COMMUNITY SERVICE NURSES' EXPERIENCES REGARDING HEALTH CARE SERVICES AT TSHWANE DISTRICT PUBLIC HOSPITAL

by

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submitted in accordance with the requirements

for the degree of

MASTER OF ARTS

in the subject

NURSING SCIENCE

at the

UNIVERSITY OF SOUTH AFRICA

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JULY 2015

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DECLARATION

I declare that **COMMUNITY SERVICE NURSES' EXPERIENCES REGARDING HEALTH CARE SERVICES AT TSHWANE DISTRICT PUBLIC HOSPITAL** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of completed references and that this work has not been submitted before for any degree at any other institution.

24 July 2015

SIGNATURE   **DATE**

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ABSTRACT

The aim of this study was to gain understanding of community service nurses' experiences of health care services at Tshwane district public hospital. This qualitative study followed an Interpretative Phenomenological Analysis (IPA) approach to explore the community services nurses' experiences of health care services at Tshwane district public hospital. Data were collected from 11 purposively selected community service nurses using a semi-structured interview format. Data was analysed using Interpretative Phenomenological Analysis framework for data analysis. Four super-ordinates emerged from data analysis: (1) Resources, (2) Work environmental relations, (3) Supervision and support and, (4) Impact of community service experiences. The study revealed that the health care services rendered at the hospital studied are substandard. Community service nurses reported several challenges experienced during their placement in the hospital under study. Lack of human and material resources, supervision and support contributed to hindrance of smooth acquisition of their clinical skills and experience. These challenges resulted in the psychological and emotional drain of the participants. There is a need for development of guidelines to ensure constant and adequate support to all the community service nurses placed at Ratanang Hospital.

KEY CONCEPTS

Community service nurses; experiences; health care services; newly qualified nurses.

ACKNOWLEGDEMENTS

Dedication

I dedicate this study to my late father, **Mr Pegstan Masenyi Masemola**, and my late father in-law, **Mr Wilson Moremi Nkoane**.

May their soul rest in peace.

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ACRONYMS

CPD   Continuous Professional Development

GDoH   Gauteng Department of Health

IPA   Interpretative Phenomenological Analysis

NDoH   National Department of Health

RPL   Recognition of Prior Learning

SANC   South African Nursing Council

SGL   SG Lourens Nursing College

TREC   Tshwane Research Ethics Committee

UNISA   University of South Africa

WHO   World Health Organization

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

This study explored and described community service nurses' experiences of health care services at Tshwane district public hospital. This chapter provides a background to the study, including a problem statement, purpose and objectives of the study. The chapter also offers an overview of the significance of the study, research questions, definitions of key concepts used in the study, including a theoretical foundation that offered guidance to this study. Included in this chapter are also brief discussions of research design and method employed in the study, and the layout or organisation of the entire dissertation

1.2 BACKGROUND TO THE PROBLEM

Community nursing service programme is a programme where new graduate nurses are expected to serve in public health places before becoming registered professional nurses. The vision of community nursing service is not merely about the successful completion of professional training, but also about the provision of quality health care services, and support to underserved and marginalised communities (Swart 2013:106). It is reported by Newton and McKenna (2007:1236) in Rozier (2012:13) that community service nurses are generally overwhelmed with workload and lack of confidence in relation to time management. Such experiences could be a function of community service nurses' limited preparedness for their roles and responsibilities as registered practitioners, a view also echoed by Harwood (2011:13) and Dyess and Sherman (2009:406). The concern about community service nurses' inability to manage their time for effective provision of clinical care is frequently mentioned in the literature. Andersson and Edberg (2010:189) agree with this by highlighting that community service nurses are in the main unable to manage their time to ensure effective provision of care, and this is particularly the case for those with minimal clinical experience. Such an inability in time management has been noted to generally result in community service nurses failing to delegate tasks, especially to older nurses in their respective units (Eagar,

Cowlin, Gregory & Firtko 2010:92). It is for this reason that O'Shea and Kelly (2007:1538) indicated that community service nurses are not ready to deal with practice responsibility upon completion of their training.

