2013 and who were working at the research site, a secondary academic hospital in the Western Cape. These professional nurses may have completed their nursing diploma or degree at any nursing education institution in the Western Cape.

The population group consisted of 10 participants. Five participants completed their community service placement year in 2012 and the other five in 2013 at the secondary hospital used as the research site. They were all currently employed at the hospital during this study.

3.4.2 Research Setting

A research setting refers to the specific place or places where data are collected (Brink, Van der Walt & Van Rensburg, 2012). The reason that research is conducted at a specific place is to control the natural setting where the phenomenon occurs. It plays an important part when data is collected because participants should not feel threatened or intimidated. They should be allowed to express their feelings openly. The selected secondary hospital was identified by the Department of Health as a designated site for community service. It was selected as the research site for convenience of its proximity to, and access by, the researcher and because permission was granted by the institution.

3.4.3 Exclusion Criteria

The researcher was aware that professional nurses are produced through completion of a nursing degree, diploma and through a bridging course from enrolled to professional nurse. The researcher was also aware that community service practitioners are placed at community service placements, which include primary, secondary and tertiary facilities in rural, urban and peri-urban settings. However, for this study, professional nurses who completed the bridging course or who completed their community service year at any site, other than the secondary academic hospital in the Western Cape selected as the research site, have been excluded from this study.

3.4.4 Sampling

The general purpose of sampling is to represent the population as closely as possible (Wood & Ross-Kerr, 2011). A sample is a group of people, objects, items, or units taken from the larger population. The researcher selects a portion of the population to represent the entire population (Jooste, 2010).

3.4.4.1 *Sampling Technique*

Purposive sampling was used, which is based on the judgement of the researcher regarding the characteristics of a representative sample (Bless, Higson-Smith & Kagee, 2006). In many cases purposive sampling is used to access ‘knowledgeable people’ meaning those who have in-depth knowledge of a particular issue (Cohen, Manion & Morrison, 2007). They will provide the researcher with the richness of data needed to gain insights and discover new meaning in the area of study.

A sample from the target population, who was willing to contribute their views on the topic being researched, was selected. All participants were professional nurses who completed their year of community service at a secondary academic hospital in the Western Cape and who were still employed at the research site. Qualitative research is concerned with non-statistical methods and small samples that are often purposely selected (De Vos et al., 2011). The researcher was guided by the accessibility and willingness of the professional nurses to participate in the research study.

3.4.4.2 *Sampling Procedure and sample size*

A list of all the community service practitioners who performed their community service year during 2012-2013, at the secondary academic hospital and who were employed at the study site at the time of the study, was accessed from the hospital administration. Ten professional nurses were eligible to participate in the study. After telephonically contacting and informing the professional nurses about the research study, a total of six participants voluntarily agreed to participate in the semi-structured interviews. Two participants from each year group denied participation in the research study.

3.5 Data Collection

Data collection is the process of selecting participants and gathering data from those participants. The process of data collection is important for the successful completion of a research study (Brink, Van der Walt & Van Rensburg, 2006). Data was collected by the researcher who used a semi-structured interview schedule to guide the interviewing process.

3.5.1 Data Collection Method

Semi-structured interviews were conducted. Semi-structured interviews are the most used method of data collection in qualitative research (De Vos, Strydom, Fouché & Delport, 2005). This involved conducting intensive individual interviews with a small number of respondents to explore their perspectives on the particular idea. Semi-structured interviews are useful when detailed information is required about a

person's thoughts, experiences and behaviours, in addition to the exploration of new issues (Boyce & Neale, 2006).

3.5.2 Data Collection Tool

A semi-structured questionnaire was developed for use in the interviews (see appendix 1). The questions were open-ended.

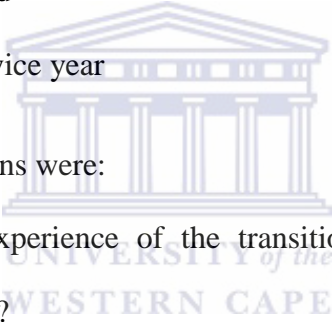
The questionnaire was divided into three sections:

Section 1: Demographic information

Section 2: Transition period

Section 3: Community service year

The broad research questions were:

- 
- i. What was your experience of the transition from student to community service practitioner?
 - ii. What was your experience of the community service placement year?
 - iii. Was there any support or challenges during your community service year?

3.5.3 Pretest

After the questionnaire was constructed it was pretested. Pretests assist the researcher to refine the instrument and fielding procedures. This involves testing the research instrument in conditions as similar as possible to the research, but not in order to report results but rather to check for unclear wording of questions and lack of clarity of instructions. It is also useful to pretest the questionnaire with experts, such as the

supervisor, who may be able to identify potential difficulties that might not be revealed in a pretest with respondents (De Vos et al., 2009; Burns & Grove, 2005).

In this research study, pretesting was done on one expert and the purpose was to identify any difficulties or lack of clarity in the questions being asked. The pretest is not further reported on.

3.5.4 Data collection process

Data were collected by the researcher between September 2014 and January 2015. Field notes were captured alongside the interviews. Permission to perform the interviews at a time convenient to the participants was granted by the secondary academic hospital chosen as the research site. Arrangements were made beforehand with participants as to a suitable date and time and these were confirmed telephonically. A room in each ward was identified by the relevant participants for the interview to be conducted. The rooms were comfortable with two chairs, and a table on which the tape recorder was placed. The chairs were positioned in a manner that conveyed a relaxed atmosphere in which a personal conversation could take place. The setting and environment were non-threatening, since the participants were familiar with their department (De Vos et al., 2005).

Three participants were working night duty during the period that the interview sessions were to commence. Arrangements were made to meet them after 19:00 at a time most convenient for them and which would not disturb the ward activities. The

rest of the interviews were conducted during daytime. The researcher prepared a writing pad, pen and a tape recorder in advance for these interviews.

Before the interviews took place the researcher again explained the purpose of the interview. Each participant was given an information sheet and a consent form that needed to be signed before the interview could commence. Participants also agreed to the use of a tape recorder during the interview. The recording device was fully charged beforehand and tested prior to each interview session to ensure that the equipment was not faulty and to prevent any disturbances during the interviews.

The semi-structured interviews were conducted face-to-face. The advantage of the face-to-face interviews was that it allowed the researcher to observe the participants' body language and facial expressions in response to the questions posed (De Vos et al., 2011). The data obtained was thick in description and rich in detail, which was necessary for this study. Interviews varied in length and lasted no longer than thirty minutes. The researcher engaged with participants by posing questions in a neutral manner, listening attentively to participants' responses, and asking follow-up questions using probes based on their responses (Mack et al., 2005). Probing involved the use of words that encourages participants to explain more about the topic under discussion (Hennink, Hutter & Bailey, 2011). Communication skills such as eye contact, nodding and verbal clarification were applied to encourage the participants to share their experiences. Field notes were captured during the interviews. The role of the researcher was to extract as much information as possible about the professional nurses' experiences of their community service placement year. The researcher,

therefore, continued to collect data until the point of data saturation. Data saturation occurred when the researcher no longer heard or saw new information (De Vos et al., 2005).

3.6 Data Analysis

Data analysis is a process that reduces, organizes and gives meaning to the data that were collected (Burns & Grove, 2005). The term analysis refers to the resolution of a complex whole into its parts. Qualitative data analysis has its focal point at the aim of understanding rather than explaining social phenomena and human behaviour in a natural setting. Data analysis and the interpretation of findings consist of two steps, first is the reduction of a large amount of data and the second is the identification of patterns and themes (Mouton, 2006).

Inductive analysis was used in this study. An inductive approach requires that the researcher attempts to make sense of the situation without imposing pre-existing expectations on the phenomenon or setting under study. Inductive reasoning begins with specific observations and measures to detect patterns and regularities, formulate some tentative hypotheses that can be explored, and finally developing some general conclusions or theories (Trochim, 2006). The inductive process described by Thomas (2003) was used.

Data analysis was done manually. The recordings were downloaded directly to the researcher's personal computer. The researcher familiarized herself with the data by listening to the tape recordings before they were transcribed into text, then further,

through reading and re-reading the text. The data was then coded. Each transcription was read carefully line by line and words or phrases that appeared to capture key thoughts and concepts were highlighted. Many codes representing common key thoughts were then sorted into categories. Several categories, depending on their links, formed themes (Thomas, 2003). The data was reduced to a summary format. Units of meanings in the form of quotations of what participants said were tabulated and used to substantiate the categories in the presentation and discussion of the categories.

3.7 Validity/Trustworthiness

Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure (Howell, Miller, Palmquist, Park, Sattler, Sperry & Widhalm, 2005). Guba and Lincoln (1982), cited in Trochim (2006), proposed four criteria for judging the soundness of qualitative research:

Credibility - is to establish whether the results of the research are credible or believable from the perspective of the participant in the research. Credibility refers to whether the researcher has confidence in the truth of the findings and the context in which the study was undertaken. To further enhance credibility, the researcher audiotaped all the interviews which were transcribed verbatim. The researcher was also reflexive during the data collection and data analysis process so that she did not influence the outcome of the research.

