

UNIVERSITY OF THE WESTERN CAPE

FACULTY OF COMMUNITY AND HEALTH SCIENCE

RESEARCH REPORT

Title: Professional nurses' experiences of their community service placement year at a secondary academic hospital in the Western Cape



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ABSTRACT

Community service has been an inevitable part of most health professionals' lives since it began in 1998. In 2004 the Health Minister in South Africa announced that community service will be extended to include nurses once the Nursing Bill of 2005 was passed by Parliament. Community service for nurses is one year of service after graduation and before the graduate is registered as a professional nurse with the South African Nursing Council. The period of transition from student to newly qualified nurse is known to be stressful. "Reality shock" is a common experience for newly qualified nurses who find themselves in work situations for which they feel inadequately prepared.

The aim of the study was to explore the professional nurses' experience of the community service year at a secondary hospital in the Western Cape. The two objectives were to explore the professional nurses' experience of their transition from student to community service practitioner and to explore the support and challenges experienced by professional nurses during their community service year at a secondary hospital in the Western Cape.

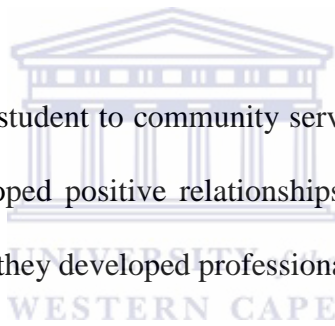
A qualitative research approach and an exploratory and descriptive research design were used to gain insight into the professional nurses' experiences of their community service year.

The population included all professional nurses employed in community service during 2012-2013 and who were working at the selected research site, a secondary

academic hospital in the Western Cape. Participants, sampled through purposive sampling, participated in semi-structured interviews during September 2014-January 2015. The inductive process described by Thomas (2003) was used to analyse the data.

The results of this study revealed that the community service year was experienced as difficult as it required the community service practitioners to apply new knowledge and take on a higher level of responsibility in practice. The undergraduate nursing programme was perceived as not preparing them for the responsibility as community service practitioner.

However, transition from student to community service practitioner was experienced as positive as they developed positive relationships with staff that supported them through the process while they developed professionally.



DECLARATION

I hereby declare that *Professional nurses' experiences of their community service placement year at a Secondary academic hospital in the Western Cape* is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Student: Lizelle Sharon Zaayman



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Signature:  Date:January 2016.....

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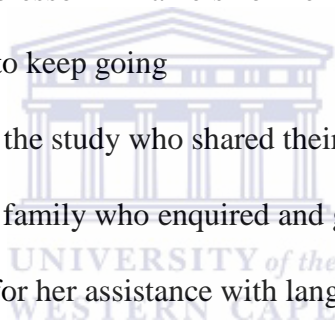


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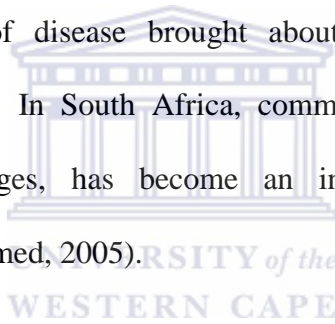


CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

The human resource situation globally has been categorized as follows: the number of trained health workers has historically been inadequate and many countries have suffered from scarcities of almost all cadres of health workers. The production of health care workers has not kept pace with the population's needs, especially with the ever-increasing burden of disease brought about by HIV/AIDS and resurgent epidemics (Dovlo, 2005). In South Africa, community service, as a response to human resource challenges, has become an inevitable part of most health professionals lives (Mohamed, 2005).



Community service was introduced in 1998 for doctors, followed by dentists in 2000 and pharmacists in 2001. In 2003, seven more professions began their community service, namely, clinical psychologists, dietitians, environmental health officers, occupational health officers, physiotherapists, radiographers and speech, language and hearing therapists (Department of Health, 2006). The Health Minister, Manto Tshabalala-Msimang, subsequently gave notice that the date of commencement of community service for nurses would be 01 January 2008 (Department of Health, 2007). The policy regarding Community Service is set out in section 40 of the Nursing Act, 2005 (Act No. 33 of 2005) and in the Regulations

Relating to Performance of Community Service published in Government Notice No. 765 of 24 August 2005 (SANC, 2010). According to the South African Nursing Council (SANC), community service must be performed for a period of twelve months. An interruption or break in the service period must be made up within two years calculated from the date of commencement of the community service. If the twelve months of community service is not completed within the two year limit, the period already served will lapse and the practitioner is expected to redo the full period of community service (SANC, 2010). A practitioner who performs community service in an establishment not designated by the Minister of Health will not be registered as a community service practitioner and the period of community service will not be recognized (SANC, 2010).

