Experiences of community service practitioners who are deployed at a rural health facility in the Western Cape

By

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DECLARATION

I declare that: ***Experiences of community services practitioners who are deployed at a rural health facility in the Western Cape*** is my own work and it has not been submitted for any degree or examination at any other university and that all the sources have been indicated and acknowledged by means of complete references.

Belinda Beyers October 2013

Signed …….

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ABSTRACT

South Africa has a general shortage of most categories of health professionals, which include nurses, doctors, dentists and pharmacists. However, the problem is exacerbated by the fact that most of these professionals either work in the private health sector or have migrated to more affluent countries. Shortages of nurses in the rural setting continue to pose a problem for the Department of Health. The community service policy is stated in Section 40 of the Nursing Act, of 2005, and in the Regulations relating to Performance of Community Service published in the Government Notice No. 765 of 24 August 2005. In 2008, the first professional nurses started with their community service. Community service for health professionals is a policy proposal of the Department of Health that reacts to the lack of meeting the health requirements in poor communities, particularly in rural areas. It offers graduating health professionals with the prospect of gaining first-hand working experience in conditions of poverty and underdevelopment. South Africa is implementing community service for health professionals as a plan to manage the difficulties of human resources in the health sector. The transition period for community service practitioners in a rural setting is different, which implies that most support may need to be strengthened due to the remoteness of the rural setting.

The purpose of this study was to describe the experiences of community service practitioners during their community service at a rural health facility. From the findings, guidelines were described for the operational managers who are responsible for supporting the community service practitioners at a health facility in a rural area.

A qualitative, exploratory, and descriptive design was applied, using individual unstructured interviews and field notes. Each interview took around 30-45 minutes to complete. The

purposively selected sample consisted of community service practitioners (n = 10) who were practicing at rural health facilities.

The process of inductive coding of Thomas (2003:5) was used to analyse the data.

The results of this study indicate that a process is needed for community service practitioners fresh from university and an urban environment to adapt to a remote rural health facility. Some of the participants did receive an orientation programme at the beginning of their community service year. However, most of the community service practitioners that took part in the study learned from their experience during the year of their placements. For some, the learning opportunities were more available in the rural setting than when they had worked as students at the urban hospital during their training.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

This study was aimed at exploring the experiences of community service practitioners who were deployed at a rural health facility in the Western Cape. In the first chapter, the concept of community service for health professionals, especially for professional nurses, is introduced and the importance of support needed for these practitioners is highlighted to facilitate the success of the community service implementation for all health professionals. A brief background and literature review are provided with regard to the purpose of community service for health professionals and the reasons why support is important for the successful implementation of this initiative by the Department of Health. The problem statement, aim, objectives, and operational definitions of this study are presented and a brief overview of the ethical considerations is provided. The research methodology chosen for this study is described.

South Africa, like most countries, deals with a generalised shortage of essential health professionals that include nurses, doctors, dentists, and pharmacists. This problem is intensified by health professionals who are working in the private sector or migrating to other countries. The shortage of nurses, especially in the remote rural areas, still remains a major problem for the Department of Health (2006). Community service practitioners would make an important contribution to relieving the general shortage of most categories of health professionals. These practitioners are still inexperienced and need support and guidance. In a study by the Department of Health in Washington (Frehywot, Muller, Payne & Ross, 2009: 368), 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, e.g. community service practitioners, could lead to an unsuccessful programme (community service placement), since health care professionals might either leave at the end of their community service year or continue working unproductively (Frehywot, Muller, Payne & Ross, 2009:368).

The first group of health professionals who commenced with community service in 1998 were doctors, followed by dentists in 2000 and pharmacists in 2001. Seven more professions started their community service in 2003 that included clinical psychologists; dieticians; environmental health officers; occupational health officers; physiotherapist; radiographers; and speech, language, and hearing therapist (Department of Health, 2006). In 2004, the Health Minister stated that nurses would be included in the community service programme once the Nursing Bill was passed by Parliament (Mohamed, 2005:1). The community service policy is defined in Section 40 of the Nursing Act, 2005 (Act No. 33 of 2005), and in the regulations of the Performance of Community Service published in the Government Notice No. 765 of 24 August 2005 (SANC, 2010). Section 40 of the Nursing Act, 2005 states: 'A person who is a citizen of South Africa [who] intends to register for the first time to practice a profession in a prescribed category must perform remunerated community service for a period of one year at a public health facility' (SANC, 2010). In 2008, the first professional nurses started with their community service. Community service for health professionals is a policy proposal of the Department of Health that seeks to address the requirements that have not been met, particularly in poor rural communities. It provides the graduating health professionals with an opportunity to gain first-hand experience while working in conditions of poverty and underdevelopment (Mohamed, 2005:1). Implementing community service for all health professionals is the answer of the South African health sector to manage the difficulties of inadequate human resources. The development of a 'well-established

community service programme' is one of the strategies by the Department of Health to resolve the human resource problems in South Africa (Mohamed, 2005:3).

The first year as a professional nurse is viewed as an 'obstacle course', since newly graduated nurses are inadequately equipped for their new professional working environment. A newly graduated nurse needs to be assisted with obtaining confidence and competence. The working environment at any health care facility can be alarming and intimidating to a new nurse. They are no longer students but members of the health team. A structured programme (orientation and induction programme) could assist a new nurse with becoming familiar with the health environment, and the responsibilities and workload that allow them to gradually grow into their new role of professional nurses, while they are outgrowing the mind-set of a student who is considered to be an outsider (Cowin & Duchscher, 2004:323). Support during a time of adjustment is critical for any new nurse, especially in rural areas.

To gain an understanding of the support needed by health professionals such as community service nurses in a rural area, a rural setting and how it differs from an urban one should be defined. Couper (2003:2) identified rural health as the 'provision of health services to areas outside of metropolitan centres [sic] where there exists an ill-equipped access to specialists, intensive and high technology care, and where resources, both human and material, are lacking. This service may either be at hospitals, health centres, clinics, homes in communities, or independent practices. It is best provided by a team of health care workers and is based on the principle of Primary Health Care.

Rural communities in South Africa account for 46% of the total population and they have the same right as their urban counterparts to access quality health care (Versteeg & Couper, 2011:3). As this position paper states, it is these rural communities who receive health care the least. HIV / AIDS, the tuberculosis epidemic, high levels of maternal and child mortality,

an increasing burden of chronic diseases, and health system failures have caused the outcomes of health care to be "very poor" (Versteeg & Couper, 2011:3). Worldwide South Africa and other countries struggle with meeting the health needs of their populations. It has been recorded that one of the challenges that most countries struggle with is ensuring that people living in remote, rural areas have access to health care. The shortage of health care professionals prevents the realisation of the Millennium Developing Goals of ensuring health care to all citizens (WHO, 2010:3).

According to the World Health Organization (WHO, 2006:2), the 'workforce is central in advancing health', since it forms the heart of each and every health system. The production, recruiting, and retaining of health professionals remain a huge problem, not only for South Africa but for the entire world (Wadee & Khan, 2007:142). The South African Government answers to these challengers as follows:

- A new Nursing Act, Act No. 33 of 2005 that introduces community service for health professional nurses.
- OSD for nurses.
- Recruiting foreign doctors.
- Provision of scares skills and rural allowance (George, Quinlan & Reardon, 2009:8).

There have been a lot of studies conducted about the factors that motivate health professionals to stay and work in remote rural areas (Lehmann, Dieleman & Martineau, 2008:1-10; Grobler, Marias, Mabunda, Marindi, Reuter & Volmink, 2009; 1-18). Versteeg and Couper (2011:9-13) identified the following as top challenges for rural health care delivery:

- **Governance and leadership:** A manager that is appointed to a rural area without the necessary training, skills and knowledge leads to uninformed decision making, lack of urgency in dealing with crisis situations, poor work ethics, and poor work relations. Poor leadership leads to frustration amongst staff members that can result in them leaving for better paying jobs.
- **Human resources for health:** The mal-distribution of health workers between rural and urban, as well as private and public sectors hampers health care in rural areas. The factors identified leading to these inconsistencies are insufficient production of health workers, lack of rural recruitment and retention strategies, and higher salaries in the private sector (George, et al., 2009:9).
- **Finances:** It refers to the underfunding of health spending, especially in rural underserved areas and not to salary payments of staff members only. In 2010, there were still several provinces that had posts frozen due to financial debt and poor planning (DoH, 2009:54).

While community service for health professionals has come a long way, for nurses it is still in its initial stages of implementation. It is still too early to assess whether it has had any effect on the human resource situation in South Africa. Health professionals who are doing community service have only slightly reduced the shortage of health personnel (Reid, 2002:156).

Community service is viewed as a ‘test-drive’ for most university graduates in a challenging testing environment. The role of universities is to train graduates accurately for their year of community service (Reid, 2002:136). How good they are able to perform and respond to tasks, adjust to local surroundings, and provide services meaningfully wherever they are

placed are functions of their intelligence, their education, and the setting in which they are placed were some of the questions asked during this review (Reid, 2002: 136).

In a study by Reid (2009:250), only 26% of health professionals in the Limpopo Province, 21% in the Eastern Cape, and 6, 2% in KwaZulu-Natal indicated that they would stay on at the same district hospital where they did their community service year.

Managers at a Limpopo hospital stated that the majority of community service professionals were not given enough social, administrative, and clinical support due to a shortage of senior professions (Omole, Marincowitz & Orgunbanjo, 2005: 57).

1.2 BACKGROUND TO THE STUDY

Compulsory community service is a mechanism for "staffing and strengthening" the health workforce, especially in areas where access to essential primary services and systems is weak. Compulsory community service may not provide a lasting answer to human resource problems in South Africa or the shortage at the workplace in remote, rural areas but if human resources are well-planned, it may result in the retention of health professionals in underserviced areas. Reid (2002:137) shared the point of view that the newly graduated professional who was entering community service experienced a 'disjuncture between their academic training expectation and the actual working conditions' in the public sector. In South Africa, community service for health professionals became institutionalised. For that reason, research needed to be a continuing process for providing better placement policies in order to improve the facilitation of the allocation process.

1.2.1 Community service placement

The South African Nursing Council (SANC: 2010) states that community service must be performed for a period or duration of twelve months. Any interruption or break in the service

must be expunged within a period of two years calculated from the date of commencement of the community service. If the twelve months of community service are not completed within the two-year timeframe, the period already served shall lapse and the practitioner will have to repeat the full period of community service (SANC: 2010). According to SANC, only selected public health institutions or complexes of public health organisations are recognised for completing community service. A practitioner who does his or her service at an establishment not nominated by the Minister of Health will not be registered and the period of community service will not be recognised. According to a statement issued by the Department of Health (2006), candidates have the opportunity to supply five choices from a list of facilities provided by the department.

If they are not assigned at one of those choices, they are given information about six to ten other choices. The process is repeated until the applicant is provided with a placement.

1.2.2 Rural health challenges

Human resources are needed to address the challenges that arise from working at a rural health facility (Wadee & Khan, 2007:142). Lehmann (2008:169) stated that the health workforce had gradually dropped since the 1990s. There are a reduced number of doctors and nurses in the public sector due to:

- training and recruitment had not "kept abreast of population growth";
- attrition of staff members; and
- the increasing burden of care forced on the health system by the large and growing HIV /AIDS epidemic in the country.