Transferability - is the degree to which the results of the research can be generalized or transferred to other contexts or settings. Purposive sampling and rich descriptions provide as much information as possible so that other observers may judge the applicability of the results to other contexts. Description of the research methodology is provided in addition to an audit trail described below.

Dependability - refers to whether the findings would be consistent if the study were to be repeated with the same participants or within a similar context. It emphasizes the need for the researcher to account for the changing context within which the research occurred and how these changes affected the way the researcher approached the study. All primary data is included in the final report to understand how the researcher concluded the findings.

Confirmability- is the degree to which the results could be confirmed or corroborated by others. It refers to the freedom from bias in the research procedures and results. The researcher audio recorded the interviews with permission of the participants. The participants were informed that the transcribed data will be made available to them for verification. An audit trail was used to determine whether the conclusions, interpretations and recommendations could be traced to the source of information/data. The audit trail comprised the raw data, the recorded audiotapes and field notes; transcription; analysed data and the final report. Actual quotes from the participants were used in the written report.

3.8 Research Ethics

During the process of planning and designing a qualitative study, researchers need to consider what ethical issues might surface during the study and plan how these issues will be addressed (Creswell, 2012). A researcher is responsible for conducting research in an ethical manner. Failure to do so undermines the scientific process and may have negative consequences (Brink et al., 2006).

Voluntary participation: Participants were informed that participation in the study was voluntary and that they had the right to withdraw at any time which would not result in any penalties.

Informed consent: The participants were given an information sheet which briefed them about the study (see appendix 2) and a consent form (see appendix 3) which they were requested to read and sign.

Confidentiality: Participants were assured that all information shared would be held in confidence. The tapes and transcripts were kept in a locked draw to which no one other than the researcher had access. These would be discarded after 5 years.

Anonymity: Participants were assured that they will not be named in the research report and any possible publication arising from the study. Participation was aimed at not jeopardizing the participant's employment.

Potential benefits and risks: Qualitative interviews on sensitive topics may provoke powerful emotional responses from a participant (Gonzalez-Perez, 2007). Participants

were informed that there may be some risks associated with participating in this research study, since all human interactions and talking about self or others carry some amount of risk. They were, however, assured that such risks will be minimized and that the researcher would act promptly to assist if any discomfort was experienced during the interview. Participants were also informed that there would not be any financial or other benefits to them but that the research would be used to improve the experiences of community service practitioners in the future.

Permission: The study was registered and approved and ethical clearance was granted by the Senate Research Committee of the University of the Western Cape (see appendix 4). The proposal was submitted when permission was sought to conduct the research at the secondary hospital.

Dissemination of findings: The results will be shared with the participants through making the research report available to them through the university library and through publication in an accredited journal (Gonzalez-Perez, 2007).

3.9 Conclusion

This chapter described the research methodology used in this study. The methodology highlighted the use of a qualitative approach and a descriptive and exploratory research design. The population and sampling was discussed and data collection was described in detail along with data analysis, validity/trustworthiness and research ethics.

The next chapter will describe the results and discussion of this research study.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the results of the study and is presented according to the structure of the questionnaire and the categories and themes generated.

The aim of the study was to explore the professional nurses' experience of their community service year at a secondary hospital in the Western Cape. Data was collected from semi-structured interviews that were conducted at a secondary academic hospital in the Western Cape selected as the research site. The sample consisted of six professional nurses who were in community service during 2012-2013 and who were employed as professional nurses at the research site at the time of data collection. The inductive process described by Thomas (2003) was followed to analyse the data.

Five themes emerged from the data. These themes will be presented under the objectives of the study to indicate the extent to which the objectives were met. An integrated discussion follows the presentation of each category.

4.2 Description of the data

The voice recordings of the interviews and transcriptions were dated and coded according to the sequence in which the professional nurses were interviewed. For

example, the first interview was coded “Participant 1”. The recordings were transcribed verbatim, meaning no changes or corrections were made to the grammar. Quotes from the participants input are therefore undiluted. The printed versions of the consent forms, field notes and demographic data are filed separately and stored in a secure place that is only accessible to the researcher.

4.3 Demographic data

All the participants provided their demographic details to the researcher during the interviews and this information is presented in Table 1.

Table 1: Demographical information of participants

Participant	Age (years)	Gender	Type of Programme	Year of Community Service
Participant 1	37	Female	Degree	2011 (completed January 2012)
Participant 2	24	Female	Degree	2012
Participant 3	27	Female	Degree	2012
Participant 4	26	Female	Degree	2013
Participant 5	25	Female	Diploma	2013
Participant 6	24	Female	Degree	2013

Participants varied in age, with a mean age of 27 years. All participants were female. Five participants completed a degree programme and one participant completed a diploma programme. One participant who commenced community service during

2011 but completed in January 2012, was selected as part of the sample as she was still in community service in 2012. Two participants completed their community service year in 2012 and the other three participants completed their community service in 2013.

The demographic data reflects a fairly young group of participants who, given the period of data collection (September 2014-January 2015), were approximately 1-2 years younger than the given ages in Table 1 at the time of them performing community service. It is not surprising that the participants were all female, as the nursing profession is still a female dominated profession.

4.4 Themes

The five main themes that were derived from the data analysis were as follow:

Theme 1: Community service was experienced as difficult as it required the community service practitioners to apply new knowledge and take up a higher level of responsibility.

Theme 2: Community service practitioners developed positive relationships with staff and experienced the transition from student as positive and enjoyable and the community service year as valuable.

Theme 3: Community service practitioners experienced professional development.

Theme 4: The undergraduate programme was perceived as not preparing them for the responsibility as community service practitioner.

Theme 5: Community service practitioners experienced support and challenges during their community service year.

The themes and categories derived from the analysed data are presented below in Table 2. According to Thomas (2003), the analysis of the data should not generate more than 8 themes.

Table 2: Themes and Categories

Objective 1: To explore the professional nurses' experience of their transition from student to community service practitioner.	
Themes	Categories
1. Community service was experienced as difficult as it required the community service practitioners to apply new knowledge and take up a higher level of responsibility.	<ul style="list-style-type: none"> ➤ Community service practitioners experienced an increased level of responsibility. ➤ Expectation of the community service practitioner's knowledge increased. ➤ Transition was experienced as difficult.
2. Community service practitioners developed positive relationships with staff and experienced the transition from student as positive and enjoyable and the community service year as valuable.	<ul style="list-style-type: none"> ➤ The transition was experienced as enjoyable. ➤ The transition was regarded by most as a positive experience. ➤ Positive relationships were developed, however, there were community service practitioners who experienced

	<p>negative attitudes of staff.</p> <ul style="list-style-type: none"> ➤ The community service year was perceived as valuable.
<p>3. Community service practitioners experienced professional development.</p>	<ul style="list-style-type: none"> ➤ Leadership skills were developed. ➤ Knowledge and experience was gained. ➤ Ability to work independently boosted their confidence. ➤ Developed a sense of responsibility and the ability to adapt and work under pressure.
<p>Objective 2: To explore the support and challenges experienced by professional nurses during their community service year at a secondary hospital in the Western Cape.</p>	
Themes	Categories
<p>4. The undergraduate programme was perceived as not preparing them for the responsibility as community service practitioner.</p>	<ul style="list-style-type: none"> ➤ Community service practitioners felt inexperienced.
<p>5. Community service practitioners experienced support and challenges during their community service year.</p>	<ul style="list-style-type: none"> ➤ Senior staff supported community service practitioners the most. ➤ Working alone was viewed as challenging

4.5 Discussion

Each of the five themes and their related categories are presented and discussed below, with evidence provided by the quotes from the participants (units of meaning) and an integrated discussion using the reviewed literature.

4.5.1 Theme 1: Community service was experienced as difficult as it required the community service practitioners to apply new knowledge and take up a higher level of responsibility.

4.5.1.1 Category 1: Community service practitioners experienced an increased level of responsibility.

The word responsibility is derived from Latin *re* (back) plus *spondere* (to pledge). It simply means to be answerable to, being responsible to or having an obligation. Being responsible applies to one who has been delegated some duty or responsibility by someone in authority and who is subject to penalty in case of default. If a nurse or midwife accepts a post with a health service authority, they accept the responsibilities linked to that post. The nurse is responsible to the employer to carry out the role, functions, tasks and the policy of the employer. Legal action can be taken against the nurse if found negligent or incompetent, causing wilful damage to a patient, or being dishonest. Such cases are heard firstly in criminal or civil courts, secondly by the South African Nursing Council and thirdly by the employer according to staff regulations (Searle, 2005).