The South African Department of Health's main objective for the introduction of community service for health professionals was to promote "equitable distribution" of health services to the people of South Africa. In addition, it assists health professionals to develop further practical skills, knowledge, critical thinking and professional behaviour during the period of compulsory community service (Hatcher, Onah, Kornik, Peacocke & Reid, 2014).

In addition to the short term goal of ensuring that young health professionals provide services in underserved areas, the strategy aimed at attracting health professionals to work in rural areas in the longer-term (Mohamed, 2005; SANC, 2010).

Alongside this strategy, the introduction of the Occupational Specific Dispensation (OSD), according to the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) resolution of 2009, was to provide improvement of career paths for employees who occupy a post in the therapeutic, diagnostic or related allied health professions, through the introduction of a set of salary grades attached to posts in each category. It was envisaged that the OSD would display longer career progression opportunities in order both to recruit and retain the professionals in the relevant areas of need and also to cater for the retention of such professionals in clinical practice for longer periods (PHSDSBC, 2009).

The stress related to the new graduates being moved from a familiar area where they studied or lived, to rural areas for community service, in addition to anxiety related to the challenges of their heightened responsibility as community service practitioner, cannot be underestimated. The period of transition from student to community service practitioner has been documented as being stressful (Deasy, Doody & Tuohy, 2011). Edwards, Hawker, Carrier and Rees (2011) reported that “Reality Shock” is a common experience in newly qualified nurses who find themselves in work situations for which they feel inadequately prepared.

There have, however, also been positive reports on community service, such as by Roziers, Kyriacos and Ramugondo (2014) who reported that physicians experienced community service as positively contributing to their professional development. More than 80% of respondents in their study experienced opportunities for

independent decision-making, had good relations with the hospital staff, and indicated that they had been able to make a difference in health care delivery.

1.2Background

The South African Nursing Council introduced a four-year comprehensive course leading to the registration as a nurse (general, psychiatric and community) and midwife (Regulation R425 of 22 February 1985, as amended). The integrated four-year diploma or degree qualification which is taught at a university or college was implemented in 1984 in line with the nurse-based primary healthcare approach of South Africa. The South African Nursing Council is a juristic body that has been established to control nursing practice in South Africa (Act 33, 2005). It is legally tasked with promoting and maintaining standards of nursing education in the country, in addition to ensuring appropriate, safe and ethically sound professional nursing practice of high quality. The South African Nursing Council, therefore, has the responsibility to regulate the training of nurses, accredit training facilities, monitor the process of nursing education in different institutions and enable nurse practitioners to practice through a process of licensing and registration (Bezuidenhout, Human & Lekhuleni, 2013).

Any citizen of South Africa, intending to register for the first time as a professional nurse, is required to perform remunerated community service for a period of one year. However, upon registration as a community service practitioner, the practitioner is guided by the code of conduct of a professional nurse and midwife. Only designated

public health establishments or complexes of public health establishments can be utilized to perform community service (SANC, 2010) The designated public health establishments are described in section 1 of the National Health Act, 2003 (Act No. 61 of 2003). The Department of Health issues the lists containing the names of the approved facilities for performing community service. The latest list with approved health facilities for 2016 has been issued in the Government Gazette No. 39070 of 06 August 2015 (Department of Health, 2015). The secondary hospital selected as the research site in this study fits the description of a public health establishment as it is controlled and owned by the state and it is listed as an approved health facility in the above mentioned Gazette.

The aim of the community service strategy of the National Department of Health was to retain professional nurses through community service, with graduates obtaining clinical experience under the supervision of experienced professional nurses (Department of Health, 2011). Community service nurses are often placed in an area where they have to work independently within the first year after qualifying as a graduate, without being supervised and supported in the public health facility (Wilson, Couper, De Vries, Reid, Fish & Marais, 2009). Stress and shock may be universal experiences encountered by all community service nurses (Mooney, 2007). This emotional instability could be reduced by implementing induction and orientation programmes and by providing policies, guidelines and support services that promote a sense of belonging in a profession (Caka, 2010; Stievano, Jurado, Rocco & Sasso, 2009).