There were further inconsistencies between the public and private sectors, as well as rural and urban areas that had increased over the years. According to Hamilton and Yau (2004), health

facilities in rural South Africa experienced an escalating shortage of health professionals. It was reported that 46% of the population lived in rural areas and only 12% of doctors and 19% of nurses serviced these areas. According to the South African Nursing Council (SANC) (2008, 2009), there were more nurses per 100 000 people in the provinces of the Western Cape, Gauteng and KwaZulu-Natal, than the rural provinces of the Eastern Cape, Limpopo, and Mpumalanga. There were obvious inconsistencies between rural and urban settings.

If the main objective of public health had been to improve the health of all South Africans, the awareness needed to focus on rural areas where health care provision is poor. According to a Rural Doctors Association of South Africa (RuDASA) Report of September 2011, rural areas had their own set of peculiar challenges. Health services in rural areas were often more under-resourced in respect of human resources and medical supplies, when compared to urban areas. Challenges were exacerbated by the greater distances from provincial or district offices. Most health professionals had no clinical supervision during their community service year. It put them at a disadvantage compared to those community service practitioners at urban hospitals. Reid (2002:149) stated that the experience of most health professionals was positive, and they gained confidence in their decision making skills; despite the lack of supervision, and the lack of exposure to new learning techniques.

Policies differ with regard to community service from one province to another in South Africa. In KwaZulu-Natal, a detailed plan has been compiled with the purpose of optimising the contribution of Community Service Officers to health service delivery. It will ensure that 90% of Community Service Officer (CSO) posts are filled each year. All CSOs will undergo a structured orientation programme within two weeks of their arrival. The plan contains detailed guidelines for accommodation, training, supervision, and mentorship. The plan is seen as important for the retention of CSOs in rural, underserviced areas after their

placement. Apart from the Northern Cape, a 63% to 88% decrease in the amount of community service health professionals was experienced in every other province in South Africa during 2008 (George, et al., 2009:41).

1.3 PROBLEM STATEMENT

The transition period for community service practitioners in a rural area could be different from the experience of their counterparts in an urban setting. Most support may need to be strengthened due to the inaccessibility of the rural area. In the Western Cape; unlike the other provinces like KwaZulu-Natal, the Northern Cape, and the Eastern Cape; there is no clear policy or guideline that describes how these rural community service teams ought to be supported. It was unclear how community service practitioners experienced their community service in a rural area. The questions arose:

- How do community service practitioners experience their community placement at a rural health facility?
- How could operational managers support the community service practitioners at a rural health facility?

1.4 PURPOSE OF THE STUDY

The purpose of this study was to describe the experiences of community service practitioners during their community service at a rural health facility. From the findings, guidelines were described for the operational managers who are responsible for supporting the community service practitioners at a health facility in a rural area.

1.5 OBJECTIVES

The objectives of this study were to:

- Explore and describe the experiences of community service practitioners during their community service at a rural health facility; and
- Describe guidelines for operational managers to support the community service practitioners at a health facility in a rural area.

1.6 SIGNIFICANCE OF THE STUDY

The study will be of significant value to the National Department of Health and Rural Nursing Departments for identifying the support available to community service practitioners. The results will provide these departments respectively with information about the community service practitioners experiences of the community service placement in a rural area and such information can be employed for improving the available support structures and orientation programmes.

1.7 OPERATIONAL DEFINITIONS

Community service: The term refers to the compulsory service that health care professionals are compelled to perform at public health care facilities, after they have successfully completed their diploma or degree course. The successful completion of the one-year community service is a requirement for entering the nursing profession as a professional nurse (SANC, 2010).

Community service practitioner: 'Any person who is a citizen of South Africa [who] intends and wants to register for the first time as a professional nurse in terms of Section 40 of the Nursing Act No. 33 of 2005 (South Africa, 2005), and have met the prescribed requirements to qualify as such, must perform remunerated community service for a period of one year' (SANC, 2010).

Community service placement: ‘A community service professional nurse shall apply for a post at a public health establishment or a complex of public health establishments designated for the purpose of performing community service. The Minister of Health must publish a list of designated public health establishments in the Government Gazette, where community service may be performed.’ (South Africa 2010).

Experience: It refers to the skills and knowledge that a person or individual gain from performing a duty or an activity. In this study, it refers to the experience community service practitioners gains during their community service year in a rural area (Longman Dictionary: For Advanced Learners, 2009:593).

Graduate: A person who has successfully completed a course of study or training, especially a person who has been awarded an undergraduate or first academic degree. In this study it refers to the newly qualified community service practitioners (Oxford Dictionary, 2014).

Managers: Operational managers at a rural health facility are responsible for the clinical and administrative functions of a health facility. Managers are also responsible for quality and cost-effective patient care. They have many other responsibilities; such as their roles of clinicians, mentors, and support to members of staff, patients, and families. (Shirey, 2005:313).

Professional nurse: According to the Nursing Act No. 33 of 2005, a professional nurse is ‘someone who is educated and competent to practice comprehensive nursing, assumes responsibility and accountability for independent decision making in such practice and is registered and licensed as a professional nurse under the Nursing Act.

Rural area: According to the official policy documents, rural areas are defined as populated areas where local communities farm or depend on natural resources. It includes villages and

small towns (South Africa, 1997). In existing literature, there is no singular universal definition of rural. In South Africa, there is no finite definition of rural either, but in South Africa, the categorisation of municipalities is applied to define the term rural (Department of Health, 2006).

Support: It means to give assistance; to carry some weight on behalf of someone, to sustain him / her, to prevent the person from sinking or falling while sustaining life, or to avoid an unpleasant situation or decision from happening (Webster, 2000).

Rural area: According to the official policy documents, rural areas are defined as populated areas where local communities farm or depend on natural resources. It includes villages and small towns (South Africa, 1997). In existing literature, there is no singular universal definition of rural. In South Africa, there is no finite definition of rural either, but in South Africa, the categorisation of municipalities is applied to define the term rural (Department of Health, 2006).

Transition period: It is defined as a period of learning, adjustments, and socialisation during which the nurses are applying, consolidating and increasing their existing knowledge, while gaining competence (knowledge, skills, and attitudes) that is applicable to the nursing practice in a clinical setting or to the patient population for whom they are expected to perform health services. A period of transition occurs when any nurse commences her duties in a new clinical area (Kilstoff & Rochester, 2003:13).

1.8 RESEARCH METHODOLOGY

1.8.1 Research design

A qualitative, exploratory, descriptive, and contextual design was applied to explore the experiences of community service nurses who were deployed at a rural health facility in the

Western Cape. The aim of qualitative research is to observe everyday life with the purpose of describing and understanding the issue from the point of view of a participant (De Vos, Strydom, Fouché & Delport, 2011: 65). This qualitative research method was identified as the best way to provide the researcher with an opportunity to observe a participant's experience, either by the spoken word or in writing. According to Roberts and Priest (2010:150) a qualitative design enables the researcher to arrive at an interpretation and to reach a conclusion.

According to De Vos, et al. (2011: 96), exploratory research is conducted to acquire an understanding of a situation, phenomenon, and persons; such as community service nurses at a rural health facility. The primary aim of exploratory research is to gather as much information as possible. It is also used to "satisfy the researcher's curiosity and desire for a better understanding" about the experiences of community service nurses at a rural health facility (Babbie & Mouton, 2007:80).

Most qualitative studies are descriptive in nature. Its purpose is to observe, describe, and record aspects of a situation, such as the challenges that are faced by community service nurses in a rural setting (Babbie & Mouton, 2007:80).

1.8.2 Population, setting and sample

A study population can be defined as all the individuals who meet the sample criteria for inclusion in a study, and sometimes it is also referred to as the target population (Sims & Wright, 2002:111). The target population comprises all professional nurses who were busy completing their community services year in rural settings in the Western Cape during 2012.

The rural settings of the Western Cape consist of five districts; namely Cape Wine lands District, Central Karoo District, Eden District, Overberg District, and the West Coast District.

These districts can be divided into 24 sub-districts. In each of the sub-districts, an average of 1 to 2 community service nurses, are placed annually. The accessible population for the study consisted of community service nurses in the Overberg Region with three sub-districts (n = 7), and the Cape Wine lands District with two sub-districts (n = 3).

Purposive sampling was followed that is a non-probability sampling method when the researcher's judgment is applied to decide which participants should be included in the study sample (Babbie & Mouton, 2007:166). The inclusion criteria for this study were:

- The participants had to have completed their basic four-year programme at the end of 2011.
- The participants needed to be nurses placed for their community service years in 2012.
- The participants had to have six months experience after being placed at a rural health facility.

The exclusion criterion was:

- Nurses who were working in the research setting but who had completed their community service outside the research setting, namely in an urban area.

Ten individual interviews were conducted until data saturation was reached (including the two pilot interviews). Data saturation is a stage in the study when the researcher does not gain any new knowledge about the phenomenon under study (De Vos, et al., 2011:294).

1.8.3 Data collection

Unstructured, individual interviews were used to collect data. The interviewer explained the purpose and format of the interview to each participant, who also received an information letter and a consent form to give permission for the interview to be conducted and for the use

of a recorder during the interview. The research questions were followed by probing questions to gain a full understanding of the phenomenon under study. Pilot interviews were conducted with 2 participants of the target population to identify any flaws that might be occurring during the data collection process. As no flaws were identified in the pilot study the data obtained were included in the final analysis. A convenient time were scheduled to conduct the interviews. The nurse managers at the respective facilities were contacted for obtaining consent to conduct the research at their facilities (Annexures E).

Each interview took around 30-45 minutes to complete (Annexure F). Interviews were conducted at the health facilities where participants worked.

1.8.4 Data analysis

Analyses of these qualitative data were a dynamic process. Data analysis in qualitative research starts with the data collection process. Data were carefully managed and the researcher made use of audio recordings, handwritten field notes, and review descriptions of the participants' points of view about the quality of life (Speziale-Streubert & Carpenter, 2003:36). An inductive approach was used to condense extensive raw data into a brief summary format. It provided a convenient and effective way of analysing qualitative data for many research purposes (Thomas, 2003:5).

The process of inductive coding of Thomas (2003:5) was used and included:

- The form of the raw data was printed and back-up files were made, audio recordings were listened to and transcribed into text.
- Raw data were read thoroughly for the researcher to gain an understanding of the themes of the text.
- Data were reduced into a brief summary format.

- Data were subsequently coded.
- Themes and patterns were identified.

Data triangulation ensured confirmability. Triangulation took place when data from the interviews (audio recorded) and field notes (taken during the interview) were simultaneously analysed (Jooste, 2010:323).

1.9 TRUSTWORTHINESS

The trustworthiness or rigor in this qualitative study was achieved by using the criteria of Guba's model; i.e. credibility, transferability, confirmability, and dependability (Lincoln & Guba, 1985:290). To this end, the researcher ensured that the participants' experiences were accurately presented (Tappen, 2011:153). Credibility was ensured by conducting the individual (face-to-face) interviews and by allowing participants to describe their experiences with regard to the phenomenon of the study until saturation of data was reached. Transferability was ensured by describing the research context thoroughly.

Confirmability was ensured by the findings of the research and by not the researcher's bias. It was ensured by the involvement of an independent coder (Babbie & Mouton, 2001:278). The use of an audio recorder supported the evidence of the interviews during data collection. Dependability was ensured by means of a thick description of the research methods by the researcher (Speziale-Streubert, et al., 2003:39).