The professional nurses reported that as community service practitioners, they experienced an increased level of responsibility compared to the level of responsibility experienced as students. They felt that there was a substantial difference between being a student and being a community service practitioner. They reported that as a student their responsibilities are less than that of a professional nurse. In most instances, the physician would approach the professional nurse in charge of the ward, whom he is acquainted with, and trusts, and not the student. This implies that students therefore do not acquire the required experience as interactions are mainly between the doctor and the professional nurse. Furthermore, students usually rotate through a ward for a short period of time and do not become familiar with what needs to be done in each ward. This results in them not showing interest because of the transitory nature of the placement. One participant reported: *“The gap for me was just the huge transformation of responsibility. As a student you didn’t hand over. You didn’t worry about anything. So basically everything is your [professional nurse’s] responsibility. Like if you see....the staff didn’t do a urine dip, the doctor comes to you not to the staff. So that is, for me...a huge, how can I say, to adapt...from student to sister [professional nurse]. Taking that responsibility... you can’t take it lightly.”* (Participant 1)

In a study conducted by Bowles and Candela (2005) in Nevada, new nurses also described transition as having an overwhelming sense of responsibility, being fearful of physicians and finding difficulty in organizing, prioritizing and delegating tasks. A study conducted by Mqokozo (2013) in Gauteng, stated that the participants of her

study found themselves being expected to be fully responsible for greater tasks than they could cope with.

Etheridge (2007) maintains that new graduates are often unaware of the level of responsibility required of them and lack confidence in their ability to make clinical judgements. This participant felt the level of responsibility was more as she had to take charge of the ward: *“I had to be [more] responsible...and yes, I had to take charge.”* (Participant 6). Ross and Reid (2009) stated that taking responsibility provides an opportunity to gain confidence. Taking charge of the nursing team represents a challenge for newly graduated nurses and it involves overcoming the prejudice of not having sufficient experience and being young. In addition, further challenges are being accepted by the team, overcoming gaps in education, especially regarding management and team leadership (Silva, Souza, Trentini, Bonetti & Mattosinho, 2010).

4.5.1.2 Category 2: Expectation of the community service practitioner’s knowledge increased

Knowledge is defined by the American Heritage Dictionary of the English Language (2011) as familiarity, awareness or understanding gained through experience or study. The community service practitioners experienced an increased need to demonstrate their knowledge. One participant felt that despite them not being orientated, the unit manager still expected them to know what needs to be done: *“Nobody orientated you, but the manager expected you to know it”* (Participant 3). In a study conducted by

Ndaba (2013) in Gauteng, about newly qualified nurses completing their community service in the maternity section, it was found that there were conflicting expectations from both parties, where the experienced professional nurse expected the neophytes to know everything in the unit. On the other hand, the newly qualified nurses expected mentoring from seniors, in order for them to be confident and to function effectively (Ndaba, 2013).

According to Park and Jones (2010), appropriate orientation and induction maximizes experiences, minimizes culture shock and contributes to a smooth transition into new professional roles. In a study conducted by Guhde (2005) in Ohio, it was found that the barriers to successful transition into practice included limited orientation. Another study conducted in Ireland (Mooney, 2007) on how newly qualified nurses perceived their role transition in an Irish general hospital, it was found that ward managers expectations of newly qualified nurses was unrealistic. The pressure of the ward environment, being able to adapt and integrate quickly including the added responsibility of accountability, was particularly overwhelming. It is evident from the literature that new nurses often do not experience a supportive practice environment and regularly encounter unrealistic expectations.

The community service practitioners were expected to apply what they studied during their undergraduate programme. This was experienced as challenging as often the way in which a skill is performed in the practice environment is not the same as what is taught in the undergraduate programme as is reported by this participant:

“Whatever you have studied you will have to do it practically now, just to show your

knowledge that you've gained when studying....Some of us will find some theory is not exactly [the same]... we are not doing it exactly like the practice” (Participant 4).

This conflict experienced in nursing has been described some time ago as a syndrome called reality shock. This shock occurs when new graduates cannot integrate and apply the knowledge they obtained during their studies to their daily professional practice. That is, they discover that the nursing they learned differs from the nursing practised in health institutions (Silva et al., 2010).

The next participant felt that the staff expected a lot from her as she was perceived as a professional nurse and had to step up and take the responsibility. The participant was expected to know exactly what needed to be done when a situation presented itself and once again she had to rely on previous education received in the undergraduate programme: *“The staff, they expected more from me because I was now a sister [professional nurse]If there was a problem I had to fix it. If there was something wrong they would come to me” (Participant 6).* Silva et al., (2010) suggest in this regard, that health services exert considerable pressure on newly graduated nurses, especially when they are designated to leadership positions.

4.5.1.3 Category 3: Transition was experienced as difficult.

The professional nurses reported that they experienced the transition from student to community service practitioner as difficult and challenging. The word “difficult” is described by the American Heritage Dictionary of the English Language (2011) as requiring considerable effort or skill, not easy to do or accomplish.

The term “transition” refers to the processes of learning and adjustment that a new staff member undergoes to acquire the skills, knowledge and values required to become an effective member of the healthcare team. According to Higgins, Spencer and Kane (2009) transition and change is seen as events that are uncontrollable, ambiguous, overwhelming that causes stress and anxiety. Bjerknes and Bjork (2012) suggest that the transition from student to a working nurse has long been recognized as difficult and has attracted the attention of researchers for decades.

The participants reported that they experienced difficulty in transitioning during the first few months of entering the workplace. One participant even considered leaving the profession and giving up as it felt like a punishment. This is her account: *“My first three months of comserve [community service] were hectic because [and] I was thinking of giving up....So it was actually very, very difficult...because I was alone with 22 patients. At first it was a punishment.”* (Participant 3).

Similar findings are reported by Tsotetsi (2012), who conducted a study in Gauteng and found that newly qualified nurses had difficulty in adapting to the work environment because of limited support, verbal abuse, role conflict and unexpected workloads. Whitehead and Holmes (2011) and Higgins et al. (2009), stated that a smooth transition from newly qualified to experienced professional nurse, is facilitated by an environment where newly qualified nurses’ first place of entry to work is concomitantly conducive to such a transition.

The experience of the next participant illustrated that the transition from student to community service practitioner was at first difficult but as time passed she settled into it: *“At first it was difficult. It was difficult but as time [passed]... I got into it”* (Participant 2).

The findings of this study concurs with the finding of Riegel (2013) that many studies have documented that the first three months of employment as a new graduate nurse represents the most stressful time in a nurse’s career. The one participant found the transition to be challenging as they also had to adjust to a new ward every two to three months based on rotation and at the same time had to cope with being a new graduate: *“The beginning was challenging. Because you had to adjust now to the ward and then also the community thing [community service]...”* (Participant 4).

Considering the graduates age and the possibility that they may be experiencing several major life transitions, for example, marriage and starting families, adaptation to community service may be challenging. It is possible, therefore as suggested by Chandler (2012), that entry into a new position may be fraught with challenges. It is important for nurse leaders and educators to understand the new graduate nurse experience so that they can offer effective support strategies to ease transition, thereby enhancing satisfaction and retention of new professional nurses (Halfer & Graf, 2006).

4.5.2 Theme 2: Community service practitioners developed positive relationships with staff and experienced the transition from student as positive and enjoyable and the community service year as valuable.

4.5.2.1 Category 1: The transition was experienced as enjoyable.

Although some participants experienced the transition from student to community service practitioner as difficult, other participants found the transition enjoyable. As one participant reported she experienced a positive transition period: *“It was good. It was nice. It was wonderful. I enjoyed every bit of it. So it was pleasant”* (Participant 1).

The next participant also showed that she enjoyed the transition period and had a good experience: *“I enjoyed it a lot. It was a good experience”* (Participant 6).

The transition period for new graduate nurses is reported as the most vulnerable time during which they formulate decisions about their intent to commit to the profession and the organisation (Parker, Giles, Lantry & McMillan, 2014). In cross-referencing, it is evident that participants such as 1 and 6 had an overwhelmingly positive experience of community service and as evidenced in later categories and themes, that they developed positive relationships and that they experienced professional development during the year. Their experience is contrary to the experience of participants who reported that they experienced the transition as being difficult.

4.5.2.2 Category 2: The transition was regarded by most as a positive experience.

Professional nurses reported that they had a good experience of the community service year. This participant stated that she always had a good experience of work and did not for once have a day that she did not want to go to work: *“There was never a day where I said, oh no, must I go to work now. I don’t want to be at this place. I never for once felt like that.”* (Participant 1).

Another participant felt that the rotation was good as she gained a lot of experience from rotating through the wards: *“It was very nice, especially the rotation”* (Participant 5). The reports from these participants indicate that they were eager to learn from the experience. Orientation programmes are reported to be helpful for assisting newly qualified nurse’s transition into their professional role and can decrease the reality shock when nurses commence working (Govender et al., 2015). Nurse leaders should be encouraged to ensure that such orientation programmes are in place to ensure that more community service practitioners should have such positive experiences while performing community service.