The community service programme was introduced in South Africa in the year 2003 (Swart 2013:106). South African Nursing Council (SANC), (Act no 33, 2005) and SANC (2007:46) Paragraph 2(1)) stipulated the requirements for newly qualified professional nurses: nurses of this category should perform remunerated community service for a period of one full year. It is also indicated that should the period of community service be interrupted in the first six months then the length of time required to complete the community service will be extended to two years, and further interruption will lead to lapse of the community service. This regulation serves to improve on the clinical skills, knowledge and competencies of the community service nurses placed in public health establishments. It also prepares the group of nurses for qualification as a Nurse (General, Psychiatric and Community) and Midwifery leading to registration in Government Gazette Notice No R425 of 22 February 1985 (SANC 1985).

The discussions thus far indicate that community service is a period of challenges in the professional practice of newly qualified professional nurses. Working in public establishments in the absence of mentoring can be an extremely challenging experience for community service nurses (Ndaba 2013:3). As newly qualified nurses, community service nurses need to be supported in the form of mentoring and supervision in their practices. Doing so would enhance their clinical skills and ensure quality care provision. Community service nurses are an important category of nurses for the provision of care in the community (Rouse & Rooda 2010:361; Angel & Moseman 2012:7). Thus, they need to be encouraged to engage in practices, such as reflective practice that would enable them to manage the stresses at work as well as to improve their approaches to care provision (Harwood 2011:16).

There are several challenges that the community service nurses are faced with which contribute to workplace stress. Amongst others are management issues, material and human resources and negative attitudes of experienced staff towards them (Ndaba 2013:3). These nurses are expected to carry out their roles and responsibilities at a high standard despite the work related stress they are exposed to. These challenges tend to negatively affect the performance of the community service nurses. For example, this is

evidenced by the increase in psychiatric recidivism or re-admission of the patients to psychiatric units where community service nurses are allocated (Zonke 2012:52).

1.3   STATEMENT OF THE RESEARCH PROBLEM

Several literature sources reported that community service nurses experience several challenges during their clinical placements in health care institutions, examples of such challenges include limited material resources, and negative attitudes of experienced staff (Ndaba 2013:3; Swart 2013:106; Zonke 2012:52).The researcher of this study works as a lecturer in one of the public nursing colleges at Tshwane district in the Gauteng Province. When accompanying the nursing students for clinical practice to one of the public hospital, pseudo-named Ratanang for confidentiality purpose, the researcher came across some professional nurses who were allocated to Ratanang Hospital for community service. These professional nurses declined to be permanently allocated to this health care facility despite the availability of vacant posts. The community service nurses mentioned that they would not mind to be employed in the other provinces if there are no available positions in other hospitals in the Gauteng Province. These concerns made the researcher to explore the community service nurses' experiences of health care services at Tshwane district public hospital (Ratanang Hospital) in the Gauteng Province. Added to this, the researcher conducted this study because there is no documentation regarding the experiences of community service nurses at Ratanang Hospital.

1.4   AIM OF THE STUDY

The aim of this study was to gain understanding of community service nurses' experiences of health care services in a public hospital in Tshwane District of Gauteng Province.

1.5   OBJECTIVE OF THE STUDY

The objective of the study was to explore and describe the community service nurses' experiences of health care services at Tshwane district public hospital.

1.6   SIGNIFICANCE OF THE STUDY

There are limited studies on community service nurses' experiences of health care services at public hospitals in South Africa. The findings of this study will contribute to the body of knowledge of the nursing profession regarding community service nursing. The findings of the study will also be used for recommending guidelines for placement and management of community service nurses in public hospitals. This is in order to improve the experiences of community service nurses in public hospitals.

1.7   DEFINITIONS OF KEY CONCEPTS

1.7.1 Community service nurse

Community service nurse is a newly qualified professional nurse registered to perform remunerated community service limited to her/his practice in the designated public health establishment before they can be fully allowed to practice independently. In simple term, it means a nurse who is on internship (South Africa 2005:11).

1.7.2 Experiences

Experiences refer to the things that have happened to a person that influence the way one thinks and behaves (*Oxford Advanced Learners Dictionary* 2010:14).

1.7.3 Health care service

Health care service is the service of providing medical care (*Oxford Advanced Learners Dictionary* 2010:694).

1.7.4 Public hospital

Public hospital is a hospital, which is owned by a government and receives government funding. This type of hospital provides medical care free of charge or for a very minimal cost (*Oxford Advanced Learners Dictionary* 2010:1184).