1.10 ETHICAL CONSIDERATIONS

The ethical principles were adhered to in this study. The ethical considerations are discussed in further detail in Chapter 2 (Research Methodology). Permission was granted by the Senate Research Committee of the University of the Western Cape (Reg. No.:12/3/15), the researcher ensured that the ethical codes of behaviour guiding research programmes were

adhered to during the course of this research. The researcher applied to the Department of Health of the Provincial Government of the Western Cape to conduct the study, since it involved employees of this sphere of government (Annexures D). Lastly, permission was also obtained from the facilities where the study was conducted (Annexures E).

Participants gave informed written consent for participating in the interviews and for the interviews to be audio recorded (Appendix C). Participation was on a voluntary basis and the participants had the right to withdraw at any time. They had the right to ask for clarification throughout the study and were only required to supply information that they were willing to comfortably share (Speziale-Streubert, et al., 2003: 314).

Participants were ensured that only information related to the study would be collected and it would not compromise their privacy. Anonymity was ensured by omitting the names on transcripts since numbers were allocated to participants. The interviews were held in a private room to ensure privacy and confidentiality (Speziale-Streubert, et al., 2003:316).

Participants were informed that there would be no financial gain or other benefits to participate in the study. It was explained that the research would assist clinic managers to support community service nurses at a rural health care facility. The researcher stored all relevant data of the study in a locked cabinet and it would be kept for 5 years after the initial publication of the results. Only the researcher, supervisor, and independent coder would have access to the cabinet and information.

1.11 OVERVIEW OF THE STUDY

Chapter 1 is an introduction and outline of the background of the study. It also gives an overall picture of the purpose and nature of the study. The main objectives are presented and the concept definitions are supplied.

The methods used during the course of the study to answer these objectives are presented in Chapter 2. The experiences of these community service nurses were grounded in a qualitative concept and the researcher made use of individual unstructured interviews.

Chapter 3 deals with the findings of the research and a discussion is provided about these findings with rich comments from these health professionals working in a rural environment.

Chapter 4 deals with the conclusion, guidelines described for managers to support these community service nurses, limitations, and recommendations.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

This study aims at exploring and describing the experiences of community service practitioners who are deployed at a rural health facility. Kothari (2011:8) defines research methodology as a way to 'systematically solve the research problem'. It includes the research methods, but also the logic behind the methods we use in the context of a research study. This chapter seeks to describe the methodology used in this study and provides a detailed account of how the researcher went about studying and answering the research question, as well as the methods used during data collection and analysis.

It is envisaged that data yielded by this study would provide guidelines for clinical managers for supporting community service practitioners at a rural health facility. In order to realise this aim, the researcher applied a qualitative, exploratory, descriptive, contextual research design.

2.2 RESEARCH DESIGN

Jooste (2010:297) states that a research design is developed once the background, rationale, problem statement, research question and objectives are dealt with. The researcher needs to find a method for answering the question of the research study. A research design is considered the blueprint of the study that guides the researcher in the planning and implementation of the study to reach the intended goal, answering the question that the study states (Burns & Grove, 2005:211). There are three major types of research designs used in research: quantitative, qualitative, and mixed methods. The information or data that one collects and analyses may be numeric (quantitative) or verbal (qualitative). The researcher

chose a qualitative approach rather than a quantitative approach to explore the experiences of community service nurses in a rural health facility.

This design fitted the study, since it wanted to gain insight in a community practitioners work life. It is about exploring issues, understanding the phenomenon of community service, and answering the research question (Jooste, 2010:300). Qualitative researchers study issues in their natural setting by trying to make sense of the phenomenon in terms of the meanings people attach to them. In this study, the researcher interviewed the participants at their workplace, i.e. the health facilities where they were placed for their community service year.

Exploratory research is conducted to acquire an understanding of a situation, phenomenon, and persons; such as community service practitioners at a rural clinic (De Vos, et al., 2011:96). The primary aim of exploratory research is to gather as much information as possible. It is also applied to 'satisfy the researcher's curiosity and desire for a better understanding' of experiences of community service practitioners at a rural clinic (Babbie & Mouton, 2007:80). An advantage of exploratory research allows participants to respond in their own words. Responses from participants were rich and explanatory in nature (Mack, Woodsong, MacQueen, Guest & Namey, 2005: 4). An exploratory design was relevant to this study, since the researcher focused on exploring the experiences of community service practitioners who were placed at a rural health facility after graduation.

Descriptive research, according to (Babbie & Mouton, 2001:105), is the reporting of characteristics of the population under study. Most qualitative studies are descriptive in nature. The main objective of descriptive research is the accurate portrayal of the characteristics of persons, situations, and groups (Polit & Hungler, 2004:716). Its purpose in this study was to observe, describe, and record aspects of a situation; such as the challenges that are faced by community service nurses in a rural setting (Babbie & Mouton, 2007:80).

Contextual design focuses on the specific events in "naturalistic setting[s]" according to Burns and Grove (2003:32). Naturalistic settings are uncontrolled real-life situations that are referred to as field settings. Streubert-Speziale, et al. (2003:363), stated that research done in a natural setting is free from manipulation. This means that the study was conducted where the participants work, namely a rural health facility which was the focus of the study. The study was restricted to the rural areas of the Western Cape.

2.3 RESEARCH SETTING

A research setting is described as the field or place where individuals of interest are located (Streubert-Speziale, et al., 2007:28). The reason why research is conducted at a specific place is to control the natural setting where the phenomenon occurs. It plays an important role when data are collected, because participants should not feel threatened or intimidated. They should be allowed to express their views openly. The setting for this study was the rural areas of the Western Cape Province, i.e. the Overberg and Cape Wine lands regions.

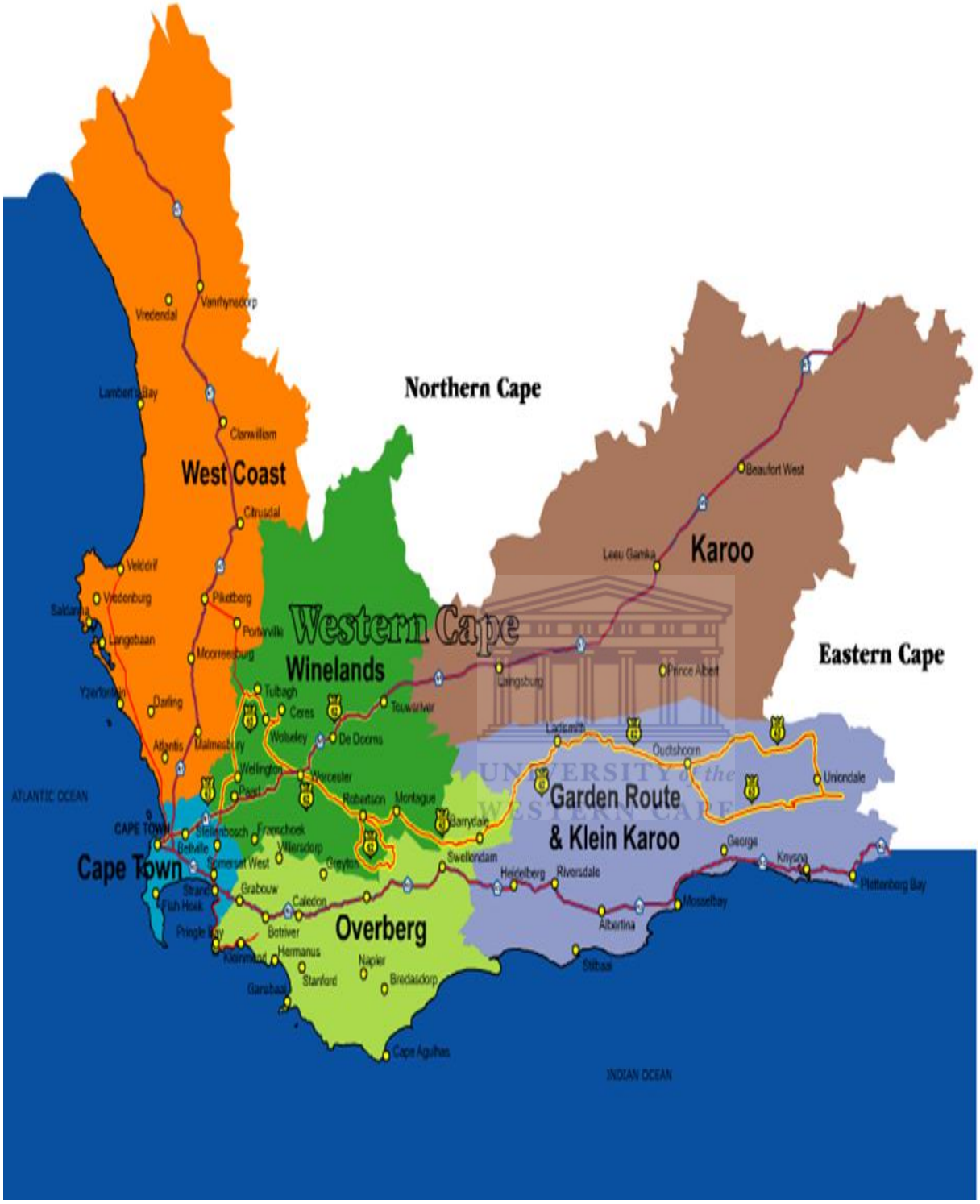

Figure 2.1: The regions of the Western Cape

(Source: http://www.thewesterncape.co.za)

The Western Cape Province is divided into one urban and five rural districts. The five rural areas consist of the West Coast, Eden, Overberg, Cape Wine lands and the Central Karoo while the Cape Town Metropolis is the only urban / city area. To conduct research at all five rural districts would have been to labour intensive, the budget too excessive and time consuming due to the vast distances that the researcher would have had to travel.

As recently stated, the Research was restricted to the Overberg and Cape Wine lands regions. The health facilities of the Cape Wine lands District consist of into the Worcester Regional Hospital, and the Stellenbosch District Hospital, which accommodates 2-3 community service practitioners annually. The Overberg District consists of the Caledon District Hospital and the Grabouw CHC (Community Health Centre), which also accommodates 2-3 community service practioners annually.

2.4 THE POPULATION AND SAMPLE

Jooste (2010:302) states that the study population is the whole group of individuals who are of interest to the researcher. A study population is defined as all the individuals who meet the sample criteria for inclusion in a study, and sometimes it is also referred to as the target population (Speziale-Streubert, et al., 2003:24). The population comprised of all professional nurses (N = 10) who had completed their community services year in a rural setting in the Western Cape during 2012. In this research study, the study population consisted of community service practitioners in the Overberg Region with three sub-districts (n = 7), and the Cape Wine lands District with two sub-districts (n = 3).

Table 2.1: The number of newly graduated community service practitioners in the Overberg and Cape Wine land Regions of the Western Cape in 2012

Overberg region	2012		Cape Wine lands region	2012
Caledon Hospital	3		Stellenbosch Hospital	2
Grabouw CHC	3		Worcester Complex	1
Hermanus Hospital	1			

According to Jooste (2010:303), a sample is a group of people, objects, items, or units taken from the larger population. Researchers only select a portion of the population to represent the entire population. Qualitative research is conducted to gather information from participants who are likely to answer the research questions.