The next participant felt that the transition had *“taught me a lot”* (Participant 3). Dyess and Sherman (2009) confirm that long-term support during the transition from student to a professional develops clinical judgement and enhances skills development.

Although some participants indicated that they enjoyed the transition, others reported that they required time to develop confidence in their clinical practice. However, they

reported that just as they developed confidence in one ward they were rotated to a new ward, requiring a new set of skills and confidence to work in the new speciality area. This negatively affected the level of confidence of the community service practitioner and conjured the impression that they were unable to cope with the work in the wards.

4.5.2.3 Category 3: Positive relationships were developed, however, there were community service practitioners who experienced negative attitudes from staff.

Mainly positive relationships were formed among the community service practitioners and the staff. One participant had a good relationship with the staff and experienced no backchat or rudeness from staff members and reported: *“I had a really good relationship...There was no backchat or rudeness – nothing.”* (Participant 1). Another participant described the staff as helpful and reported that they assisted the community service practitioner when needed. They also guided her throughout the process: *“Never had any problems - they were always helpful, always assisted me, didn’t get tired of me, always guided me”* (Participant 6). Ndaba (2013) reported that some members of staff portrayed a positive attitude towards newly qualified nurses by being very accommodative when they needed help on issues relating to patient care.

Despite these positive reports, the findings of this study also revealed that the staff had negative attitudes towards the community service practitioners and were not

supportive towards them when they entered the service. They reported that the staff were very critical of them, which created tension in the workplace and provoked poor working relations. According to Louw and Edwards (2011), attitude is described as irreverent or resistant behaviour.

One participant, who knew the staff as she worked with them during her student years and at the time experienced a good relationship with them, also experienced negative attitudes when she returned as a community service practitioner. She reported that the staff demonstrated disrespect towards her as they felt that she is too young to delegate tasks to them. She perceived their attitude as implying: *“No man, this one came now-now and now she wants to tell us what to do.”* (Participant 5). The following participant had more or less the same response from the staff: *“They would just look at you like you’re just coming now...and then you thinking you must tell us”* (Participant 4). Ndaba (2013) found that stress levels were compounded by competition, intimidation, and lack of respect from the lower categories of nurses who had worked in the maternity ward for a long time. Nurses in that category resisted being delegated tasks by the newly qualified professional nurses (Ndaba, 2013). Yet, another participant experienced negative attitudes from senior staff members and reported: *“Some staff members...they have attitude. Difficult nurses and staff nurses... the old ones”* (Participant 3).

A study conducted by Kruse (2011) in Cape Town, regarding retention of community service nurses in the Western Cape public health sector, found that one of the factors that community service nurses disliked the most was the bad attitudes that many

permanent workforce colleagues displayed towards community service nurses, in addition to being undermined and disrespected because of being younger and less experienced.

These negative attitudes seems to be what Longo and Sherman (2007) refer to as horizontal violence that is defined as any act of aggression demonstrated by a colleague, and it is inclusive of emotional, physical and verbal threats including innuendo or criticism. Breier, Wildschut and Mqgolozana (2009), in their discussion of the relationship between nurses, assert that nursing is a caring profession but nurses are very poisonous towards each other and it is a cultural issue. This explanation supports the findings of this study where community service practitioners were subjected to negative attitudes by staff members in the ward.

4.5.2.4 Category 4: The community service year was perceived as valuable.

The participants felt that the community service year helped them and thus perceived the experience as valuable. The positive factor of the community service year highlighted by participants was its usefulness. Participants indicated that it was important and should continue as it gave them experience, confidence and time to develop professionally. Most of the participants viewed the community service year as helpful as they could still ask questions if unclear about something. One participant reported: *“It is really helpful, really.”* (Participant 4) while another said: *“It helps you a lot”* (Participant 6).

The next participant thought that the community service year was valuable as it gave her time to grow, learn and mature in nursing, thus developing professionally: *“You gain experience. You learn a lot. You grow. You become mature in nursing. You become grown up. It is very valuable lesson and learning and teaching and whatever experience that you’ve gained”* (Participant 1). This participant had overall a good experience of community service.

In general, the participants conveyed overall satisfaction with the support they received during their preparation to become a professional nurse at the health institution. They felt that the community service year had added value to their competence. According to Tsoetsi (2012), participants reported that they support the decision that was taken by the Department of Health to implement community service for nurses. Experiencing satisfaction during community service could improve the retention of nurses, which is one of its objectives (Hatcher et al., 2014).

4.5.3 Theme 3: Community service practitioners experienced professional development.

4.5.3.1 Category 1: Leadership skills were developed.

Participants reported that they learned how to deal with conflict situations and how to be a leader by taking control of a situation. One participant reported: *“I gained leadership [skills]. How to handle conflict. How to get control”* (Participant 1). Another participant reported on the skills she developed: *“How to deal with conflict situations...to take charge.”* (Participant 6). This is a sign of growth in these young

professionals, considering that some participants reported that they felt inexperienced, as will be discussed under theme four.

According to a study conducted by Hatcher et al. (2014) in South Africa, the majority of participants reported that they had experienced professional development and reported making a community contribution during the year.

4.5.3.2 Category 2: Knowledge and experience was gained.

Participants stated that they gained experience and knowledge throughout the community service year as was reported by two participants: *“I’ve gained a lot of experience”* (Participant 4) and *“experience and knowledge”* (Participant 1).

According to Tsotetsi (2012), some community service nurses related that remunerated community service placement offered them good experience. In a study conducted by Govender et al. (2015) in KwaZulu-Natal on the perceptions of newly qualified nurses performing compulsory community service, it was found that despite the community nurse practitioners being subjected to stressful periods at the beginning of the compulsory community service year, the majority were satisfied with their work experience and found working with patients and their families satisfying. According to Steyn (2012), a study conducted by the Human Sciences Research Council on behalf of the Health Professions Council of South Africa, evaluated the experiences of dietitians undergoing their community service year in 2009 in all provinces of South Africa. It was found that the majority of community service dietitians reported that the community service year provided a good learning

experience. In a study conducted by Saghafi (2014) in Australia, it was found that participants gained knowledge and skills over time. Moreover, they felt more accepted and trusted by staff, and found that they were more confident.

Professional nurses who expressed satisfaction with the community service year also benefitted from professional development, suggesting the need for continued support of community service health professionals.

4.5.3.3 Category 3: Ability to work independently boosted their confidence.

The participants stated that they learnt to work independently, which developed their confidence. Confidence is self-assurance arising from an appreciation of one's own abilities or qualities. These are some of the participants' reports on their confidence: "*To work independently most of the time*" (Participant 3) and "*I'm confident*" (Participant 5). According to Etheridge (2007), graduates need time and experience to develop confidence, learn responsibility and think critically. This statement is supported by Parker et al. (2014), who conducted a study in Australia regarding new graduate nurses' experiences in their first year of practice. They found that confidence grew as time went on as they gathered skills and began to understand the cultural milieu. It is therefore encouraging to learn that graduates developed confidence during the community service year.

According to Steyn (2012), community service dieticians stated that they learnt a lot about themselves and experienced positive personal growth and increased self-confidence. In a study conducted by Holland and Moddeman (2012), it was reported

that newly qualified nurses gained confidence during their first year of practice. Kruse (2011) stated that the practical, hands-on learning experience was one of the factors that the community service nurses enjoyed the most about the public health sector. Reasons for this included the variety and pace of their clinical learning, the learning gained on teaching rounds, the necessity for using their initiative when they were at times required to do some of the procedures that are normally performed by doctors. This in itself aided their self-development, spurred their clinical growth and boosted their confidence (Kruse 2011).

In a study conducted in KwaZulu-Natal (Shezi, 2014), the needs of community service nurses for supervision and clinical accompaniment were explored. It was found that being alone without supervision could be empowering because it taught the community service nurse to work independently and boosted their self-confidence and resilience.

Even though the professional nurses shared that working alone was perceived as one of their biggest challenges during their community service placement year, as will later be discussed in theme five, they gained confidence through working independently.

4.5.3.4 Category 4: Developed a sense of responsibility and the ability to adapt and work under pressure.

Participants developed a sense of responsibility, learned how to work under stress and how to take care of things, as was reported by these participants: *“I learnt how to*

take care of things” (Participant 1) and *“learned how to work under stress”* (Participant 6).

“I’ve gained a lot of responsibility” (Participant 4). Parker et al. (2014), stated that many participants felt strongly about their own responsibility and need to pursue help if necessary. According to Sagfani (2014), new graduate nurses become increasingly comfortable with their roles and responsibilities as nurses.