1.3 Problem statement

A four-year undergraduate nursing programme prepares students to become professional nurses. Graduates, however, undertake a year of community service at one of the many public health facilities designated for community service before being registered as a professional nurse. The question may be asked, does the undergraduate programme prepare graduates for the reality to practice as a community service practitioner? What do they experience when they are no longer a student and their lecturer, tutor, or clinical supervisor is not there to guide and support them?

1.4 Aim of the study

To explore the professional nurses' experience of their community service year at a secondary hospital in the Western Cape.

1.5 Objectives

- 1.5.1 To explore the professional nurses' experience of their transition from student to community service practitioner.
- 1.5.2 To explore the support and challenges experienced by professional nurses during their community service year at a secondary hospital in the Western Cape.

1.6 Significance of the study

Knowledge of the gaps experienced in the support provided, and the challenges experienced during the community service year would guide nursing departments in improving their preparation of nurses for their changing role and responsibility, to ensure a smoother transition from student to community service practitioner. The study findings could be used to inform the Department of Health on ways to improve community service orientation programmes at the designated health facilities and ways to ensure better support for new graduates.

1.7 Clarification of concepts

Community service year: Any citizen of South Africa intending to register for the first time as a professional nurse is required to perform remunerated community service for a period of one year (SANC, 2010).

Community service practitioner: Persons registered to perform community service must be registered in the category community service (SANC, 2010).

Designated public health establishments for community service: Health establishments that are owned or controlled by an organ of state (National Health Act No. 61, 2003).

Professional nurse: Is a person registered with one of the various Nursing Councils/Boards in the region and who practices his/her profession for gain in any capacity that prescribes registration as a pre-employment requirement (Searle, 2005).

Secondary hospital: Provides care requiring the intervention of specialists and general practitioners (Cullinan, 2006).

1.8 Conclusion

This chapter gave an overview of the research study which included an introduction, problem statement and the aim and objectives of the study. The significance of the study to the Department of Health and nursing departments is also described and concepts used in the study are clarified for the reader. The next chapter presents the literature review.



CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter discusses the literature reviewed on the research topic. Acknowledging that there are two schools of thought on whether or not a literature chapter should be included in qualitative research, the researcher has chosen to include a literature chapter in this exploratory descriptive study. Background information has been included to ensure that the research topic is understood and the research problem is clearly formulated. As suggested by Bless, Higson-Smith and Kagee (2006), the literature review was conducted to acquaint the researcher with the most recent advances in the identified area of research and to identify gaps in knowledge that this research could address. A search strategy for published literature on the experiences of nurses during their community service placement year was conducted using PubMed, EBSCO, and Research Gate. Selected academic full-text databases for relevant literature from 2005-2015 was sought.

2.2 The transition period and reality shock

For many new nurses, transition from the student role to that of a practising registered nurse, also known as transition to practice, continues to be a difficult process (Brewington, 2013). The transition period is a time when nurses consolidate their knowledge and skills and adjust to their new role. Without adequate support, nurses

have been found to change clinical area or leave the profession altogether (Edwards et al., 2011). This stage subsumes elements of transition theory, reality shock, cultural and acculturation shock, in addition to theory related to professional role adaptation, growth and development, and change theory.

Hospitals are under vast pressure to deliver quality patient care while employing a suitable number of competent nurses to guarantee positive patient outcomes. New graduates form more than 10% of the current nursing personnel and this number is anticipated to increase as more experienced nurses retire. Thus, health care organizations are confronted to find ways to train and educate new nurses to be safe, skilled and knowledgeable care-givers (Clark & Springer, 2012). The challenges associated with novice practitioners entering the workforce are numerous and complex. The difficulties of reconciling the disparity between “idealized role conceptions” and “actualized role conceptions”, reported as “reality shock”, gives rise to nursing role conflicts (Duchscher, 2009; Feng & Tsai, 2012). Studies of newly graduated nurses have found that they felt that their education should have better prepared them for their working life by offering more opportunities to enhance skills and critical thinking (Pennbrant, Nilsson, Ohlen & Rudman, 2013).