The researcher used the purposive sampling strategy to select individuals who were similar in order to describe a subgroup (Creswell, 2003:185). A sub-population from the target population, who was willing to contribute their views on the topic being research, was selected. Purposive sampling is a non-probability sampling method during which the researcher chooses the participants. The researcher intentionally chose the sites and individuals to learn and understand the phenomenon being studied. All participants were newly graduated nurses who were working at a rural health facility.

The inclusion criteria for this study were:

- The participants had to have completed their basic four-year programme at the end of 2011.

- The participants needed to be nurses placed for their community service years in 2012.
- The participants had to have six months experience after being placed at a rural health facility.

The exclusion criterions were:

- Nurses who were working in the research setting but who had completed their community service outside the research setting, namely in an urban area.

According to De Vos, et al. (2011:65), a qualitative study is concern with non-statistical methods and small samples that are often purposely selected. All ten participants were interviewed. Data saturation was reached after eight interviews (including the pilot interviews), when no new themes emerge from the collected data (Bowen, 2008:140).

2.5 DATA COLLECTION APPROACH AND INSTRUMENT

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 study (Brink, 2006:394).

2.5.1 Instrument

Data were collected by the researcher during August to December 2012 by conducting unstructured individual interviews and capturing field notes. This type of instrument was chosen in order to allow the participants to express their points of view in their own words (De Vos, et al., 2011:352-353). Interviews were used to gain a detailed picture of the participants' beliefs, views, and perspectives about the topic under investigation. It gave the researcher more flexibility to further pursue interesting themes that emerged (De Vos, et al., 2011:352-353).

Individual interviews permitted the researcher an in-depth exploration of the issue under investigation with the purpose of gaining an understanding and the meaning of what was said. This information included body language, tone of voice, and interpretation of non-verbal cues; such as facial expressions, and body gestures (Burns & Grove, 2009:529). In this study, interviews generated rich data, since the participants could express their experiences without being influenced by the researcher.

2.5.2 Preparation for the interview

After permission was obtained from the Department of Health (27/06/2012) and the different health facilities, the researcher contacted all participants to arrange an available time and venue for conducting the interviews. The researcher met most of the participants at their work place at the rural facilities. The purpose of the contact session was to introduce the research topic to all participants individually and also to build a trusting relationship between the researcher and the participants. At the same time, permission was obtained to audio record the sessions and field notes were captured. The researcher prepared a writing pad, pen, and an audio recorder in advance for these interviews.

2.5.3 Interview process

At the beginning of the actual interview, the purpose was explained once more, written consent was obtained from each participant to continue, privacy and confidentiality were ensured. All the participants were asked one initial open-ended question:

- "How is it for you to do your community service at a rural health facility?"

The researcher also asked probing questions for the purpose of gaining more information and clarity about the phenomenon studied. Probing was used by the researcher to obtain more detail from the participants and to clarify certain aspects of the study. Probing was employed

by using a word that encouraged participants to explain more about the phenomenon under discussion (Hennink, Hutter & Bailey, 2011:161). When a participant was saying that adapting was a challenge, the researcher probed that statement by asking 'Why was it challenging? Communication skills like maintaining eye contact, nodding, and clarification were applied to encourage the participants to share their points of view. Field notes were captured during the interviews. Interviews were audio recorded with permission from the participants. Interviews were transcribed verbatim. Clarity was sought for statements made by participants. Participants had the freedom to discuss issues that they felt were important (Streubert-Speziale, et al., 2007:95).

2.5.4 Audio recorder

In qualitative research, interviews are usually audio recorded (Turner, 2010:321). This process of audio recording and verbatim transcription is important for detailed analysis to ensure that the interviewees' answers are captured in precisely the way in which they are expressed. By only relying on the capturing of field notes it is easy to lose terms, phrases, and language that are used during the interviews. Before the interviews, the researcher made sure that the audio recorder had been one of the best in quality on the market and in working condition. These precautions were necessary to assure good sound quality. The researcher also took care that the setting was a quiet place without disruptions to ensure that there was no or little noise that might have affected the quality of the audio recordings. Privacy was ensured to allow the participants the opportunity to speak freely without fear of being overheard.

The researcher transcribed each interview immediately after the interview to gain a sense of the emerging themes. By making use of an audio recorder, the researcher could capture notes while simultaneously observing the participant during the interviews.

2.6 DATA ANALYSIS

Burns and Grove (2005:733) state that data analysis is a process that reduces, organises and give meaning to the data that are collected. In this study, all data were transcribed verbatim by the researcher, which allowed the researcher to get a comprehensive view and broader understanding of the phenomenon under study.

Data analysis of interviews and field notes was conducted by using a general inductive approach (Thomas, 2003:5).

2.6.1 Process of data analysis

- Following the general inductive approach of Thomas (2003), data from the interviews were filed in a common format, which meant that the interviews were transcribed by writing down everything that was recorded.
- After all interviews were transcribed, the text was read in detail by the researcher to gain a clear understanding of the themes and detail in the text.
- Clear categories and themes were defined. Multiple readings of the text (in vivo coding) entailed that most of the interviews were copied and pasted after categories had been identified. The segments of information were labelled to form or create categories.
- The number of categories was then reduced in cases where the information was overlapping, or when the information was not relevant to the topic of the research.
- In each category, subtopics were identified that included points of views and insights.

Transcriptions of the interviews were sent to an independent coder to be analysed. The researcher had a consensus meeting with the coder who had experience in qualitative data analysis.

2.7 TRUSTWORTHINESS

Trustworthiness is referred to as the quality of the research; it is the parallel view of validity and reliability in quantitative research (Polit & Beck, 2008:537). To establish trustworthiness of qualitative data, Polit and Beck (2004:332) suggest that the criteria are credibility, dependability, conformability, and transferability.

2.7.1 Credibility

Credibilty (Thomas & Magilvy, 2011: 152) is elements of a study that allows others to recognize the experiences contained within the study through the interpretation of participants' experiences. Credibility was ensured by giving the participants the freedom to express their points of view about the phenomenon. The following processes were used to ensure credibility:

- **Prolonged engagement with the subject matter and persistent observation:** This was ensured by remaining with the participants after the interview to verify the data collected by allowing the participants the opportunity to ask questions. A trust relationship was built with the participants. Data were collected by means of interviews, where the researcher was observing non-verbal responses; such as facial expressions, and gestures (Polit & Beck, 2004:337).
- **Triangulation:** Multiple resources were used to draw conclusions about the truth (Brink, 2006:116). The researcher combined data collection techniques, such as interviews and field notes.
- **Peer review:** The researcher consulted with her supervisor and the independent coder regularly. This assisted her with following the necessary steps of the research process.

2.7.2 Dependability

This refers to the stability of data over time and conditions and would be achieved once the relevant documents are scrutinised by an external reviewer (Polit & Hungler, 2007:15). In this study, all aspects of the research were described and recorded. This made the assessment by the external reviewer possible. An in-depth description of the research methodology and the data ensured dependability of this research study. The researcher regularly consulted with an independent coder with experience in qualitative data analysis.

2.7.3 Confirmability

It refers to the degree to which the findings are the product of the focus of the enquiry and not the biases of the researcher (Babbie & Mouton, 2001:278). The researcher audio recorded the interviews with the permission of the participants. Data were transcribed verbatim and because most of the data were in Afrikaans, it had to be translated in English. The data were analysed, coded, and were handed to a researcher for independent coding.

2.7.4 Transferability

Transferability is feasible when the findings of the research data obtained could be transferred to other settings or groups (Polit & Beck, 2008:539). It also refers to the applicability of findings to other contexts and would be ensured by conducting a thick description that requires the researcher to provide as much information as possible while ensuring that all findings are well explained.

2.8 ETHICAL CONSIDERATIONS

It encompasses the adherence to the professional, legal, and social obligations of the research participants. In research, it gets influenced by morality (Polit & Beck, 2004:717). This

research study includes human participants; therefore, it was necessary to adhere to the recommended ethical principles.

2.8.1 Right to self-determination:

According to Burns and Grove (2001:196), the right to self-determination is based on the ethical principle of respect for a person. All participants had a choice whether to participate in the study or not. They were informed of their rights to withdraw from the study at any time. The participants made it clear to the researcher that the discussions had provided them with clarity about the investigation.

2.8.2 Right to confidentiality

Burns and Grove (2001:201) state that confidentiality refers to the researcher's management of private information that is shared by the participants that may not be shared with other people without their consent. The researcher ensured that unauthorized access to the data were restricted to the researcher, the independent coder and the supervisor.

2.8.3 Obtaining informed consent

Denzin and Lincoln (2011:65) state that it is every participant's right to be informed about the nature of the study they are involved in. After the research process was explained, those that chose to participate were given a consent form to complete and sign before interviews were conducted. This was to ensure that the researcher obtained written permission from the participants before starting the study.

Prior to conducting the study, the researcher had received approval from the Faculty Higher Degree Committee of the University (12/3/15) and the Department of Health (RP60/2012) to interview participants at their workplace.

2.9 CONCLUSION

This chapter is a review of the research objectives, the research design used, and the research method. The research design highlighted a qualitative, descriptive, exploratory, and contextual research that included the population, setting, and sampling method. It also discussed the data collection and data analysis. This chapter concluded with a discussion of the ethical considerations and trustworthiness of the study.

In Chapter 3 the results and findings from the study are presented and discussed.

CHAPTER 3

FINDINGS AND DISCUSSION OF THE STUDY

3.1 INTRODUCTION

This chapter focuses on the findings of the unstructured individual interviews and field notes to address the objective:

- To explore and describe the experiences of nurses about their community service at a rural health facility.

The themes of this study are indicated in Table 3.1.

3.2 DESCRIPTION OF THE DEMOGRAPHIC PROFILE OF THE TARGET POPULATION AND SAMPLE

The target population included male and female community service practitioners from both the University of the Western Cape and the Western Cape College of Nursing who were allocated to provide their services at a rural health facility for a period of one year. All participants were newly graduated community service practitioners who were working for the first time at a rural health facility, between the ages of 22-27 years. The participants included two male nurses and eight female nurses who were interviewed at their workplaces in a private room provided by the facility manager. Data were obtained by conducting individual

unstructured interviews. All interviews lasted for 30-45 minutes and were recorded with participants' full consent. Following the two pilot interviews, six participants were interviewed after which data saturation occurred, however, the researcher conducted 2 more interviews. This gave a total of ten interviews.

3.3 CENTRAL THEME OR STORY LINE

The central theme of this research project was identified. Participants' experiences as community service practitioners who were deployed at a rural health facility were largely embedded in a process of adapting to a new environment and professional expectations. Some participants were experiencing challenges in terms of feeling underprepared, having a sense of personal loneliness, experiencing interpersonal strife among members of staff, assuming increased professional accountability, and observing a lack of support from management. For other participants, the experience was positive. They found the orientation helpful; they were experiencing interpersonal support from members of staff and the multi-disciplinary team. The placement boosted their confidence and creativity, since they experienced an accelerated learning trajectory. This led to an increased clinical confidence.

Table 3.1: Themes and sub-themes of the experiences of community service practitioners who were deployed at a rural health facility

Themes	Sub-themes
Challengers related to adaptation to a new environment	Process of Adaptation

	Under-preparedness
	Interpersonal relationships
	Professional accountability
	Lack of support from management
Some participants expressed their journey in the rural setting as an positive experience	Interpersonal support
	Boosted confidence and creativity

3.4 PROCESS OF ADAPTING TO A NEW ENVIRONMENT AND PROFESSIONAL EXPECTATIONS

The results or findings with regard to the experiences of community service practitioners who were deployed in a rural health facility related to them adapting to their new environment and the extent of professional expectations. As discussed in Chapter 1, the findings indicated the transition process every community service practitioners goes through. The process of adaptation to a new environment could be seen as an "obstacle course" where these community service practitioners are inadequately prepared for their new professional environments.