The next participant felt that being exposed to difficult situations taught her to adapt to changing conditions, and reported: *“They were putting me in difficult situations and I had to learn how to adapt to it”* (Participant 6).

Parker et al. (2014), found that the ability to adapt seemed to be most contingent on the individual capacity of new graduates to assess staff and circumstances and to negotiate a position for themselves where they could make the most of a situation. A sense of achievement and increased professionalism prominently featured in the participants’ interview data and may indicate transition success as suggested by Zinsmeister and Schafer (2009).

4.5.4 Theme 4: The undergraduate programme was perceived as not preparing them for their responsibility as community service practitioner.

4.5.4.1 Community service practitioners felt inexperienced.

The professional nurses felt that the undergraduate programme and the educational institution did not prepare them sufficiently for the transition from student to community service practitioner.

Del Bueno (2005) and Li and Kenward (2006) found that despite newly registered nurses having achieved the legal and professional requirements of minimal competence to enter practice, studies indicate that many new nurses lack the clinical skills and judgement needed to provide safe and competent practice. This situation therefore questions the alignment of training/educational programmes with the expectations of the jobs into which graduates enter.

In another study, conducted by Kelly and Ahern (2008) in Australia, it was found that prior to employment as a nurse, new graduates were underprepared for and had limited awareness of what the profession of nursing entailed. They had been shielded as students from the full breadth of the role. This finding correlates with some of the participants in this thesis who reported reality shock as they felt overwhelmed by their new roles.

One participant felt that there were many things that she could not do as she was not exposed to the clinical environment during her training as much as she would have preferred. Furthermore, she felt she only started learning once she started working as

a community service practitioner. The following is her report: *“A lot of things I couldn’t do. I wasn’t that much exposed in my student years. So actually when I started working in my community year then I really started learning”* (Participant 1).

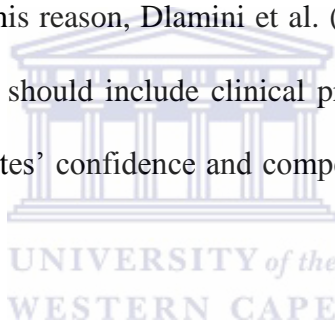
A disconnect between what participants were taught at the educational institution and had subsequently internalized about the power and prestige of the nursing profession versus personal experience in practice, was observed. Tsotetsi (2012) found that the majority of respondents reported that clinical practice is different from the classroom environment in a sense that what they were taught in class differs from the skills that are needed in the wards when they were placed for remunerated community service. According to Mooney (2007), students need to be more prepared for the realities of being a nurse. A lack of experience of graduates is not only specific to the nursing profession. In a study involving dieticians, who were well prepared for compulsory community service, it was found that aspects of their educational preparation required revision in order to ensure that they were ready to serve the communities in which they were placed (Parker, Steyn, Mchiza, Nthangeni, Mbhenyane, Dannhauser, et al., 2013).

Bjerknes and Bjork (2012) argue that new graduates are inadequately prepared for their role as nurses, and they are ineffectively orientated to the workplace.

The following participant felt that she had to adapt to be able to cope with the responsibilities and she reported: *“You just have to adjust yourself to that environment”* (Participant 4). Another participant did not feel adequately prepared for

her role as community service practitioner and said: “*I felt like a bit under experienced*” (Participant 6). According to Ndaba (2013), the informants also stated that the comprehensive course did not prepare them well enough. This correlates with the findings of this study.

The inadequacy of student preparation, especially with clinical skills, has been a concern reported in literature for a long time and similar to this study’s results, inadequacy was associated with curricula emphasis on theory rather than on hands-on patient care. Nurses gain clinical competence when exposed to real practice situations with actual patients. For this reason, Dlamini et al. (2014) suggests that at least 50% of the nursing curriculum should include clinical practice. It is anticipated that this would increase the graduates’ confidence and competence and decrease the effect of reality.



Most of the professional nurses expressed dissatisfaction with the preparation of students by educational institutions in several ways. Some of the content of the undergraduate nursing degree was seen as irrelevant, being too theoretical instead of developing clinical skills that nurses require.

Despite the dissatisfaction expressed by most of the professional nurses, two participants in this study felt that the educational institution prepared them sufficiently for the transition from student to community service practitioner and felt that they were ready for work as registered nurses on graduation from the educational institution.

4.5.5 Theme 5: Community service practitioners experienced support and challenges during their community service year.

4.5.5.1 Category 1: Senior staff supported community service practitioners most.

Professional nurses reported that the senior staff in the wards supported them the most. Good support was perceived as receiving assistance from experienced, although less qualified colleagues such as staff nurses and auxiliary nurses and being trusted to perform tasks that led to increased confidence in their new role. Lavoie-Tremblay, O'Brien-Pallas, Desforges and Marchionni (2008), defines support using the term “social support” and explains that it is the kind of support that is implemented by both colleagues and superiors and enhances a sense of belonging to a team at work.

One participant felt that a staff nurse supported her with everything, even when the sister in-charge was absent she could rely on the staff nurse for support. She reported: *“Support with everything. But there were times when the sister didn’t come to work then the support system was always the staff nurse. I really had a good support system.”* (Participant 1). The next participant experienced support from the nurse manager and said: *“The manager was really supportive”* (Participant 3). Shezi (2014) found that the community service nurses developed an appreciation of the experienced professional nurse’s constructive support.

More participants felt that the senior personnel were there to support them as indicated in the following quotes: *“Always placed with senior a nurse”* (Participant 5) and *“Guide me a lot with senior people who know how the ward works”*

(Participant 6). Ndaba (2013) stated that many of the qualified professional nurses explained that they felt supported and cushioned in the traditional hospital system.

This concurs with the suggestion by Chandler (2012) that nurses who reported gradually developing the skills and knowledge to feel effective in their position, attributed their progress to the senior staff. The culture of support is important to enable successful transition (Jackson, 2005; Higgins et al., 2009; Clark & Holmes, 2006; Clements, Fenwick & Davis, 2012).

4.5.5.2 Category 2: Working alone was viewed as challenging

Participants reported that the biggest challenge during their community service year was that they had to work alone in the ward. Clinical supervision is the responsibility of experienced professional nurses who are highly skilled and who guide and coach by giving advice, clarifying questions and supporting the community service nurses in their endeavours in the nursing unit. Clinical accompaniment is the responsibility of the operational manager, as the person who plays a major role in overseeing and enabling supervision to occur by encouraging experienced professional nurses to participate in clinical supervision of the community service nurses in the nursing unit (Sullivan & Garland, 2010).

During the interviews most participants indicated that they were neither supervised nor mentored by experienced personnel as suggested by participant 1: *“I work alone.”*

Bjerknes and Bjork (2012) suggest that graduates in hospitals should have a mentor among the clinical staff, to provide some support during their first four or five months in the ward. However, because of the hectic clinical setting, new nurses spend much of their time on their own. This situation is not ideal, as Mooney (2007) argues that the environment where newly qualified nurses first work is crucial to a smooth transition. According to Warren and Denham (2010), it is the responsibility of the experienced professional nurse to teach, instruct, supervise and serve as a role model for community service nurses working in different units in the hospital. It is also of concern that after graduation, no provision is made to support the graduate nurses in their roles (Dlamini et al., 2014).

The majority of community service practitioners experienced a lack of support. The following are their accounts: *“We were the only permanent sisters”* (Participant 2); *“Trying to keep up with the pace”* (Participant 5) and *“You were alone in the ward and the doctors were expecting stuff from you that you didn’t know.”* (Participant 6). This situation was exacerbated by shortage of staff in the wards where community service practitioners were allocated. They often did not have any senior professional nurse to support them during their shifts. According to Shezi (2014), the community service nurses emphasised that clinical supervision by experienced professional nurses assisted them in gaining learning opportunities and clinical experience during a period of community service, in the sense that they became familiar with new developments in the clinical field.

It is important for new graduate nurses to feel part of the ward team and to have a sense of belonging to enable the development of confidence and the competence required of a professional nurse. One method of providing support for new graduate nurses that has been widely used, is the use of preceptors (Evans, Boxer & Sanber, 2007). However, management has to value the time commitment by preceptors and mentors, who are often experienced nurses and adjust their workloads accordingly (Thopola, Kgole & Mamogobo, 2013).

4.6 Conclusion

In this chapter the results of the study was discussed. The results of this study clearly indicate that the community service year was experienced by some professional nurses as positive, while others experienced it as being a challenge. The study did not explore why some students' experience was more positive than others. The researcher however acknowledges that there might be many personal reasons for this, other than the influence of the nursing programme, including the graduate's personal level of competence and confidence; their level of intrinsic motivation; their passion for and commitment to the nursing profession and their personal support system, amongst other.