1.8   RESEARCH DESIGN AND METHODS

Interpretative Phenomenological Analysis (IPA) design was utilised as the researcher aimed to access rich and detailed personal accounts of the community nurses' experience of health care services at Tshwane district public hospital. Smith and Osborn (2007:53) mentioned that IPA explores in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings participants hold for particular experiences. Furthermore, IPA involves detailed examination of the participants' life-world. The researcher found this approach to be suitable for this study because she focused on the complexity, process or novelty of the community service nurses' experiences of health care services at Tshwane district public hospital (Smith & Osborn 2007:55). The design enabled the researcher to explore, describe and interpret the meaning of community service nurses' experiences.

This study was conducted at a public hospital at Tshwane district hospital, pseudo-named Ratanang Hospital for confidentiality purpose. Eleven (11) community service nurses placed at Ratanang Hospital were purposively sampled and participated in the study. This sample size was determined by category-saturation. Data were collected using individual semi-structured interviews guided by interview schedule. Data analysis was conducted interactively using the principles of IPA. See chapter 3 for details.

1.9   MEASURES TO ENSURE TRUSTWORTHINESS

Moule and Goodman (2009:389) defined trustworthiness as an appraisal of qualitative research when describing credibility, dependability and transferability. The researcher followed the framework and criteria posited by Lincoln and Guba (1985) as cited in Polit and Beck (2012:584) as a measure to ensure trustworthiness or rigour of the study. The criteria of this framework are articulated in chapter 3.

1.10   ETHICAL CONSIDERATIONS

Ethics is a generic term for various ways of understanding and examining the moral life (Moule & Goodman 2009:56). According to Babbie (2013:32), ethics is concerned with the matter of right and wrong. The researcher was concerned about the protection of human participants throughout the research study, as it was required of her; hence the

ethical aspects were respected. The researcher first sought the approval to conduct the study from the Ethics Committee of the University of South Africa, Gauteng Department of Health (GDoH), Tshwane Research Ethics Committee (TREC) and the Chief Executive Officer of Ratanang Hospital (Annexure A, B, C and E). The permission to collect data from the participants was granted by the Gauteng Department of Health and Tshwane district. Approval letter was sought and obtained from the hospital management to conduct the study. The name of the hospital and the names of the community service nurses were protected to ensure confidentiality.

1.11   SCOPE OF THE STUDY

The scope of the study was limited only to community service nurses placed at Ratanang Hospital during the year 2014.

1.12   STRUCTURE OF THE DISSERTATION

This dissertation consists of a number of chapters and sub-sections. Resumes of each of these are offered here to allow readers to follow and understand discussions on issues presented.

Chapter 1 gives a general introduction to the study, including the formulation of the problem, the aim and objectives of the study, and throws light on definitions of the key concepts used in the study. A brief description of the research design and method, ethical aspects and measures to ensure trustworthiness is also provided.

Chapter 2 focuses on reviewed relevant literature. The literature sources are also used to discuss findings of this study.

Chapter 3 provides in-depth information on the research design and methodology, with focused description on study site, sampling method, data collection and analysis, measures to ensure trustworthiness and ethical issues related to the study.

Chapter 4 provides the results based on super-ordinate themes, themes and sub-themes that emerged from data analysis.

Chapter 5 discusses the findings of the study, in relation to existing literature; provide conclusions and limitations of study. Recommendations are also put forth based on the research findings.

1.13 CONCLUSION

This chapter addresses the background to the research, research design and methodology, ethical considerations, measures to ensure trustworthiness and the significance of the study. The next chapter discusses literature relevant to the phenomena of interest.

CHAPTER 2

LITERATURE REVIEW

2.1   INTRODUCTION

The previous chapter provided an overview of the study. This chapter focuses on the literature reviewed. Taylor (2014:305) defines literature review as a synthesis of the literature that describes what is known or has been studied in relation to a particular research question or purpose. Rebar, Gersch, Macnne and McCabe (2011:206) also define a literature review in a similar way. Langford and Young (2013:80) state that literature review involves a search for information that is relevant to an identified problem area in order to reveal how the problem fits into the larger picture of evidence and context of a study.