The practice readiness of new graduates is a topic that generates lively conversation and divergent viewpoints among nurse educators in academic and practice settings (Dyess & Sherman, 2009). The gap between educational preparation and healthcare system expectations influences graduate nurses’ professional self-concept and their ability to be socialized into the profession and healthcare environment. Nursing

education is designed to prepare students to provide holistic care to diverse patient populations by expanding students' knowledge, improving their clinical skills and developing their professional values. However, academic institutions are under constant constraints that limit their ability to influence students' professional development (Kelly & Courts, 2007). The idea, therefore, is that transition shock is the graduates' response to their new reality and the gap between what they were taught in their undergraduate education and what they come to know in their work world (Duchscher, 2009).

Reality shock affects the transition of new nurses as they enter the workforce and in turn, patient safety, and quality of care including nurse retention. Role stress is one component of reality shock that persists during the transition period. Role stress is the discontinuity between one's perception of a specific role and one's actual performance of that role (Hoffart, Waddell & Young, 2011). According to Kaihlanen, Lakanmaa and Salminen (2013), the transition from nursing student to registered nurse is ill-defined and lacks clarity. However, the first year of nursing practice is reported as challenging for many new graduate nurses, particularly as they strive to build confidence in their professional practice. Unfortunately, most academic programmes provide limited opportunities for nursing students to develop a sense of confidence in inter-professional collaboration. This gap in preparation may also continue into the transition period (Pfaff, Baxter, Jack & Ploeg, 2014).

2.3 Policy regarding supervision of community service practitioners

Attempts have been made in some provinces in South Africa to provide support to community service practitioners. Such support would help neophytes' better transition into their new roles and limit the shock of their new reality. No policy, however, was found in literature for the Western Cape Department of Health. In KwaZulu-Natal, a detailed plan has been compiled for optimizing the contribution of community service officers in health service delivery. To ensure that community service practitioners receive the necessary support, clinical supervision of the community service practitioner must lie within the line manager's function to ensure safe professional practice. The following mentoring framework is applied with identified mentors at each site: the mentor develops a professional development plan as soon as possible after the commencement of the year and communicates this plan to the line manager. A provincial coordinator is elected and meets with site mentors at prearranged times during the year to address identified problems. Good professional conduct is reinforced by supervisors and mentors partly as a result of the high turnover of staff at some institutions (KwaZulu-Natal Department of Health, 2010). This framework provides evidence of the needed support for community service practitioners.

2.4 Hospital policy on community service practitioners

At an institutional level, as was ascertained from R. Walsh (personal communication, 2010) an operational manager employed at a tertiary academic hospital in the

Western Cape, meetings are held monthly or every second month between the head of the nursing school of the academic hospital and the community service practitioners. These meetings are used for open discussions regarding the working conditions of the practitioners.

Practitioners rotate every one to two months between wards, giving them a chance to gain experience in different departments, for example, pediatrics, surgical, medical, intensive care, psychiatry, theater, obstetrics and oncology. Twenty-two working days of annual leave is granted per year of which 10 days should be scheduled as consecutive days. Practitioners may work overtime shifts at a tertiary academic hospital, but no agent employment is allowed. Incidental night shifts may be done on request by the area manager.

The unit manager is expected to identify a mentor for the practitioner for the time of their allocation in the ward. The practitioner will work under direct and indirect supervision of a registered professional nurse. Ward reports or progress reports of the practitioners that states whether the practitioner is competent or needs more guidance, must be completed by the professional nurse in charge of the ward and must be handed in within one working day after the conclusion of the placement period in the ward.

2.5 Support during community service

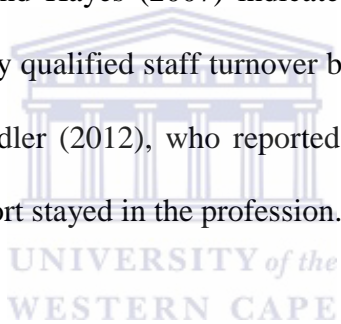
It is common for students to feel insecure about their competence at the moment of graduation. Graduating nursing students are noted for being poorly prepared for increasing responsibility and the realities of nursing and the hospital environment (Kaihlanen, et al., 2013). Support and guidance, acceptance by experienced nurses, preparation and responsibility, knowledge and confidence can influence new graduate nurse's performance (Kelly & Courts, 2007). According to Beyers (2013) providing support to community service practitioners was demonstrated as a crucial matter for successful placement. Although some evidence of support exists, as alluded to earlier, Govender, Brysiewicz and Bhengu (2015) argue that there are no formal structures to integrate newly qualified South African nurses into institutions once they are employed. They found in their study that newly qualified nurses had the knowledge, skills and values for nursing practice but lacked critical thinking in applying the nursing process, indicating that the supervision they received could be improved.