In summary, the results revealed that the community service year was experienced as being difficult as it required the community service practitioners to apply new knowledge and that they had to take up a higher level of responsibility. The professional nurses reported that they experienced the transition from student to community service practitioner as positive and they developed positive relationships

with staff, which helped them develop professionally. The undergraduate programme was perceived as not preparing them for the responsibility as community service practitioner. The study also highlighted that some community service practitioners experienced support while others experienced challenges during the community service year.

The next chapter presents the recommendations, limitations and conclusion of the study.



CHAPTER 5

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION OF THE STUDY

5.1 Introduction

In the previous chapter the results of the study were discussed.

In this chapter, the recommendations for nursing education, practice and future research is presented and the limitations of this study.

5.2 Recommendations

5.2.1 Nursing Education

The participants felt that the educational institution did not sufficiently prepare them for the transition from student to community service practitioner. It is recommended that a team involving academic staff and mentors should be allocated to final-year students for the duration of the year to assist them to prepare for the transition to community service practitioner.

Guidelines prepared jointly by the academic staff, nurse managers in practice and the Department of Health should be developed. Such guidelines should stipulate the legal and ethical scope of practice of a community service practitioner, the responsibilities of the educational institutions, the Department of Health and health institutions in preparing and supporting students for their new role to ensure safe practice and a suitable reporting system.

Training in conflict management, assertiveness, and practical ethics in the undergraduate programme may foster realistic expectations and competency in community practitioners for dealing with ethical dilemmas. Mowry and Crump (2013) suggest that role-play of realistic clinical scenarios and immersion scenarios for role transition is effective for adult learners.

5.2.2 Nursing Practice

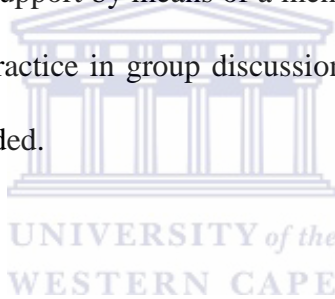
The participants reported that there was a lack of support and mentorship as they often had to work alone and had to deal with the staff's negative attitudes. A comprehensive job description and handover file could be developed and made accessible to the community service practitioners. This file should include specifics on administrative procedures, management options and the routine/schedule of the ward they are assigned to. In addition, in service training, workshops and seminars could be prearranged and conducted to reinforce and assist in quality improvements, patient safety, ethics and promotion of professional development.

Participants have stated that one of their biggest challenges was when they had to work alone. Purposefully linking the community service practitioner to successful and experienced nurse leaders or mentors, may help them to feel less isolated and could provide access to guidance when they need it.

Communication strategies should be developed in community service practitioners. Detailed information about horizontal violence could be shared with them, alongside strategies on how to respond in such cases. It is essential for transition programmes to

contain scripted responses for community service practitioners to use in these circumstances. In addition, opportunities for practice, perhaps using role-play, may be beneficial.

Support should be available throughout the community service year. New graduate nurse transition programmes are typically designed to be completed within 3-6 months (Dyess & Sherman, 2009). Community service practitioners would benefit from long-term support that includes a revised orientation program, debriefing opportunities, sessions focusing on the development of clinical judgement and skills improvement. Prolonged support by means of a mentorship programme which allows for honest reflection on practice in group discussions with other community service practitioners is recommended.



5.2.3 Future Research

Further research studies could be conducted on a larger scale by including other levels of health institutions in the Western Cape.

Comparative studies between provinces in South Africa are recommended.

5.3 Limitations

Limiting the study to the experiences of professional nurses who were in community service during 2012-2013, who were employed at one secondary academic hospital at the time of data collection and excluding the experiences of those at other designated community service placements sites as well as the professional nurses who left the institution before the study was conducted, provides a limited view of the experiences

and challenges related to community service which has the potential to render the study as biased.

5.4 Conclusion

This study focused on professional nurses' experiences of their community service year at a secondary academic hospital in the Western Cape. The two objectives of the study have been reached, namely, to explore the professional nurses' experience of their transition from student to community service practitioner and secondly, to explore the support and challenges experienced by professional nurses during their community service year at a secondary hospital in the Western Cape.

The results of this qualitative study confirm that the community service practitioners need to be better equipped for their transition from student to community service practitioner. While the study highlighted some positive experiences of the community service year, it also highlighted the community service practitioner's need for support from staff in the healthcare institution during the community service year.

REFERENCES

- Barton, D.S., Gowdy, M., & Hawthorne, B.W. (2005). Mentorship Programs for Novice Nurses. *NurseLeader*, 03(04), 41-44.
- Beyers, B. (2013). *Experiences of community service practitioners who are deployed at a rural health facility in the Western Cape*. Masters dissertation. Cape Town: University of the Western Cape.
- Bezuidenhout, M., Human, S., & Lekhuleni, M. (2013). The new nursing qualification framework. *Trends in Nursing*, 1(1).
- Bjerknes, M.S., & Bjork, I.T. (2012). Entry into nursing: an ethnographic study of newly qualified nurses taking on the nursing role in a hospital setting. *Nursing Research and Practice*, 2012(690348), 01-07.
- Bless, C., Higson-Smith, C., & Kagee, A. (2006). *Fundamentals of Social Research Methods: an African perspective*. Fourth Edition. Cape Town: Juta & Co. Ltd.
- Bowles, C., & Candela, L. (2005). The first job experiences of recent registered nurse graduates. *Journal of Nursing Administration*, 32(3), 130-136.
- Boyce, C., & Neale, P. (2006). *Conducting in-depth interviews: a guide for designing and conducting in-depth interviews for evaluation input*. Retrieved June 21, 2011, from http://www2.pathfinder.org/site/DocServer/m_e_tool_series_indepth_interviews.pdf
- Breier, M., Wildschut, A., & Mgqolozana, T. (2009). *Nursing in a new era*. Cape Town: HSRC Press.
- Brewington, D.M. (2013). *New nurse transitions: a qualitative study of perceived difficulties*. Doctoral dissertation. United States: East Carolina University.

Brink, H.I., Van der Walt, C., & Van Rensburg, G. (2006). *Fundamentals of research methodology for healthcare professionals*. Second Edition. Lansdowne: Juta.

Brink, H.I., Van der Walt, C.L., & Van Rensburg, G. (2012). *Fundamentals of research methodology for healthcare professionals*. Third Edition. Cape Town. Juta.

Burns, N., & Grove, S.K. (2005). *The practice of nursing research*. Fifth Edition. Philadelphia: Elsevier.

Caka, E.M. (2010). *The South African Military nursing college pupil enrolled nurses' experiences of the clinical learning environment*. Masters dissertation. Potchefstroom: North-West University.

Chandler, G.E. (2012). Succeeding in the first year of practice: Heed the wisdom of novice nurses. *Journal of Nurses in Staff Development*, 28(3), 103-107.

Chopra, M., Coveney, J., & Jackson, D. (2007). *Study Guide: Nursing Research Methods*. South Africa: University of the Western Cape.

Clark, C.M., & Springer, P.J. (2012). Nurse residents' first-hand accounts on transition to practice. *Nursing Outlook*, 60(4), E2-E8.

Clark, T., & Holmes, S. (2006). Fit for practice? An exploration of the development of newly qualified nurses using focus groups. *International Journal of Nursing Studies*, 44, 1210-1220.

Clements, V., Fenwick, J., & Davis, D. (2012). Core elements of transition support programs: the experience of newly qualified Australian midwives. *Sexual Reproductive Healthcare*, 3, 155-162.

Cohen, L., Manion, L., & Morrison, K. (2007). *Research Methods in Education*. Sixth Edition. Retrieved May 10, 2011, from <http://books.google.co.za>

Creswell, J.W. (2012). *Qualitative enquiry and research design: Choosing among five approaches*. Third Edition. USA: SAGE Publications.

- Creswell, J.W. (2013). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Retrieved October 26, 2015, from <http://books.google.co.za>
- Cullinan, K. (2006). *Health services in South Africa: a basic introduction*. Retrieved October 26, 2015, from www.health-e.org.za/wp-content/uploads/2013/04/Health_services_briefing_doc.pdf
- Deasy, C., Doody, O., & Tuohy, D. (2011). An exploratory study of role transition from student to registered nurse (general, mental health and intellectual disability) in Ireland. *Nurse Education in Practice*, 11, 109-113.
- Del Bueno, D.J. (2005). A crisis in critical thinking. *Nursing Education Perspectives*, 26(5), 278-282.
- Department of Health. (2006). *Community service to improve access to quality health care to all South Africans*.
- Department of Health. (2007). Date of commencement of community service-nurses. *Government Gazette*. (No.1113).
- Department of Health. (2008). *Salaries for nurses who are doing Community Service*.
- Department of Health. (2015). List of approved facilities for the purposes of performing community service by nurses in the year 2016. *Government Gazette*. (Vol. 602, No.39070).
- De Vos, A.S., Strydom, H., Fouché, C.B., & Delpont, C.S.L. (2005). *Research at grass roots: For the social sciences and human service professionals*. Third Edition. Pretoria: Van Schaik.
- De Vos, A.S., Strydom, H., Fouché, C.B., & Delpont, C.S.L. (2011). *Research at grass roots: For the social sciences and human service professionals*. Fourth Edition. Pretoria: Van Schaik.