Literature review also helps researchers to develop a theoretical or conceptual framework for the topic under study (Brink, Van der Walt & Van Rensburg 2014:54). Creswell (2014:28) states that a literature review provides a framework for establishing the importance of a study as well as a benchmark for comparing results of studies. Thus, the outcomes of the literature sources reviewed in this study were used to support the discussions of the results, and in some instances, comparisons, were made. The literature sources reviewed also provides a background for conducting this study, and their findings enabled the researcher to identify specific gaps in knowledge in relation to experiences of community service nurses (Grove, Burns & Gray 2013:98-99). This chapter gives a detailed process for literature review covering the aspects of focus question, search strategy, search profile, appraisal of identified studies, and themes and sub-themes that emerged from the literature sources.

2.2   FOCUS QUESTION

To successfully conduct a literature review, a focus question or questions need to be developed to enable the researcher to refine his or her literature search strategy. Grove, Burns and Gray et al (2005:276) refer to a focus question as a statement that offers the

precise query a researcher wants to answer with the view of addressing a research problem. The researcher used Kumar's (2005) framework for formulating the focus question of this study. Kumar's (2005) framework was considered to be appropriate and effective for eliciting focus questions for a project of this nature. This assertion is a function of the view that it is easily adaptable and easy to use. It is stressed in this framework that questions should be formulated using the four Ps (People, Problem, Programme and Phenomenon). Using this structure together with questions that relate to the five Ws (why, what, when, who and where) and those which start with How, resulted in the formulation of the focus question of this literature review (Bryman, Bell, Hirschsohn, DosSantos, Du Toit, Masenge, Van Aardt & Wagne 2014:205). It reads: *what are the experiences of community service nurses at public hospitals regarding health care provision?* This question guided the literature search strategy adopted in this study.

2.3   SEARCH STRATEGY

The researcher began by identifying key words of her study, and used the same to search for literature sources (Creswell 2014:32). The researcher commenced the literature search in the University of South Africa library (UNISA) and SG Lourens Nursing College academic library where the researcher is employed. The electronic search for journals and articles commenced with the use of UNISA and SG Lourens' Nursing College database for journals and articles electronically. The researcher was assisted in this process. Several databases were searched for existing literature relevant to the study. Examples of the databases searched were Ebscohost, BMC Health Service Research, Global Business and Technology, Contemporary Nurse, and SAGE. A number of search terms were used during the literature search process, and they listed below.

- Community service nurses
- Newly qualified nurses
- Health care services
- Experiences

Each of the search terms were initially used individually, and then combined using Boolean operators '*and'* and '*or'*. For example, community service nurses, and newly

qualified nurses experiences were combined at some point during the search process. Simultaneously the researcher highlighted and summarised related journals and articles to prevent duplication of literature sources. The researcher formulated and used inclusion and exclusion criteria to guide and focus the search for literature sources. These criteria, listed below enabled the researcher to identify literature sources relevant to the study.

Inclusion criteria

i.   Articles on community service nurses and health care services.
ii.   Articles on published in English.
iii. Articles published from 2007-2015.

Exclusion criteria

i.   Articles not related to community service nurses and health care services.
ii.   Articles not published in English.
iii. Articles published before 2007.

2.4   APPRAISAL OF IDENTIFIED STUDIES

After applying each of the above criteria, only 35 research articles met the criteria for inclusion in the literature review. All the papers selected were critically examined. The process of reviewing each research articles was based on established and validated models of critical appraisal, such as those offered by Polit and Beck (2012:342), and Bothma, Greeff, Mulaudzi and Wright (2010:232), The decision to use a combination of frameworks is in keeping with guidance from De Vos, Strydom, Fouché and Delport (2012:419). He stipulated that a mixture of appraisal frameworks must be used for appraising qualitative and quantitative research sources, as these literature sources are inherently different in terms of the quality of evidence they offer. In essence, the review of individual studies was weighted on the knowledge contribution made to current understanding of community service nurses in health care services. To be more specific, the studies were evaluated in terms of their rigour, validity, reliability, dependability and transferability (Polit & Beck 2012:584; Brink et al 2014:126-127). Further attention was given to the handling of data within each of the reviewed sources,

including how well researchers addressed potential limitations of their studies. The following were the stages of appraising the research articles used in this study.

Stage 1: Reading and reading the articles
Stage 2: Initial note making
Stage 3: Development of emergent themes: looking for themes
Stage 4: Searching for connections across the emergent themes
Stage 5: Development of final themes

Five major themes emerged during the literature review process, and the emergent themes served an important role in supporting the discussions of the findings of this study.