3.4.1 Challenges of the new working environment

A *challenge* is a situation of being faced with something that needs great mental or physical effort in order to be completed successfully and therefore it tests a person's ability (Cambridge Advanced Learners Dictionary, 2013).

Newness of the environment refers to something different from a previous environment. In this situation, it refers to change of the environment from being a student to being a graduate nurse, who is working in a different environment as before (Halfer & Graf, 2006:150). Any new environment is a challenge to a person who is starting a new work. As stated by Cowin and Duchscher (2004:323), the working environment at a health facility can be "alarming and intimidating" to a new nurse. Newly placed community service practitioners are expected to be familiar with their health environment, as well as with the responsibilities and workload that would allow them to gradually grow into their new roles of professional nurses. They are no longer students but members of a health team.

3.4.1.1 Process of adapting

Adapting can be defined as something that is changed or modified to suit new conditions or needs; it is also an adjustment to different conditions like a new environment (Longman Dictionary of Contemporary English, 2009:19). Adapting is the continuing life processes when people maintain their wholeness or integrity while they are responding to environmental challenges. It is the consequences of interaction between person and environment. Successful engagement with the environment depends on an adequate supply of adapting physiological and behavioural, since responses are different under different conditions (Basavanthappa, 2007:247-248). For some participants, the process of adapting to a new environment was challenging but they adapted well after the initial mishaps.

"I feel that I have changed considerably, the first day I still felt like a student… 'no you can't do that'… but as we worked in collaboration with our colleagues, they trusted us and expected more from us." [Translated] (P4)

One of the first studies about adapting to a new environment, Kramer (1974) used the term 'reality shock' and 'transition' to explain new nurse's adaption from being a student to

working in a hospital setting. Transition and the "reality shock" that nurses experienced especially have increased in recent years (Martin & Wilson (2011); Fox, Henderson & Malko-Nyhan (2005), Duchscher (2001) and Maben, Latter & Clark (2006)).

Fox et al; 2005: 195 states that 'transition' or adaption refers to the process of learning and adjustment that a new staff member undergoes to gain the skill, knowledge, and values required to become an effective member of a health team. These studies emphasized that new nurses may need as long as a year after graduation to feel competent.

Adapting is not an all-or-nothing process; it is a matter of degree. The newness of the hospital environment is "*where we are consistently and actively involved"* (Basavanthappa, 2007:246). Each person has his / her own environment, both internally and externally. The internal environment refers to the nurse who develops the ability of intercepting and interpreting the world around him / her, things that are affecting her / him personally, responding by being alert to find more information, while assuring his / her safety and well-being. Each participant experienced changes and had to make sacrifices while adapting to their new environment. The personal changes that each participant had to go through were seen as necessary components of gaining confidence and experience.

"*Personally, I found it very difficult… it was very nerve wrecking, like anybody would feel who is starting something new."* [Translated] (P3)

On a personal level, this participant found the environment very difficult to cope with. That is the first time that she has been on her own away from her family. When she stated it was a nerve wrecking experience, it meant that she was no longer a student who could seek advice from the professional sister.

The following study by Dyess and Sherman (2009: 406) showed that newly graduates are ill prepared for their role as nurses and are at the same time ineffectively orientated to the work place. This study highlighted the conflict that emerged between the nurses' desire to deliver good nursing and their lack of competence, time and energy to do so. Graduates are supposed to have mentors that support and guide them through the first five to six months in the clinical setting. But due to staff shortages, hectic clinical settings they are often left on their own.

Professional adapting describes the process when an employee learns his / her professional as well as social duties at a new workplace. It is also a process that prepares the person to work effectively in his / her given profession (Sitzman, Wright & Eichelberger, 2011:86). It also brings about a sense of purpose and unity while adapting to a group includes group identity that leads to shared relations, goals, and values. These community service practitioners were working in a team setting where they had to adapt to the different role functions in a multi-disciplinary team at their health facility.

"Starting out as a [comserve], I am new to this place, what do they expect? What are the rules and regulations compared to that of the bigger hospitals in Cape Town? And seeing as you worked at different hospital and clinics as a student, where most had different set of rules. Now I am here. But so far my couple of months that I have been a huge learning experience. So I would motivate people to go to a rural area because you do learn a lot."* [Translated] (P1) * Comserve refers to community service practitioner.

The experience of this participant illustrated that working in that new environment for the first time was difficult but gradually she was experiencing it as a learning environment. She did not know what to expect when starting there. She was comparing the working

environment to what she had experienced at the bigger hospitals in Cape Town where she worked as a student.

New nurses need guidance from experienced nurses to develop their clinical skills. They need assistance with decision-making as well as meeting the hospital organizational requirements. These findings are consistent with previous studies (Olson, 2009, Maban et al, 2006, Martin et al, 2011). These studies state that it is through practice that new graduates can work and form their own opinions of that work. It emphasise Olson (2009: 16) conclusion that a supportive and empathetic relationship with other staff play an important role in how well new nurses adapt to their new environment.

3.4.1.2 Under-preparedness

Graduated nurses are seen as the answer to the staff shortage that is experienced by most hospitals. Casey, Fink, Krugman and Prost (2004:303) had the opinion that although graduated nurses are committed to professional development, most of them change their position from a rural placement; to an urban area after the first year of placement.

Under-preparedness refers to not having been prepared thoroughly for something one is expected to do (Oxford Dictionary, 2011). In this study, it refers to the *short notification of placement* and the *living and travel arrangements* that participants experienced at the beginning of their community service year. Most of the participants received short notification telephonically to notify them where they will be doing their community service year. They were not prepared to just pack up and move to a destination unfamiliar to them.

"I was actually like told a few days before I had to leave that I was going to this rural health facility… and that was via SMS. Well starting off… when they phoned to tell me you are going to a rural area… I am from Cape Town, can't I change the placement? They should at

least a month or two before the time; they can at least tell you are going to a rural area. You are going to be uprooted from where you are to go work somewhere else… I mean five days to prepare yourself to move away from your family, especially if you are in your parents' home, now you have to adapt… defend for yourself… you have to cook and clean for yourself… do your laundry and everything on your own… so, I really think that they can tell the [comserve] before the time that they are going, then they can mentally prepare themselves." [Translated] (P4)

Like this participant experienced, many community service practitioners were notified by SMS messages. She was not prepared for being told only five days in advance that she needed to report for duty at a certain rural health facility. She had only five days to pack, say goodbye to her family, and to make timely travel arrangements. She was not even sure whether there would be accommodation for her. When one relocates from one's family home, while travelling to a rural area to work, one needs assurance and peace of mind that everything had been arranged for one's arrival. As stated by the participant, if notifications were provided ahead of time reasonably, they would have had time to mentally prepare themselves for any challenges that they were going to face.

The living and travel arrangements were also a challenge to participants that added to their under-preparedness. When starting at a new place of work, employees need assurance that they are going to have a place to stay, security, and safety. The following participant shared how strange the housing was due to the place where she was expected to do her community service year. In the long run, the participant also overcame the housing problem although it was a struggle at the beginning.

"…the housing arrangement was strange… at the beginning, we really struggled with housing… the place was strange, because we did not have any transport… we did not even

know how to get to town, but gradually we started managing by asking directions." [Translated] (P5)

One of the participants had to overcome *religious accommodation*. She had issues with food, uniform dress code, and place of worship.

"It was difficult to adapt because of me being a Muslim girl. I work with a cap, blue cap… there was already an issue there… why must you work with that? Is it part of your religion? And the other issue is my prayer times… this side does not receive Islamic radio station… there is no radio reception on this side of the world. There is a mosque here but the distance is huge compare to Cape Town. In Cape Town, it was just around the corner of my house." (P7)

Another challenge that these participants had to contend with was the *late orientation programme.* A detailed and well-managed orientation programme can help with the integration and retention of a new nurse. The transition from a student to a professional nurse is viewed as a period of intense stress. These nurses often feel overwhelmed and under-prepared for their part in the health care system. The stress often transforms into feelings of lack of confidence and competence and conflicts at the work environment. An orientation programme assists a new nurse to feel safe, welcome, and valued. The following participant found the orientation very good although it was only presented two weeks after they had started at the hospital. Only after the orientation programme was conducted, things started making sense. A good orientation programme can never be underestimated (Jooste, 2010).

"I actually found that the orientation was very good… I was actually a bit sad that it was that late because we worked for… I think it was two weeks or a week and only then went on orientation, so now you are already in the ward, you basically don't know what is happening

then you go on orientation and then everything starts making sense… it becomes clearer." (P9)

The next participant did not receive any orientation. That interview was conducted after seven months from starting at that rural health facility while that participant was still working in theatre.

"I would say that I am not happy. I am still in theatre after starting here on my first day. I was not orientated to the hospital, just stuck here in theatre. I don't think my hospital understands about [comserve] because if I do not complain I would still be stuck in theatre. I have worked seven months in theatre and have no experience of maternity, surgery, medical and paediatrics. How am I to survive if I do not gain experience now? From my understanding about [comserve] is that we need to work three months at a time in a different department to gain the necessary experience." (P1)

New graduates, before graduation had the security of being part of a nursing faculty, support of peers and just being a student (Morrow, 2008: 282). Now they are being taught the health service organization informal rules, formal protocols and procedures, norms and expectations. But in the end, depending on the health service support, the adaptation process can be either positive or negative.

Mental preparation refers to the conditioning preparation of the mind to assess inner strengths and weaknesses, gain confidence, and reduce fear of failure (Porter, 2003:2-3). In this study, it refers to the participants who are preparing themselves mentally to be uprooted from their families and familiar surroundings to fend for themselves at a strange new place. A rural health facility can be remote and isolated for any person raised in an urban area. They have to adapt. This participant found the orientation to the rural facility "confusing" [Translated]. The

orientation programme allowed her to be more focused. It mentally prepared her for the working environment.

"At the beginning, I was immensely confused… we were not orientated… but after the orientation… I found my feet." [Translated] (P6)

Good mental preparation helps individuals to achieve a focused, confident, and trusting frame of mind that assist them with competing at their highest level (Edger, 2011). Confidence is the number one objective of mental preparation.

The following participant found the working environment challenging and a bit *"frightening most of the time"* [Translated]. She was upset about her rural placement because it was her last choice on the list and it was the furthest from her home.

"I was a bit upset, because it was my last choice and it was the furthest from home. When I started working, I was the only sister in the ward without a senior sister guiding me. I was frightened most of the time. It was a major issue for me (voice trembles). Where is the sister when I experience a problem? Who must I turn to with my problems, since everybody expects assistance from me" [Translated] (P3)

Stress plays a key role in job satisfaction while interpersonal relationships always are the result of actions by both parties, and both are responsible for their success (Ellis & Love, 2004:524).

Sawir, Marginson, Duemert, Nyland, and Ramia (2007:10) describe loneliness as something that is experienced by all people at some stage or another. Loneliness is experienced due to prolonged absence from home or loss of someone close. Personal (emotional) loneliness stems from the loss of an intimate partner, parent or child, and is characterised by anxiety and apprehension. In the case of community service practitioners who were uprooted from their

family homes, the loneliness that they felt in that rural setting was intensified by their experiences at the clinical sites.