- Dlamini, C.P., Mtshali, N.G., Dlamini, C.H., Mahanya, S., Shabangu, T., & Tsabedze, Z. (2014). New graduates' readiness for practice in Swaziland: An exploration of stakeholders' perspectives. *Journal of Nursing Education and Practice*, 04(5), 148-158.
- Dovlo, D. (2005). Wastage in health workforce: some perspectives from African countries. *Human Resources for Health*, 3(6), 1-9.
- Duchscher, J.B. (2009). Transition Shock: the initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing*, 65(5), 1103-1113.
- Dyess, S.M., & Sherman, R.O. (2009). The first year of practice: New graduate nurses' transition and learning needs. *The Journal of Continuing Education in Nursing*, 40(9), 403-410.
- Edwards, D., Hawker, C., Carrier, J., & Rees, C. (2011). The effectiveness of strategies and interventions that aim to assist the transition from student to newly qualified nurse. *JBI Library of Systematic Reviews*, 9(53), 2215-2323.
- Etheridge, S.A. (2007). Learning to think like a nurse: stories from new nurse graduates. *Journal of Continuing Education in Nursing*, 38(1), 24-30.
- Evans, J., Boxer, E., & Sanber, S. (2007). The strengths and weaknesses of transitional support programs for newly registered nurses. *Australian Journal of Advanced Nursing*, 25(4), 16-22.
- Frehywot, S., Mullan, F., Payne, P.W., & Ross H. (2010). Compulsory service programmes for recruiting health workers in remote and rural areas: do they work? *Bull World Health Organization*, 88, 364-370.
- Gonzalez-Perez, M. (2007). *Community Knowledge Initiative: Ethical issues in qualitative Research*. Retrieved January 20, 2011, from www.nuigalwaycki.ie/admin/documents/Ethical_Issues.pdf

Govender, S., Brysiewicz, P., & Bhengu, B. (2015). Perceptions of newly-qualified nurses performing compulsory community service in KwaZulu-Natal. *Curationis*, 38(1), 01-08.

Guhde, J. (2005). When orientation ends...supporting the new nurse who is struggling to succeed. *Journal for Nurses in Staff Development*, 21(4), 145-149.

Haag-Heitman, B. (2008). The development of expert performance in nursing. *Journal of nurses in Staff Development*, 24(5), 203-211.

Halfer, D., & Graf, E. (2006). Graduate nurse perceptions of the work experience. *Nursing Economics*, 24(3), 150-155.

Hatcher, A.M., Onah, M., Kornik, S., Peacocke, J., & Reid, S. (2014). Placement, support, and retention of health professionals: National cross-sectional findings from medical and dental community service officers in South Africa. *Human Resources for Health*, 12(14), 01-13.

Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative research methods*. London: Sage Publications.

Higgins, G., Spencer, R.L., & Kane, R. (2009). A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Education Today*, 30, 499-508.

Hoffart, N., Waddell, A., & Young, M.B. (2011). A Model of New Nurse Transition. *Journal of Professional Nursing*, 27(6), 334-343.

Holland, C., & Moddeman, G.R. (2012). Transforming the journey for newly licensed registered nurses. *Journal of Continuing Education in Nursing*, 43(7), 330-336.

Howell, J., Miller, P., Palmquist, M., Park, H.H., Sattler, D., Sprey, T., & Widhalm, S. (2005). *Reliability and Validity*. Retrieved June 21, 2011, from <http://writing.colostate.edu/guides/research/relval/>

- Jackson, K. (2005). The roles and responsibilities of newly qualified children's nurses. *Paediatric Nursing Journal*, 17(6), 26-30.
- Jill, M., & Scott, A.S. (2007). Mentoring partnerships as the wave of the future for new graduates. *Nursing Education Perspectives*, 28(1), 27-29.
- Jooste, K. (2010). *The principles and practice of nursing and health care: ethos and professional practice, management, staff development, and research*. Pretoria: Van Schaik.
- Kaihlanen, A., Lakanmaa, R., & Salminen, L. (2013). The transition from nursing student to registered nurse: The mentor's possibilities to act as supporter. *Nurse Education in Practice*, 13, 418-422.
- Kelly, J., & Ahern, K. (2008). Preparing nurses for practice: a phenomenological study of the new graduate in Australia. *Journal of Clinical Nursing*, 18, 910-918.
- Kelly, S., & Courts, N. (2007). The professional self-concept of new graduate nurses. *Nurse Education in Practice*, 7, 332-337.
- Kothari, C.R. (2011). *Research Methodology: Methods and Techniques*. New age international (P) Ltd Publishers.
- Kruse, B. (2011). *Retaining community service nurses in the Western Cape public health sector*. Masters dissertation. Cape Town: University of Stellenbosch.
- Kwazulu-Natal Department of Health. (2010). *Policy Community Service Officers*. Retrieved May 04, 2011, from www.rhap.org/.../KZN-DoH-Policy-on-COMSERVE-officers-2010.pdf
- Lavoie-Tremblay, M., O'Brien-Pallas, L., Desforges, N., & Marchionni, C. (2008). Addressing the turnover issue among new nurses from a generational viewpoint. *Journal of Nursing Management*, 16, 724-733.

Li, S., & Kenward, K. (2006). A national survey of nursing education and practice of newly licensed nurses. *JONA'S Healthcare Law, Ethics, and Regulation*, 8(4), 110-115.

Longo, J., & Sherman, R.O. (2007). Leveling horizontal violence. *Nursing Management*, 38(3), 34-51.

Louw, D.A., & Edwards, D.J.A. (2011). *Psychology: an introduction for students in South Africa*. 15th Edition. Sandton: Heinemann.

Mack, N., Woodson, C., MacQueen, K.M., Guest, G., & Namey, E. (2005). *Family Health International. Qualitative Research Methods: a data collector's field guide*.

Retrieved September 02, 2010, from

<http://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector's%20Field%20Guide.pdf>

Mohamed, S.E. (2005). *Community service for health professionals to improve services*. Retrieved November 10, 2010, from

www.vosesa.org.za/focus/vol1_no2/index.html?article_4.html~content

Mooney, M. (2007). Facing registration: the expectations and the unexpected. *Nurse Education Today*, 27(8), 840-847.

Mouton, J. (2006). *Understanding social research*. Pretoria: Van Schaik.

Mowry, M.J., & Crump, M.D. (2013). Immersion scenarios bridge the educational-practice gap for new graduate registered nurses. *The Journal of Continuing Education in Nursing*, 44, 319-325.

Mqokozo, N. (2013). *Personal narratives of newly qualified nurses in a public hospital in Gauteng Province*. Master's dissertation. Johannesburg: University of the Witwatersrand.

Ndaba, B.J. (2013). *Lived experiences of newly qualified professional nurses doing community service in midwifery section in one Gauteng hospital*. Pretoria: University of South Africa.

Park, M., & Jones, C.B. (2010). A retention strategy for newly graduated nurses: an integrative review of orientation programmes. *Journal for Nurses in Staff Development*, 26(4), 142-149.

Parker, V., Giles, M., Lantry, G., & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today*, 34(1), 150-156.

Parker, W., Steyn, N.P., Mchiza, Z., Nthangeni, G., Mbhenyane, X., Dannhauser, A., Moeng, L., & Wentzel-Viljoen, E. (2013). Dietitians in South Africa require more competencies in public health nutrition and management to address the nutritional needs of South Africans. *Ethnicity and Disease*, 23(1), 87-94.

Pennbrant, S., Nilsson, M., Ohlen, J., & Rudman, A. (2013). Mastering the professional role as a newly graduated registered nurse. *Nurse Education Today*, 33, 739-745.

Pfaff, K.A., Baxter, P.E., Jack, S.M., & Ploeg, J. (2014). Exploring new graduate nurse confidence in inter-professional collaboration: a mixed methods study. *International Journal of Nursing Studies*, 51, 1142-1152.

PHSDSBC. (2009). *Public Health and Social Development Sectoral Bargaining Council resolution of 2009: occupational specific dispensation for therapeutic, diagnostic and related allied health professionals*. Retrieved May 04, 2011, from www.npswu.org/.../OSD%20ALLIED%20AND%20THERAPEUTIC.pdf

Riegel, E.M. (2013). Orienting a new generation of nurses: expectations of the millennial new graduate. *Open Journal of Nursing*, 3, 461-466.

Ross, A., & Reid, S. (2009). Retention of community service officers for an additional year at district hospitals in KwaZulu-Natal and the Eastern Cape and Limpopo provinces. *South Africa Family Practitioner*, 51, 249-253.