2.5 EMERGENT THEMES

The following themes emerged from the literature sources reviewed:

- General overview of community service nursing
- Placement of community service nurses
- Resources
- Supervision and Support
- Practice readiness of the community service nurses

2.5.1 General overview of community service nursing

Community nursing service programme is a programme were newly graduate nurses offer community health care services to people in the public health care settings before they can successfully complete their training and become professional nurses. This indicates that community service is a requirement for community service nurses, and failure to meet this requirement would deter them from attaining the status of a professional nurse. In South Africa, community service programme was introduced in 2003 (Swart 2013:106). Community nursing serve is made compulsory for all nurses despite the acknowledgement of the view that nurses go through rigorous professional and accredited training in recognised educational institutions of higher learning. Such institutions prepare nurses who are fit for purpose and practice with adequate

knowledge and skills for offering care. This has similarities with the vision of community nursing service. In essence, this relates to the offering of training and education to nurses that will enable them to enhance the provision of quality health care services that will make a difference to many underserved and historically marginalised communities (Swart 2013:106).

In South Africa, requirements for community nursing service for the newly qualified professional nurses are stipulated by Nursing Act 33 of 2005 and SANC (South Africa 2007:46; SANC 2007:paragraph 2(1)). According to this Act, all nurses are required to successfully engage in the provision of community care service for a period of one year. The rationale for this is to ensure that community service nurses acquire adequate and relevant clinical skills, knowledge and the competencies relating to care provision in public health establishments. Community nursing service for newly qualified registered nurses prepares the trained nurses for qualification as a Nurse (General, Psychiatric and Community) and Midwifery leading to the registration in Government Gazette Notice No R425 of 22 February 1985 (South Africa 2005:2).

2.5.2 Placement of community service nurses

As already mentioned, the present period of remunerated community service placement in South Africa is 12 months (SANC 2007: paragraph 2[1]). There are discussions in the South Africa National Department of Health (NDoH) to extend this period of community service placement. Such discussions were a function of the view that an extension of the current community service placement would lead to improved knowledge and competencies of nurses in their respective fields or branches (Morolong & Chabedi 2005:38). Acknowledging this, it is assumed by the NDoH and SANC that an extension might result in community service nurses gaining more knowledge and skills, which in turn would lead to the provision of high standards of care. This is because a longer clinical placement would ensure that community service nurses are adequately supervised and mentored by experienced nurses. This suggests that longer placements and adequate provision of supervision and mentorship are necessary and sometimes-sufficient conditions for knowledge and skills acquisition, and quality care delivery.

Another factor that is frequently mentioned in the literature in relation to knowledge and skills acquisition is rotation. Not offering adequate supervision to community service

nurses, and not rotating between community placements would not only demotivate them, but it might also result in the acquisition of less skill and knowledge. Teoh, Pua and Chan (2012:143) agree with this assertion by stating that the newly qualified nurses are rotated in the several clinical departments during their placement so that they gain experience in different settings, and doing so improved their knowledge base and skills.

However, in other institutions the community service nurses are not rotated throughout the hospital units. This is because some placement areas are not of value or interest to community service nurses. This approach to placement may deter community service nurses from acquiring adequate skills and knowledge necessary to be competent and practice as professional nurses. For community service nurses who had the opportunity to be placed in varied placements, some have indicated in the literature feelings of being overwhelmed with clinical responsibilities, particularly with a spontaneous rotation to poorly staffed units (Tsotetsi 2012:46). National Health Act No 61 of 2003 (Republic of South Africa 2015:19) stipulates that health institutions should ensure that the risks associated with unsafe practices and inappropriate care are reduced. This suggests that safety of community service nurses is critical. Not making community service nurses to feel safe in their placement settings may negatively affect the quality of care they offer to patients.

2.5.3 Resources

Community service is perceived as a period of challenges in the professional practice of the newly qualified professional nurses before they can become confident and independent to practice (Ndaba 2013:78). Ndaba (2013:3) further reported that working in the public establishments as a new nurse graduate can be extremely nerve ragging especially in cases of lack resources. There are resources required for enhancement of clinical experience and skills of the community service nurses. The Constitution of the Republic of South Africa (1996) stipulates that the government has the responsibility towards its citizens' right to health. It has been noted that South African government has been able to realise goals through building up the health system post-apartheid era however there are some areas that still need to be revisited and redirected in order to have excellent public health sector (Swart 2013:114). Swart (2013:114) concluded that National Health Department should ensure that community service sites are reasonably resourced and well supported as this will improve provision of mental health care in a

systematic manner. However, this is not the case as the literature reviewed indicates that resources are not adequate in most institutions where community service nurses experience their clinical placements. Resources identified were material and human.