Most of the participants experienced feelings of being still an outsider and not being part of the health team at the health facility where they had been placed. They were new community service practitioners and tried to prove to the rest of the health team that they were capable of doing the work, and this lead to feelings of loneliness and isolation.

"There is nobody to support me. I am the only sister in this ward with no senior sister to turn to for guidance. If I start complaining, I will be viewed as weak and not being able to deal with problems. There are lots of personal twists and turns. It caused me to feel like an outsider. It is hectic in this place and sometimes I felt disheartened. I just needed a break because it is very stressful. I really felt exhausted, spiritually drained." [Translated] (P7).

That participant found adapting to her new environment very difficult. At the beginning of her community service year, she was left in charge of a ward without the guidance of a senior sister to direct her. She was very emotional during the interview due to the stress she had experienced during her seven months as a community service practitioner at that rural facility. At the time of the interview, she was still in the same ward, with no rotation to other departments to gain experience.

Strife is another word for conflict. Due to current staff shortages, stress and workload of nursing staff at hospitals are increasing (Levett-Jones, Lathlean, Higgins & McMillam; 2008:322). This can lead to nursing staff not being supported to help these newly graduated community service practitioners. If community service practitioners can be assured that the nursing staff members are supportive of their learning and professional development, they will focus more on their learning and not on the interpersonal relationships.

In a new working environment, there are already established groups or cliques; therefore, it becomes a struggle to be accepted as part of the team. The following participant found it difficult to become part of the health team due to the already established cliques at the hospital.

"...I felt a bit out of place… there were cliques that developed… you are the new sister and should know your place. I felt this sister was also a UWC graduate who is supposed to guide and help you." [Translated] (P6).

3.4.1.3 Interpersonal relationships

Interpersonal relationships refer to relationships among people (Longman: Dictionary of Contemporary English, 2011). In this study, it refers to the participants' adapting to other people in their new environment. For some participants it was easy to *adapt* to other members of the health team while some felt lonely and isolated.

"Yes one feels very lonely… the staff are also condescending towards me because they told me 'You are the new sister, therefore, it is your duty to take the trolley dispense medication' …even with the staff nurse being on duty." [Translated] (P2)

That participant was working at that rural health facility without seeing another community service practitioner to whom she could turn for help and support. She found it difficult to work with the health team at that facility. She was put in charge of a ward without a senior sister to help directing her. The interpersonal relationships between her and her members of staff were strained. It could have been due to her perception that she was on her own without anybody to assist her.

Interaction and communication with staff members are vital to the new graduate adapting to her/his environment. They often feel 'in the way' rather than being part of the

interdisciplinary health team. Alspach (2006:13) states that new graduates felt that their 'not knowing' was taken as a weakness on their part and not what was expected from a new nurse at the beginning of her/his professional career.

McKenna, Smith, Poole and Coverdale (2003:94) study of nurses in their first year of practice states that most new graduates felt undervalued and neglected by other nurses. This highlighted the themes of this study. The finding confirms those of Hom (2003) and Leners, Wilson, Connors and Fenton (2006), that daily guidance and support are required from experienced nurses. New nurses recognize that they need the guidance of others (Etheridge, 2007:28).

3.4.1.4 Professional accountability

Caulfield (2005:4) states that professional accountability is at the heart of nursing practice. It shapes how the nursing profession is perceived by communities. At the basis of nursing practice is the promotion and welfare of our patients that allows nurses to work within a framework of practice. It involves principles of conduct and standards that nurses need to adhere to. It raises the quality of nursing by protecting the public and ensuring safety in practice.

Jooste (2010:57) states that professional accountability refers to nurses who are practising ethically and competently. Nurses practise according to universal standards of care; it is nurses own responsibility to determine their ethics and responsibility within their chosen field. It is the nurses' legal and moral obligation to practise within their scope of practice by using their skills and knowledge to make decisions in the best interest of their patients. Most of the participants were aware about their scope of practice and the accountability of being a nurse.

"Being a [comserve] sister is unlike being a student because as a student you leave everything… you are not in charge… but now you have [to] be accountable for everything you do. When I was a student and something was wrong, I just went to the sister, because she/he was in charge and being accountable. But now, hmmm… now I am accountable for everything." (P5)

That participant realised that with the responsibility he had in caring for his patient's, being accountable for his action was important. As a student he could expect the sister in charge to shoulder the responsibility, but then as a professional nurse he needed to pick up that responsibility himself.

Accountability also relates to the *workload due to shortage of staff* [members] and the overcrowded *facilities*. There will always be an increase of work due to the shortage of personnel. Professional nurses need to cope with these conditions by developing strategies to mitigate them. Overcrowded facilities are another strain that hinders the delivery of care. The overcrowded health care system exists in many provinces and not only in the Western Cape.

During their first few months, many of the participants were experiencing an increased workload due to shortage of staff members and overcrowded facilities.

"Hmmm… of this specific facility, it is very overcrowded, the community is very big… too big for this institution… and also the clinic itself is understaff [ed]." (P8)

Another participant thought that working in one ward for seven months was the hospitals aim to prevent him from gaining work experience due to the shortage and availability of staff members.

"Their aim was to keep me there, the hospital has shortage so I told my unit manager… that no instead of my hospital helping me to get the experiences that I need for next year, and I am helping out the hospital for the fact of shortage." (P4)

Professional accountability requires nurses to have an *ability to delegate effectively* and to *ensure execution* of the delegated tasks. At the beginning, most of the participants found it difficult to delegate tasks to subordinates. They found that the nurses viewed them as too young and inexperienced for the task of being in charge of the ward.

"Hmm… some of the nurses, hmmm… do not give their assistance as far as delegation is concerned; or let me say, not everyone works as a team." [Translated] (P1)

"I am not a talkative guy; it is hard to ask someone to do something. I would rather do it myself than delegating work or tasks. I am still struggling to delegate, but in time I will learn how to lead." (P2)

That participant would rather not ask or delegate tasks to his personnel. He preferred to do everything himself. In the end, he found that he could not cope with the workload and had to delegate. At the time of the interview, he was still struggling.

"It is difficult. I still have a lot to learn. There was always someone who had taken the lead. Due to the fact that I was new, my delegation and decisions was always questioned." [Translated] (P1)

The experience of the participant in her ability to delegate was difficult due to the fact that she was new to the hospital and profession. Her staff members and co-workers questioned her decisions because of her inexperience in the nursing environment. As stated previously, new members in the health team always first have to prove themselves before they are expected as part of the team.

Another challenge that was experienced in their professional accountability was the *lack of respect and authority due to the fact of being newly qualified*. The following participant found that co-workers disrespected her due to her youth and inexperience in the profession. When she delegated tasks to people their reactions were that because she was still young she should perform the tasks herself. Their total disregard for her authority as the sister of the ward was one of the reasons why she said that she could not wait to finish her community service year.

"It was said 'Do it yourself, you are still young'. I had to change my shifts time and time again to accommodate the members of staff, and it was just said 'You are still young, therefore, you do understand better'. I feel much disrespected for the fact that I had to work so hard to get to this point… just to be disrespected in such an unacceptable way! I cannot wait to finish this year." [Translated] (P3)

3.4.1.5 Lack of support from management

Meyer, Naudé, Shangase and Van Niekerk (2009:77) view basic nursing knowledge and technical skills as the foundation of nursing practice. When newly graduated community service practitioners are placed in the clinical setting as part of a team, they develop the skills necessary for performing basic nursing. When in these circumstances, the newly graduated community service practitioners need the expertise of the nursing manager to identify learning needs and to accompany them accordingly in the clinical setting. Nursing managers' responsibility is to provide guidance and support to junior personnel and to facilitate clinical learning. It boils down to responsibility and accountability of the nursing managers to provide quality and safe patient care.

"Some of the people are not always accommodating… understand… especially management hmmm… one doesn't get the support from them that one needs." [Translated] (P9)

This participant stated that she only saw her manager three times during her community service and once before this interview. She also did not receive any support from a senior sister, since she was the only sister in the ward.

"That male nurse manager I only had seen on the 3rd of January, thereafter, he only passed by once, I saw him in the hall for the third time when he came to fetch someone in my ward. Today is the fourth time I am seeing him." [Translated] (P7)

"It is very lonely here. Already, one is scared to start working for the first time. One is too scared to ask anything, just in case somebody reacts by saying that since you are the sister of the ward, you ought to know. I am really not receiving any support." [Translated] (P10)

As stated in the World Health Organization Global Policy Recommendation Report (2010:29), rural and remote areas often include a sense of professional and personal isolation that is inevitably associated with working in these areas. When most students were asked what would matter in their choice about working in a rural area, most of them mentioned the need for support. The following participant found that the managerial support from the senior sisters in the hospital that she turned to for guidance was lacking.

3.4.2 Positive experience expressed in the rural setting

This refers to something personally encountered, undergone, and lived through. It is a state of having been affected by gained knowledge during direct observation or participation (Merriam-Webster, 2013). The experience of these participants refers to the external environment, interpersonal support, boosted confidence and creativity, an accelerated learning trajectory, and increased clinical competence.

"For me it was a huge experience, I would really motivate people to go to a rural area because you do learn a lot." (P1)

"I had a good experience so far. I had worked in collaboration with a sister for the first three months, but due to staff shortages I continued working on my own but it counted in my favour because I had learnt to make decision on my own." [Translated] (P2).

These participants experienced their rural placements positively. The one even said that she would recommend anyone to work in a rural area. They had the support of a sister to assist them with their learning.

One of the few studies done on the experiences of health professionals in a rural setting was done by Reid (2002). In this study feedback was received from community service doctors, pharmacist and dentist that did their community service in a rural health facility. Most of the respondents stated that their community service was a positive experience but that their professional development just got delayed for a year. Supervision and mentorship was one factor that was lacking in their community service year. In this study it was clearly showed that there was a difference between the academic training expectations and the actual work experience in the public health service.

3.4.2.1 Interpersonal support

This refers to the support of friendly members of staff and a helpful multi-disciplinary team that students are expected to receive when first starting working at a new environment.

"Support… in the sense that they rather give orientation before we start working… at least… or if they tell you that you are going to work in a rural area, take you and show you where you [are] going to be working, show you the hospital, or show you the clinic and then they can show you where this is the place, this is the staff, this is the matron so and so, this is the staff you will be working with." (P8)

This participant had a good support system from the start. She started with an orientation programme, getting to know the layout of the hospital; the staff organogram was informative to her as a new member of staff. Placement was arranged for her in the nurses' home. Staff members were friendly and willing to share their knowledge. The multi-disciplinary team was introduced as well as the members of staff with whom she would have been working.

3.4.2.2 Boosted confidence and creativity

It refers to the knowledge and skills that these community service practitioners gain during the entire year. By gaining the support that they need, they are increasing their clinical competence.

"As a student, you did not have a lot of experience in the clinics or hospital, but now you do a lot more, drawing blood. You tend to gain confidence; you learn being creative… you learn confidence in certain things you do. You are more involved because you are the sister now. The doctor helps a lot; they give you the support that you need. It is really a nice feeling." (P10)

"The orientation programme was a big help, they taught us Palsa-Plus [Practical Approach to Lung Health and HIV / AIDS in South Africa], TB treatments, they help with the new maternity reports… everything… very helpful and we learned so much. I learned to put up a drip [Intravenous therapy], resuscitation, and more. It gave me confidence and a sense of achievement. I am a sister now, not a student!" (P9)

3.5 CONCLUSION

In this Chapter, the findings and discussion of the individual unstructured interviews and field notes are explained according to the description by the community service practitioners of

their experience at a rural health care facility. The findings and discussion confirm that newly graduated nurses need support during the first year of their placement.