The environment where newly qualified nurses first work is crucial to a smooth transition. The turnover rate for hospital nurses are, however, highest in the first year of employment at an average of 15% per year (Barton, Gowdy & Hawthorne, 2005). Staff shortages were found to be a major contributor to the lack of support given to newly qualified nurses once in post, rather than unwillingness to offer support by established members of staff. Therefore, according to Mooney (2007), the majority of newly qualified nurses in her study experienced a lack of support.

In this era of cost containment, there have been greater demands on nurse leaders in practice settings to shorten new employee orientations and move new staff into patient care assignments more rapidly. Given the earlier argument regarding graduates lack of preparedness for the realities of nursing and the hospital environment, this decision may be detrimental to patient care. That newly graduated nurses should have achieved the legal and professional requirements of minimal competence to enter practice, is not being denied. However, studies indicate that many new nurses lack the clinical skills and judgement needed to provide safe, competent practice. New graduates express concerns about their ability to provide safe patient care and meet the performance expectations of the organizations that employ them. The successful transition of these novices into practice is a critical issue for the profession in today's chaotic healthcare environment. According to Dyess and Sherman (2009), nurse educators in practice settings play a key role in designing programmes that support new graduate nurses in practice.

The need for mentoring has been presented earlier as a support strategy. A mentor is defined as a trusted counselor or guide, willing to dedicate his or her career to the advancement of the profession (Barton, et al., 2005). The student-mentor relationship influences students beginning their working life, on their professional growth and on the development of their self-esteem (Kaihlanen, et al., 2013). Nursing supervisors should be committed to empowering these nurses by increasing their clinical confidence; helping them consolidate their knowledge and encouraging them to engage in reflective practice (Teoh, Pua & Chan, 2013).

In a study conducted by Dlamini, Mtshali, Dlamini, Mahanya, Shabangu and Tsabedze (2014), recent graduates mentioned that they are left to manage units as if they are being tested rather than welcomed, orientated, supported and even accepted as new team members. They felt that it was essential to have some support from the experienced staff in the first few months of service to help them gain confidence and become familiar with the working environment. Haag-Heitman (2008) asserts that “praise”, “reinforcement” and “support” of the newly qualified graduates placed for remunerated community service, creates a conducive environment for learning and development. Jill, Scott and Hayes (2007) indicate that comprehensive orientation programmes reduces newly qualified staff turnover by 17-23%. This was evident in a study conducted by Chandler (2012), who reported that graduate nurses who were given a great deal of support stayed in the profession.



2.6 Conclusion

It is evident that community service practitioners are still inexperienced and need support and guidance and this is also found beyond the borders of South Africa. The report of a study conducted by the Department of Health in Washington, stated that the type of support provided to community service personnel plays a vital role in the success of the placement procedure. It includes payment, housing, continuing education, and clinical support and supervision. The lack of support for health care professionals could lead to an unsuccessful programme, since health care

professionals might either leave at the end of their community service year or continue working unproductively (Frehywot, Mullan, Payne & Ross, 2010).

This chapter discussed the literature related to the study and included a review of relevant policy and procedures relating to the support of community service practitioners. Studies that were relevant to the research topic were reviewed. Limited information was found about professional nurses' experiences of their community service placement year at secondary hospitals in the Western Cape.

The next chapter will discuss the research methodology of the study.

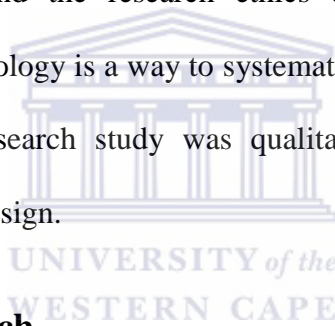


CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter gives an overview of the methodology used in this study and provides a description of the research approach and design, the population and sampling, the method of data collection and the process, data analysis, measures to ensure validity/trustworthiness and the research ethics considered during the research process. Research methodology is a way to systematically solve the research problem (Kothari, 2011). This research study was qualitative in nature and adopted an exploratory, descriptive design.