2.5.3.1 Inadequate material resources

Zuma (2013:32) had recommended that the South African government should develop a strategy to ensure that non-negotiable items such as medicines, cleaning materials, equipment and laboratory services are available at all times in health facilities for the provision of safe and quality health care services. Makhakhe (2010:57) indicated that lack of medical supplies is a critical problem experienced in hospitals. Added to this, most public hospitals are experiencing shortage of equipment and pharmaceutical resources, and such shortage has a negative impact on the quality health care services. It is for this reason that Legodi (2008:85-86) reported that the quality health care services could not be improved, in instances where healthcare facilities are short of medical supplies and equipment. Baloyi (2009:94-96) agreed with this assertion by stating that the shortage of supplies and equipment can undoubtedly hinder quality of care provision. All of the factors mentioned above do have a negative effect on the functions of community service nurses.

Literature reviewed indicates that the shortage of material resources in South Africa is not due to financial constraints (Mukhola 2009:28). The same author went on to state that South Africa is still lacking in many areas, despite the increasing budget to improve healthcare provision in healthcare services (Mukhola 2009:28). In the financial year 2015/2016 the Department of Health has been allocated around R157 billion for provision and improvement of health care services in the provincial and national departments of public sector. Mukhola (2009:31) stated that it is critical for patients to be satisfied with the treatment they receive in public health care facilities. Thus, it is important to recruit capable leadership in the critical positions, so that sound financial decisions and actions are taken to avoid suspension of health care services and ensuring the delivery of safe and effective health care (Mukhola 2009:41). This means that errors in cash flow should be addressed in order to avoid cut in service delivery Mukhola (2009:40). Proper and accurate budgetary plans need to be put in place for the smooth running of the health care institutions and to attainment of quality health care.

2.5.3.2 Human resource

Human resource is considered important in assisting community service nurses to gain required experience (Tsotetsi 2012:46). George, Quinlan, Reardon and Aguilera (2012:1-2) indicated that there is a shortage of health personnel, such as doctors and nurses in South Africa and other low-income countries. Republic of South Africa (2012:7) also acknowledged this, and noted that South Africa has a huge shortage of health personnel. South Africa is experiencing a shortage of nursing staff as they leave the same for better opportunities (Kruse 2011:23). Whitehead and Holmes (2011:21) elaborated on the vicious cycle of shortage of staff. Community service nurses also reported that they experienced severe shortage of staff, which had a negative impact on their placement (Tsotetsi 2012:46). Recruiting adequate numbers of nurses and doctors is a big huddle if the institution is not located within the growing developments where the community has training institutions and a good reputation for quality patient care (Marquis & Huston 2015:339). Inadequate staffing in the facilities and improper staffing mix are considered a great challenge for quality improvement of health care services (Legodi 2008:99). Literature reviewed also indicated that shortage of human resources in not only related to limited number of staff employed but also absenteeism of existing health care professionals.

Nyathi and Jooste (2008:29) assured that working conditions might contribute to absenteeism of nurses in their workplace. Nurses worldwide are exposed to increased stress as a result of working day after day and night after night leading to greater levels of sick absence (Madibana 2010:22). This might also be applicable to the newly graduated nurses who are trying to fit in the working environment. The reasons why nurses absent themselves from work, amongst others are: workload as a result of other nurses being absent from work, minor ailments, and insufficient rest due to long working shifts (Madibana 2010:94). A Namibian study on human resource capacity revealed that absenteeism contributed to the increased workload in the Ministry of Health and Social Services and health care workers and as a result ill-health (Amakali 2013:58). Minor ailments may be superficial clinical signs of work related stress, which warrant repeated consultations with the physicians. Workload in itself predisposes the health care personnel to undue stress, tiredness and frustrations, adding to these discomforts are lack of health resources within the public health institutions.