CHAPTER 4

CONCLUSIONS, GUIDELINES, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

This chapter addresses an overview of the objectives, research methodology used, findings and results of the study, and guidelines for the implementation of support for community service practitioners deployed at a rural health facility. The possible limitations of the study, as well as recommendation for support by the health facility managers are included in this chapter.

4.2 CONCLUSIONS

The results of this study indicate that a process is needed for community service practitioner fresh from university and an urban environment to adapt to a remote rural health facility. Some of the participants did receive an orientation programme at the beginning of their community service year. However, most of the community service practitioners learned from their experience during the year of their placements. For some, the learning opportunities were more available in the rural setting than when they had worked as students at the urban hospital during their training.

4.3 GUIDELINES FOR SUPPORTING COMMUNITY SERVICE PRACTITIONERS AT A RURAL HEALTH FACILITY

Guidelines are defined as something, an explanation that provides direction or advice about a decision or course of action (Webster's College Dictionary, 2010). Guidelines can be implemented to facilitate the support to these novice graduates in their daily working in a

rural hospital setting. Based on the experience of the participants who took part in the study, guidelines were described to address the sub- themes that were raised by these community services practitioners.

These guidelines could ensure that these community service practitioners receive the knowledge and support to adapt to the new environment that they are entering. It can also encourage these community service practitioners keep working at the health facility after their year of community service has been completed.

Table 4.1: Guidelines on the support for community service practitioners deployed in a rural health facility provided by facility managers at that rural hospital

Themes	Sub-themes / Guidelines
Process of adapting	**Guideline 1:** The facility managers should become aware of the community service practitioners and their expectations.
Challenges	**Guideline 2:** Facility managers should develop a timely orientation programme. **Guideline 3:** They should develop a friendly, positive environment. **Guideline 4:** Managers should develop a programme that requires the involvement of community service practitioners in activities in the ward setting. **Guideline 5:** Managers should develop a programme that motivates these newly graduated nurses to be confident and

Themes	Sub-themes / Guidelines
	competent. **Guideline 6:** Managers should assist with the support in developing their accountability and professionalism.
Positive experience	**Guideline 7:** Managers should nurture the strengths currently available at the workplace to develop confidence and leadership of community service nurses. **Guideline 8:** Managers should encourage personal support to help with their integration in the multi-disciplinary team at the workplace. **Guideline 9:** Managers should continue boosting their confidence and creativity.

4.3.1 Guidelines to facilitate the process of adapting to the newness of the environment.

Guideline 1: The facility managers should become aware of the community service practitioners and their expectations.

The findings of this study indicate that the facility managers should become aware of community service practitioners expectations. Consider that they are new to this rural environment; they have to be uprooted from their homes and familiar surroundings. Studies have found that support, guidance, acceptance by their senior sisters, preparation, and responsibility may influence newly graduated nurses (Kelly & Courts, 2006:334). It influences their professional development, self-concept and their retention. It also identifies the concerns and realities of the newly graduates after their training at the universities when they enter the professional nursing world.

For Guideline 1, the following actions are suggested:

- Inexperienced nurses need support and guidance to gain the confidence and competence that the facilities expect them to have when they begin their careers. How these nurses will gain these attributes depends on rotating them every three months. A well-established orientation programme to introduce these nurses to the hospital and the expectations of the employer.
- Facilities should acknowledge that newly appointed members of staff need a period of adjustment to the environment that they are entering. The process gets facilitated by allowing a more senior and experienced mentor to guide them during the first few months.

4.3.2 Guidelines to the challenges community service practitioners experience at the rural health care facility

It is the role of facility managers to play a facilitating role in the professional socialisation of newly appointed members of staff and learners. They also need to assist with the development of norms, values, and ethical conduct. The future and quality of the professional nurses rely on the facility manager's involvement with these newly graduated professional nurses (Meyer, et al., 2009:77-79).

Guidelines 2, 3, 4, 5 and 6 address the challenges experienced by the community service practitioners while they are being placed at a rural health care facility.

Guideline 2: Facility managers should develop a timely orientation programme.

Jooste (2010:168) states that newly appointed health care professionals should be orientated. The reason for an orientation programme is the introduction of the new health professionals to the governing practice at the work place; like risk management, infection control, client care, and general safety. It is the facility manager's responsibility to introduce these standards to the members of staff before they enter the workplace.

The following actions should be implemented for Guideline 2:

- Each newly appointed health care professional should be provided with a detailed orientation package which includes all necessary information that these professionals need for familiarising themselves with new workplace.
- This structured programme should be presented during the first month to ease the newly appointed health care professional into the workplace; it will ensure that they are productive right from the start.

Guideline 3: Facility managers should develop a friendly, positive environment

Jooste (2010:172) states that a newly appointed health professional's first impressions of the workplace have an influence on his or her attitude towards the hospital. Therefore, a structured orientation programme attempts to change this possible threat into an opportunity. Grindel (2006:1) also states that change is possible when nurses are willing to be leaders at their workplace. Empowering nurses may introduce change to the workplace with a well-thought through plan of action and support for their colleagues.

The following actions are suggested for Guideline 3:

- The orientation programme will introduce the newly appointed health professional to the health care organisation (hospital, clinic), type of work in the unit, the members of staff, and particular issues in that unit.
- The first impression needs to be welcoming and all the necessary information needs to be provided at day of appointment.
- Functional support structures are needed, like a mentor to guide these newly graduated community service practitioners in their first three months of working.
- Every three months, the settling at the workplace of these newly graduated community service practitioners needs to be reviewed. Reports about their progress need to be compiled.
- After the initial three months, these newly graduated community service practitioners need to be given the opportunity to lead and take responsibility for their own professional development.

Guideline 4: Managers should develop a programme that requires the involvement of community service practitioners in activities in the ward setting.

A professional nurse has to have the knowledge, skills, values, and certain attributes to practise nursing (Jooste, 2010:60). Maintaining competence is important to any professional nurse for continuing with her / his practice. For a nurse to continue developing her competence, the resources need to be available. These resources include information, support, staffing, necessary equipment, and supplies to perform professional activities. It is important that the working environment provides the necessary opportunities for professional development and learning. These opportunities include in-service training, mentors and preceptors for guidance, and the opportunity to attend educational activities.

The following actions are suggested for Guideline 4:

- As part of the structured induction plan for all newly-appointed health professionals, the first six months need to include in-service training and educational activities to familiarise these newly graduated community service practitioners the working environment of their unit.
- It is important for these newly graduated community service practitioners to be rotated every three months with the purpose of gaining experience in all aspects of services that the health care facility provides.
- Mentors or preceptors need to be assigned to each newly-appointed professional nurse to ease her / him into the working environment.

Guideline 5: Managers should develop a programme that motivates these newly graduated nurses to be confident and competent.

Newly qualified health care professionals who only have the experience of a student at a hospital are often left in charge of a ward. They suffer from self-doubt when they receive inadequate support from members of staff and management (Manias, Aiken & Dunning,

2005: 355). A nurse manager should not expect newly-appointed health care professionals to perform above their level of development; it may cause anxiety and stress while the quality of nursing care may also suffer. Nurse Managers have the responsibility to facilitate a learning environment for these newly graduated community service practitioners to develop confidence and competence (Meyer, Naudé, Shangase & Van Niekerk, 2009:78).

For Guideline 5 the following actions are suggested:

- An environment of guidance, accompaniment, and facilitating clinical learning needs to be established.
- The workload and responsibility of these newly graduated community service practitioners need to be gradually increased to allow them to develop the confidence for making decisions and delegating tasks to fellow workers.
- The wisdom and expertise of a mentor need to be available during the first months of placement to develop skills and knowledge that are necessary for performing basic nursing tasks.

Guideline 6: Managers should assist with the support in developing their accountability and professionalism.

Professionalism is viewed by Jooste (2010:9-10) as fulfilling all responsibilities as described in the scope of practice for all nurses. It implies that there is a set of standards of behaviour that professional nurses should adhere to. It includes our acts, attitudes, dress code, and performance. Accountability refers to being answerable for decisions and the outcome of those decisions (Jooste, 2010:57).

The following actions are suggested for Guideline 6:

- Accountability and professionalism are applied in a personal manner by any nurse. Firstly, the newly appointed professional nurses should accept responsibility for their own development.
- Managers could assist by providing three-monthly reports on their progress and development.
- Managers can make sure that these newly graduated community service practitioners become involved in a professional organisation and regulatory body. Ensure that these newly graduated community service nurses are registered at SANC and that they are familiar with the rules and regulations of the regulatory body.
- These newly graduated community service practitioners should improve their knowledge and quality of care by seeking expert advice and knowledge about best practices.
- Managers should allow these newly graduated community service practitioners to participate in continuing competence programmes.

4.3.3 Guidelines for the positive experience that these community service practitioners experience while being deployed at a rural health care facility

Nurse unit managers have a great responsibility to learners (community service practitioners) in their unit. These managers should be part of their professional development by working shoulder-to-shoulder with learners to facilitate clinical learning (Meyer, et al., 2009:96).

The finding of the study identifies the following positive experiences of these community service practitioners:

- Helpful orientation programme;
- Friendly members of staff and a helpful multi-disciplinary team;

- Boosted confidence and creativity; and
- Increased clinical competence.

Guideline 7 addresses the helpful orientation programme of these newly graduated community service practitioners during their placement year. Guideline 8 focuses on the aspects of being part of a team and the effective support structure of most of these newly graduated community service practitioners. Guideline 9 deals with the added confidence, creativity, and increased clinical competence of the participants during their community service year.

Guideline 7: Managers should nurture the strengths currently available at the workplace to develop confidence and leadership of community service practitioners.

A nurse manager should have the knowledge about teamwork, as well as interpersonal and communication skills of a mentor and coach while being skilled in problem solving and decision making. Stanley (2006:22) states that, as a leader, the manager should be able to provide constructive feedback and development.

Guideline 7 addresses the following actions:

- Positive staff relationships are important for the new community service practitioners to feel accepted and included.
- Mentors and preceptors should recognise the role they play in the new staff socialisation in the context of the hospital and community.

Guideline 8: Managers should encourage personal support to help with their integration in the multi-disciplinary team at the workplace.

For the newly appointed professional nurse entering a hospital, the registered nurse in that unit has the responsibility of a gate keeper and counsellor (Levett-Jones, Lathlean, Higgins & McMillan, 2008:323). Clinical members of staff who are welcoming and supportive enhance the newly appointed professional nurse's confidence and it allows them to be self-directing in their learning. This type of environment motivates them to feel empowered, to be assertive, and to ask question.

The following actions are suggested for guideline 8:

- Managers should appoint senior staff members to monitor and mentor these newly appointed nurses until sufficient experience is gained.
- Assist them to attend workshops about the governances of the hospital.
- On a regular basis, managers should allow them to attend board meetings to be introduced to the multi-disciplinary team.
- Preceptor and mentorship courses should be introduced that will prepare the hospital for these newly appointed professional nurses.