3.2 Research Approach

A qualitative research approach was used to gain insight into the professional nurses' experiences during their community service year. The strength of qualitative research is its ability to provide complex descriptions of how people experience a given research issue. It provides information about the "human" side of an issue including the behaviours, views, experiences, opinions, emotions, and relationships of individuals (Mack, Woodsong, MacQueen, Guest & Namey, 2005). The choice of following a qualitative, as opposed to a quantitative design, was based on the nature of the topic being investigated and the desire to add to the limited knowledge

available about the professional nurses' experiences of their community service placement year at a secondary academic hospital in the Western Cape (Chopra, Coveney & Jackson, 2007).

This study complies with the characteristics of qualitative research described by Creswell (2013) as explained below. Each section will be discussed in more detail later in this chapter.

Natural setting: Qualitative researchers collect data in the field at the site where participants experience the issue or problem under study. The research study was therefore conducted at a secondary academic hospital in the Western Cape.

Researcher as key instrument: Qualitative researchers collect data themselves through examining documents, observing behaviour or interviewing participants. In this study the researcher used a semi-structured interview schedule to interview the participants. The researcher conducted all interviews in this study.

Multiple sources of data: Sources of data include interviews, observations, documents and audiovisual information rather than relying on a single data source. In this study the researcher used interviews, made notes in a note book regarding the participants' responses to certain questions, and used a tape recorder throughout the interview.

Inductive and deductive data analysis: Qualitative researchers build their patterns, categories and themes from the bottom up by organizing the data into abstract units of information. This inductive process illustrates working back and forth between the

themes and the database until the researcher has established a comprehensive set of themes. Then, deductively, the researchers look back at their data from the themes to determine whether more evidence can support each theme or whether additional information is required. Thus, while the process begins inductively, deductive thinking also plays an important role as analysis moves forward.

Throughout the data collection process of this study the researcher ensured that enough data was gathered and that data saturation was reached once no new information was seen or heard.

The researcher worked through the interviews by transcribing them into text, reading and rereading them and then formulated categories and themes.

Participants meanings: Throughout the entire process the researcher keeps a focus on learning the meaning that the participants hold about the problem or issue being addressed, not the meaning the researcher brings to the research or what writers express in the literature. In this study, the researcher used a tape recorder to accurately capture the participant's experiences of community service. This was derived from asking open-ended questions and allowing the participants to express themselves freely.

Emergent design: The initial plan for research cannot be rigidly prescribed. The questions may change and the sites may be modified. In this research study, the researcher initially intended to conduct the study at a tertiary academic hospital in the Western Cape. However, permission was not granted by the institution, thus the research site was changed to a secondary academic hospital in the Western Cape as

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.

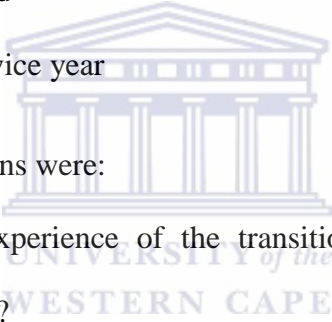
The questionnaire was divided into three sections:

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).

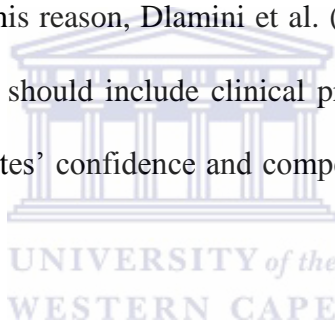
A disconnect between what participants were taught at the educational institution and had subsequently internalized about the power and prestige of the nursing profession versus personal experience in practice, was observed. Tsotetsi (2012) found that the majority of respondents reported that clinical 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

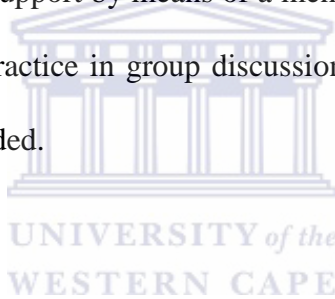
The participants reported that there was a lack of support and mentorship as they often had to work alone and had to deal with the staff's negative attitudes. A comprehensive job description and handover file could be developed and made accessible to the community service practitioners. This file should 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.

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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

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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.

A handwritten signature in black ink, appearing to read 'Josias'.

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