Roziars, R.L., Kyriacos, U., & Ramugondo, E.L. (2014). Newly qualified South African nurses' lived experience of the transition from student to community service nurse: A phenomenological study. *The Journal of Continuing Education in Nursing*, 45(2), 91-100.

Saghafi, F. (2014). *The journey from new graduate to proficient nurse in the intensive care unit: a descriptive phenomenological study*. Doctoral dissertation. Sydney: Australian Catholic University.

SANC. 2010. *Community Service*. Retrieved September 01, 2010, from http://www.sanc.co.za/serv_csv.htm

Schneider, Z., Whitehead, D., Elliot, D., Lobiondo-Wood, G., & Haber, J. (2007). *Nursing and midwifery research: Methods and appraisal for evidence-based practice*. Third Edition. Chatswood, NSW: Mosby-Elsevier.

Searle, C. (2005). *Professional Practice: A Southern African Nursing Perspective*. Fourth Edition. Pietermaritzburg: Heinemann.

Shezi, B.E. (2014). *The needs of community service nurses with regard to supervision and clinical accompaniment*. Masters dissertation. Potchefstroom: North-West University.

Silva, D.G.V., Souza, S.S., Trentini, M., Bonetti, A., & Mattosinho, M.M.S. (2010). The challenges coped by the novice nursing practice. *Rev Esc Enferm USP*, 44(2), 504-509.

Sullivan, E.J., & Garland, G. (2010). *Practical leadership and management in nursing*. England: Pearson Education.

Steyn, N.P. (2012). *Community service dietitians delivering an effective nutrition service: what are the policy options?* Retrieved October 26, 2015, from www.hsrc.ac.za

Stievano, A., Jurado, M.G., Rocco, G., & Sasso, L. (2009). A new information exchange system for nursing professionals to enhance patient safety across Europe. *Journal of Nursing Scholarship*, 41(4), 391-398.

Teoh, Y.T.E., Pua, L.H., & Chan, M.F. (2013). Lost in transition – A review of qualitative literature of newly qualified registered nurses' experiences in their transition to practice journey. *Nurse Education Today*, 33, 143-147.

Thomas, D.R. (2003). *A general inductive approach for qualitative data analysis*. Retrieved May 18, 2011, from <http://www.frankumstein.com/PDF/Psychology/Inductive%20Content%20Analysis.pdf>

Thopola, M.K., Kgole, J.C., & Mamogobo, P.M. (2013). Experiences of newly qualified nurses at University of Limpopo, Turfloop Campus executing community services in Limpopo Province, South Africa. *African Journal of Physical, Health Education, Recreation and Dance*, 1, 169-181.

Trochim, W.M.K. (2006). *Social Research Methods*. Retrieved September 02, 2010, from <http://www.socialresearchmethods.net>

Tsotetsi, A.D. (2012). *Experiences and support of the newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng province*. Masters dissertation. Pretoria: University of Pretoria.

Warren, A.L., & Denham, S.A. (2010). Relationships between formalized preceptor orientation and student outcomes. *Teaching and learning in nursing*, 5, 4-11.

Whitehead, B., & Holmes, D. (2011). Are newly qualified nurses prepared for practice. *Nursing Times*, 107(19/20), 20-23.

Wilson, N.W., Couper, I.D., De Vries, E., Reid, S., Fish, T., & Marais, B.J. (2009). A critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote areas. *Rural Remote Health*, 9(2), 1060.

Wood, M.J., & Ross-Kerr, J.C. (2011). *Basic steps in planning nursing research: From question to proposal*. Seventh Edition. Massachusetts: Jones & Barlett.

Zinsmeister, L.B., & Schafer, D. (2009). The exploration of the lived experience of the graduate nurse making the transition to registered nurse during the first year of practice. *Journal for Nurses in Staff Development*, 25, 28-34.



APPENDIX 1
SEMI-STRUCTURED INTERVIEW SCHEDULE

Section 1: Demographical Information

Age				
Gender	Male		Female	
Type of Programme	Degree	4 year Diploma	Other	Explain
Institution				
Year of Community Service	2012	2013	Other	
Where did you complete your community service placement year?	KBH			Other

Section 2: Transition Period

What was your experience of transition from student to community service practitioner?	Elaborate
Did the educational institution sufficiently prepare you for the transition?	Explain
Explain your experience of the gap, if any, between student and community service practitioner practice expectations?	Explain

Section 3: Community service year

What was your experience of the community service year?	Elaborate
What support from your employer did you experience during that year?	Elaborate
Did you have a mentor/support system in the wards?	Elaborate
Were there any challenges?	Elaborate/ Explain How did

	you overcome them?
How was your relationship with the staff members?	Elaborate
What did you gain as a professional, from the community service year?	Explain
Do you think the community service year is of any value?	Elaborate
Any ideas/changes you want to suggest to improve the community service year for the future practitioners?	Explain/ Elaborate



APPENDIX 2



UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF NURSING

Private Bag X17, BELVILLE, 7535, South Africa Telegraph: UNIBELL

Telephone: (021) 959 2271;

Fax: (021) 959 2679; Email: lizellezaayman@yahoo.com

INFORMATION SHEET

Project: Title: Professional Nurses' experience of their Community Service placement year at a Secondary Academic Hospital in the Western Cape.

What is this study about?

This is a research study being conducted by Lizelle Zaayman, a registered master's student from the University of the Western Cape. We are inviting you to participate in this research study because you completed your community service year during 2012 -2013. The purpose of this research study is to gain insight into the professional nurse's experience of their community service placement year.

What will I be asked to do if I agree to participate?

You will be asked to participate in a semi-structured interview where you will be asked questions regarding your experience as a community service practitioner. The interview will be done on a one to one basis and will be conducted at your place of

employment. With your permission, a tape recording and notes of the interview will be made to help the researcher gain more insight into the information given.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, tape recordings and notes will be kept in a locked draw to which no one other than the researcher will have access. You will not be named at any time and participation will not jeopardize your employment.

If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

What are the risks of this research?

There are no known risks associated with participating in this research study.

What are the benefits of this research?

There will not be any financial or other benefits to you personally, but the results may help the researcher learn more about the professional nurses' experience of the community service placement year. The study will be of significant value to the Department of Health and Nursing Departments in identifying the usefulness of the community service year. The results will provide the departments with information of the professional nurses' experience of the community service placement year which could be used to improve the existing placement programme and the nurses' experiences. Nursing departments will be able to use the findings to implement

strategies in their nursing programmes to ensure a smoother transition from student to community service practitioner and professional nurse.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized.

What if I have questions?

This research is being conducted by Lizelle Zaayman and is supervised by Prof. F. Daniels from the School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Lizelle at: 082 416 2049 or email: lizellezaayman@yahoo.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Supervisor: Professor F. Daniels

School of Nursing – UWC

Email: fdaniels@uwc.ac.za

Tel: 021 959 2443

Or

Director of the School of Nursing: Professor K. Jooste

School of Nursing – UWC

Email: kjooste@uwc.ac.za

Tel: 021 959 2274

Or

Dean of the Faculty of Community and Health Sciences: Professor J. Frantz

University of the Western Cape

Private Bag X17

Bellville 7535



This research study carries the approval of the University of the Western Cape's Senate Research Committee and Ethics Committee.

APPENDIX 3



UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF NURSING

Private Bag X17, BELVILLE, 7535, South Africa Telegraph: UNIBELL

Telephone: (021) 959 2271

Fax: (021) 959 2679; Email: lizellezaayman@yahoo.com

CONSENT FORM

Project: Title: Professional Nurses' experience of their Community Service placement year at a Secondary Academic Hospital in the Western Cape.

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. I agree to the use of a tape recorder during the interview session. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

- **Participant's Name:** _____
- **Participant's Signature:** _____
- **Witness:** _____
- **Date:** _____

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact:

Study Supervisor: Prof. F. Daniels

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone: 021 959 244 3

Email: fdaniels@uwc.ac.za



APPENDIX 4

ETHICAL CLEARANCE



DEPARTMENT OF RESEARCH DEVELOPMENT

26 February 2016

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Ms L Zaayman (School of Nursing)

Research Project: Professional Nurses' experience of their
Community Service placement year at a
Secondary Hospital in the Western Cape.

Registration no: 11/7/21

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.



*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

APPENDIX 5

DECLARATION OF EDITING

Mary A. Cohen
Language Practitioner

Editing and proof reading for academics

4 Swan Lane
Bergvliet
7945

Phone 021 7130397

swanlake@mweb.co.za

5 January 2016



Ms LS Zaayman
Student Number: 2519536

The above-named student' thesis titled **“Professional nurses’ experiences of their community service placement year at a secondary academic hospital in the Western Cape,”** was proof read/edited for grammar, spelling, syntax and referencing.