Guideline 9: Managers should continue boosting their confidence and creativity.

A sense of belonging experienced in an environment that facilitates positivity and creativity allows a newly appointed nurse to develop their confidence and motivation (Levett-Jones, et al., 2008:323). These nurses will be influenced to stay in the profession as they will have a feeling of belonging to the professional group. Emotional support from the permanent members of staff is important for successful placement.

Guideline 9 suggests the following actions:

- Allow these nurses to be a part of the team, staff, and activities in the units where they work.

- Managers should create regular contact opportunities where they can voice their concerns and make suggestions.
- After the first six months, allow community service practitioners to take the lead in the ward to facilitate leadership and delegation qualities.

4.4 LIMITATIONS OF THE STUDY

This study is limited to community service practitioners from selected rural settings in the Western Cape. The relatively small sample of the study population also affected the transferability of the findings. However, the field notes and data from the interviews provided an in-depth understanding of experiences of community service practitioners deployed at rural health facilities.

4.5 RECOMMENDATIONS

The following managerial and educational related recommendations are made:

Management structures:

- A standard guideline for the management of community service practitioners is needed for all public institutions.
- Placement choices especially for rural needs to be forwarded earlier so that community service practitioners have enough time adapting.

Educational opportunities:

- Mentor and preceptorship workshops need to be in place at these public institutions to facilitate a supportive environment.

- A support system needs to be in place, including regular follow-ups, reports and meetings with the community service practitioner to discuss problems and possible opportunities.
- Managers of public institutions need to have a clear action plan in how to facilitate learning and adaption for these new community service practitioners.

4.6 CONCLUSION

The study sheds light on the experiences of community service practitioners deployed in a rural area. It demonstrated that support is a crucial matter for the successful placement of these nurses. This study also highlights that the placement implementation needs to be reviewed for a hassle free allocation process. It also highlights that the preparation of newly graduated nurses for the hospital setting, especially rural preparation, needs to be reviewed. Remote, rural settings more urgently require qualified professionals with the necessary competence and leadership.

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ANNEXURE A: APPROVAL DOCUMENTATIONS

UNIVERSITY of the
WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

17 April 2012

To Whom It May Concern

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

Research Project: Experiences of community service nurses who are deployed in a rural area in the Western Cape.

Registration no: 12/3/15

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

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2948/2949 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

Western Cape Government
Health

STRATEGY & HEALTH SUPPORT
healthres@pgwc.gov.za
tel: +27 21 483 9963: fax: +27 21 483 9921
1st Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za)

REFERENCE: RP 60/2012
ENQUIRIES: Enrico Goodman

10 De Bussy Crescent
Mandalay
Mitchell's Plain
7785

For attention: Ms Belinda Beyers

Re: Experiences of community service nurses who are deployed in a rural area in the Western Cape.

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research. Please contact the following people to assist you with any further enquiries.

Caledon Hospital	**Dr MS Rambiyana**	**(028) 212 1070**
Grabouw CDC	**Ms D Van Nelson**	**(021) 859 3337**
Stellenbosch Hospital	**Dr R Davids**	**(021) 887 0267**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (healthres@pgwc.gov.za).
3. The reference number above should be quoted in all future correspondence.

Yours sincerely

cjacobs

Ms Charlene Jacobs
Acting Director: Health Impact Assessment

Date: 27/06/2012

cc **Dr. Lizette Phillips** **Director: Cape Winelands**
Ms Wilma Kamfer **Director: Overberg**

Western Cape Government
Health

STRATEGY & HEALTH SUPPORT
healthres@pgwc.gov.za
tel: +27 21 483 9907: fax: +27 21 483 9895
1st Floor, Norton Rose House,, 8 Riebeek Street, Cape Town, 8001
www.capegateway.gov.za)

REFERENCE: RP 60/2012
ENQUIRIES: Dr Sikhumbuzo Mabunda

10 De Bussy Crescent
Mandalay
M/Plain
7785

For attention: Belinda Beyers

Re: "Experiences of community service nurses who are deployed in a rural area in the Western Cape".

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.
Please contact the following people to assist you with any further enquiries.

Hermanus Hospital	**Dr E Mostert**	**(028) 312 1166**
Worcester Hospital	**Mrs W Driver**	**(023) 348 1113**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (healthres@pgwc.gov.za).
3. The reference number above should be quoted in all future correspondence..

Yours sincerely

DR NT Ndledi
DIRECTOR: HEALTH IMPACT ASSESSMENT
DATE: 24/10/2012

CC **DR L PHILLIPS** **DIRECTOR: CAPE WINELANDS**
MS W KAMFER **DIRECTOR: OVERBERG**

ANNEXURE B: INFORMATION SHEET

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592741, Fax: 27 21-959

E-mail: bbbeyers@gmail.com

INFORMATION SHEET

Project Title: "The experiences of community service nurses who are working at a rural clinic in the Western Cape".

What is the study about?

This research project is conducted by Belinda Beyers from the University of the Western Cape. You are being invited to participate in this research project because you have completed your community service year during 2011-2012. The purpose of this study is to describe the support that is provided to community service nurses (officers) who are working at a rural clinic in the Western Cape.

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

You will be asked to answer a few questions about the support that has been available during your year of community service in a rural setting. The interview will not take between 30 and 45 minutes.

Would my participation in the study be kept confidential?

Your participation and personal information will be kept confidential.

What is the risk of this research?

There is no known risk in participating in this study.

What are the benefits of this research?

There is no financial gain or other benefits to you personally, but the results may assist the researcher to understand the existing support structures during your community service year in a rural setting and what challenges you have had to overcome in the rural setting. It will be of significant value to the Department of Health and Nursing Departments to identify the impact the community service year has on the health professional development, especially in a rural setting. The results can assist with the development of a support structure / policy to provide clear guidelines for supporting community service officers.

Am I obliged to participate 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 do decide to participate in this research, you may withdraw at any time. However, I urge you to finish the study once you have started, but it would not be held against you if you decide to withdraw.

Am I allowed to ask questions?

This research is being conducted by Belinda Beyers from the University of the Western Cape. If you have any question about the research study, please contact me at 0769107253 or e-mail: bbbeyers@gmail.com.

Should you have any questions about this study and your rights as a research participant or if you wish to report any problems you will be experiencing in relation to the study, please contact:

Head of Department

Prof Yinka Adejumo

021-9593024

Email: oadejumo@uwc.ac.za

Dean of the Faculty of

Community and Health Sciences

Prof Hester Klopper

Email: hklopper@uwc.ac.za

Tel: 021- 9592631

ANNEXURE C: WRITTEN INFORM CONSENT

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271

E-mail: bbbeyers@gmail.com

WRITTEN INFORMED CONSENT

Letter of request to participate in the study

Title of Research Project: The experiences of community service nurses who are working at a rural clinic of the Western Cape.

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. 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 at any time without giving a reason and this will not negatively affect me in any way.

PARTICIPANT'S NAME: ……..

PARTICIPANT'S SIGNATURE: ……..

I further agree that the interview be voice recorded.

PARTICIPANT'S SIGNATURE: ……..

I further agree that the researcher takes field notes.

PARTICIPANT'S SIGNATURE: ……..

WITNESS: ……..

DATE: ……..

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

Study Coordinator's Name: Prof Karien Jooste

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone: (021)959-2274

Cell: 0828972228

Fax: (021)959-2271

Email: kjooste@uwc.ac.za

ANNEXURE D: LETTER OF REQUEST TO PARTICIPATING DEPARTMENT OF HEALTH TO CONDUCT THE RESEARCH

10 Debussy Crescent

Mandalay

Mitchells Plain

7785

March 2012

Ms Florence Africa

Director: Nursing Services

Department of Health

Cape Town

Dear Ms Africa

RE: CONSENT TO CONDUCT RESEARCH

I am a post-graduate student at the University of the Western Cape who is studying towards a Structured Master's Degree in Nursing. My research topic in my mini-thesis is: *"The experiences of community service nurses who are deployed in a rural area of the Western Cape"*. The purpose of this study is to describe how support can be given to community service nurses (officers) who are deployed in a rural area in the Western Cape.

In order to conduct this study, with your permission, individual interviews will be conducted with community service officers in rural areas of the public health facilities in the Overberg Region and Cape Wine lands Regions in the Western Cape, who will be selected by means of

purposive sampling and informed consent will be obtained from them to participate in the interviews.

Having access to these institutions would be of great importance to complete the study. The interviews will be conducted in a private room. I therefore request your permission to conduct my research investigation at your facilities. I am attaching the research proposal with the necessary information sheet and informed consent that will be provided to participants. Participants will participate voluntarily and may withdraw, without fear or favour, from the study at any time. All information of the participants and your institution will be handled confidentially and will be transcribed and translated personally. The participants will remain anonymous and codes will be used to protect participants' identities.

Information acquired during this research project will be shared with all participants and organisations prior to public dissemination. Results of the study will be published in an accredited journal or a peer review journal.

Yours sincerely,

……

Ms Belinda Beyers

Student No: 9004419

Cell no: 0769107253

……

Prof Karien Jooste

Supervisor

School of Nursing

The University of the Western Cape

Bellville, 7530

Western Cape

South Africa

Cell no: 0828972228

ANNEXURE E: LETTER OF REQUEST TO PARTICIPATING PUBLIC HEALTH FACILITIES TO CONDUCT THE RESEARCH

10 Debussy Crescent

Mandalay

Mitchell's plain

7785

March 2012

Nursing Service Manager

Dear Ms / Mr

RE: CONSENT TO CONDUCT RESEARCH

I am a post-graduate student at the University of the Western Cape who is studying towards a Structured Master's Degree in Nursing. My research topic of my mini-thesis is: *"The experiences of community service nurses who are deployed in a rural area of the Western Cape"*. The purpose of this study is to describe how support can be given to community service nurses (officers) who are deployed in a rural area in the Western Cape.

Permission have been granted by the Director Nursing Services, Western Cape to conduct this project. In order to conduct this study, with your permission, individual interviews will be conducted with community service officers at your rural public health facility in the Western Cape. Participants will be selected by means of purposive sampling and informed consent will be obtained from them to participate in the interviews.

Having access to your institution would be of great importance to complete the study. The interviews will be conducted in a private room. I therefore request your permission to

conduct my research investigation at your facility. I am attaching the research proposal with the necessary information sheet and informed consent that will be provided to participants. Participants will participate voluntarily and may withdraw, without fear or favour, from the study at any time. All information of the participants and your institution will be handled confidentially and will be transcribed and translated personally. The participants will remain anonymous and codes will be used to protect participants' identities.

Information acquired during this research project will be shared with all participants and organisations prior to public dissemination. Results of the study will be published in an accredited journal or a peer review journal.

Yours sincerely,

……

Ms Belinda Beyers

Student No: 9004419

Cell no: 0769107253

……...

Prof Karien Jooste

Supervisor

School of Nursing

The University of the Western Cape

Bellville, 7530

Western Cape

South Africa

Cell no: 0828972228

ANNEXURE F: DATA COLLECTION TOOL

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail: bbbeyers@gmail.com

DATA COLLECTION TOOL

Open-ended interview question:

How did you experience your community service year as a professional nurse at this rural facility?

Probing Question:

These questions will be asked to probe deeper during the interviewing process.

You said that… Tell what happened…

Tell me more…

What do you mean by…?

What were your thoughts then?

How did that make you feel?

What did you decide then?