Madibana (2010:60-61) affirmed that health care workers are working long shifts at most twelve and half hours in a day and that impact negatively towards patient care because there is lack of rest amongst this category. Van der Westhuizen (2008:12) reported that fatigued nurses are liable to commit medical errors thus affecting the quality of health care. According to the Nurses Rights Charter, nurses also have the right to work in a safe environment which is compatible with the efficient consumer care, equipped with minimum physical, material and personal requirements. It is evidential from literature that absenteeism within the workplace contributes to many other problems. High levels of absenteeism may lead to imbalanced nurse-patient ratio with negative impact on the service delivery (Amakali 2013:58). Absenteeism of staff has a direct association to the staff low morale, stress and pressure. Van der Westhuizen (2008:38) mentioned that public hospital personnel may feel disgruntled and frustrated which may eventually lead to staff attrition. All this may have a negative impact on the community service nurses. Madibana (2010:27) documented that absenteeism and job-related stress might be averted by offering support and supervision.

2.5.4 Supervision and support

Supportive environment creates a platform to conquer workplace stress in the graduate nurses (Madibana 2010:27). Ostini and Bonner (2012:247) in their Australian study of a transitional programme in a rural setting, reported feelings of being overwhelmed in the new nurses as result of role ambiguity and lack of supervision and delegation from senior nurses. Tsotetsi (2012:54) in her study title "Experiences and Support of newly-qualified four-year trained professional nurses placed for remunerated community service in Gauteng province" also indicated that community service nurses were exposed to professional nurses who were less committed to the supervisory role exposing the neophyte nurses to adverse events. These nurses also need extensive supervision in their first year to build on their confidence. Unfortunately literature shows that supervision of the community service nurses is not efficiently done. Most of them are left unsupervised in the units, and that might compromise the provision of quality of health care. Newly qualified nurses usually expect to be put through work under the supervision of the senior professional nurses when they work as community service nurses (Mqokozo 2013:52). However, the opposite of their expectations is usually happens during their placement (Mqokozo 2013:52).

Roziers (2012:59) and Tsotetsi (2012:73) in their respective studies found out that supervision and support were inadequate for community services nurses. Newly qualified nurses in Denmark hoped for sufficient time, guidance, support and understanding from their experienced colleagues to improve on their knowledge relevant to specific clinical units (Thrysoe, Hounsgaard, Dohn & Wagner 2011:17). The importance of having preceptors and strategies is emphasised to support newly qualified nurses as they make a transition into the roles of the professional nurses (Marshburn, Engelke & Swanson 2009:430). This area needs to be improved as (Republic of South Africa 2012:39) stipulate on the importance of ensuring that the health care personnel receive on-going in-service training and supportive supervision to keep abreast with and update themselves on new developments.

Morrow (2009:282) in the Canadian study concluded that experienced nurses displayed unsupportive and bullying behaviours toward the newly qualified nurses. The newly qualified nurses reported their experiences with unsupportive and unkind nurses during their placement, which ended up in horizontal violence. Many studies revealed horizontal violence and hostility toward community service nurses by the registered nurses and unit managers (Kelly & Ahern 2008:914; Dyess & Sherman 2009:407; Simons & Mawn 2010:308; Tsotetsi 2012:53).

Some of the nurses who have been long in the profession treated the newly qualified professional nurses as "slaves", they allocated them more patients under their care than they allocated to themselves. In this period the community service nurses need to be supervised by their senior nurses and formal induction programmes to be organised in order to provide support this group of nurses.

Lack of support and supervision of newly qualified nurses by experienced nurses may be related to limited or redundant knowledge among the senior staff members due to lack of Continuing Professional Development (CPD). Communication skills are found to be lacking amongst health care professionals and between staff and management (Baloyi 2009:120; Liphosa 2013:143). CPD can build on the confidence and competences in the health care professionals, which in turn can enhance the relationships and communications between patients and providers of care. Liphosa (2013:143-149) asserts that the quality of health care is also associated with the use of CPD, and that CPD can contribute positively towards personal and professional growth.

It was further indicated that CPD assist in keeping the health professional updated with new developments, knowledge and skills, which add value to the competences and quality of health care. Hence, Baloyi (2009:120) concluded that staff should be encouraged to always attend training workshops to update their knowledge.

Marquis and Huston (2015) defined Career Development as an intentional career planning which explores opportunities and change. Nurses may leave the institution as a result of frustrations and lack of career path, and if they are not developed quality of health care services may be compromised. Marquis and Huston (2015:355) stated that nurses need to be developed to ensure socialisation and professionalism with the institutions. This can be done through team buildings and in-service training. Literature reviewed indicates that lack of support and supervision may have an impact in practice readiness for transition of community service nurses, which is another theme that emerged from appraisal of literature reviewed.

2.5.5 Practice readiness for transition of the community service nurses

Dlamini, Mtshali, Dlamini, Mahanya, Shabangu and Tsabedze's (2014:154-155) study of the readiness of Swaziland new graduate nurses revealed that they are not ready to practice independently on registration and graduation. The study revealed the community service nurses reported mixed feeling about the competency and proficiency however it was associated with both stakeholders i.e. academia, statutory agencies and the clinical services issues where the practice gaps which impacted on their readiness were identified. They also revealed that the specified group were criticised by old nurses in the profession that their behaviour and values were not in line with that of the nursing profession (Dlamini et al 2014:155). This behaviour might be as result of the comparison that was made between the diploande and graduande.

Newton and McKenna (2007:1236) as cited in (Rozier 2012:10) an Australian study reported that community service nurses experienced the feeling of being overwhelmed and lack of confidence when it comes to time management and unpreparedness when they had to face their responsibilities as a registered nurses. The community service nurses were overwhelmed by responsibility and accountability that accompanies the registered professionals and that led to feeling of fear as well (Harwood 2011:13). In

most studies, the community service nurses shared the same sentiments of being unable to manage their time for clinical skills (Andersson & Edberg 2010:189).

Community service nurses lacked confidence in taking the transitional role and experienced transitional shock when they become registered nurses (Harwood 2011:8) Roziers (2012:59-61) reported in her study that participants blamed the educational institutions for not preparing them for the role transition, hence they had a feeling of professional isolation because the registered nurses in their allocated placement could not provide them with guidance in relation to practice. These challenges tend to affect the performance of the community service nurses in a way, as it has been found that there is evidence of increased re-admission of patients in the psychiatric units where community service nurses are allocated (Zonke 2012:52).

2.6   CONCLUSION

This chapter focuses on the literature reviewed and the main themes that emerged from literature in relation to community service nurses. The five major themes which emerged from literature review are as follows: General overview of community service nursing, resources, supervision and support, placement of community service nurses and practice readiness of the community service nurses. Though these themes are discussed individually, they seem to be forming a vicious cycle as they all impact on each other. The next chapter will focus on research design and methods.

CHAPTER 3

RESEARCH DESIGN AND METHODS

3.1   INTRODUCTION

Previous chapter gave a detailed discussion on relevant literature reviewed regarding community service nursing. In this chapter the researcher focused on the research paradigm, research approach, research design, sampling techniques, data collection and analysis methods. Measures to ensure trustworthiness of the research findings and ethical considerations were taken into consideration.

3.2   RESEARCH PARADIGM

Polit and Beck (2012:736) defined a paradigm as a way of looking at natural phenomena that support philosophical assumptions and guides the researcher's approach to inquiry. Nursing research used two different paradigms, namely, positivism and naturalism. The researcher followed the naturalist approach mainly because she wanted to understand the different worlds in which the community service nurses inhabit (Taylor 2014:130). The study focused on the truths from the narratives and lived experiences of the nurses during their placement in a public hospital hence the qualitative research was the best choice for the study in order to enhance the constructivist thinking from the participants under study. The researcher opted to conduct face-to-face interviews in the study as data collection methods.

3.3   RESEARCH APPROACH

The researcher followed a qualitative approach. Grove et al (2013:705) defined qualitative research as a systematic, interactive, subjective approach used to describe experiences of participants and the meaning they ascribe to their experiences. According to Holland and Rees (2010:71), qualitative research is an umbrella term for a number of diverse approaches which seek to understand, by means of exploration, human experiences, perceptions, motivations, intentions and behaviour. It is commonly used to describe and explore phenomena where little is known about the same.

Because little is known about community service nurses in relation to health care services, a qualitative approach was employed in this study. Hence the researcher strived to unleash the unknown about the experiences of the community service nurses in relation to health care services at Tshwane district public hospital.

Mateo and Kirchhoff (2009:131) state that qualitative research approaches focus on understanding phenomena in a "natural" setting, and thus researcher using the same to explore people's thoughts and feelings, which are not easily reduced to numbered responses to questions on paper and pencil instruments. In relation to this study, the qualitative approached employed enabled the researcher to provide rich descriptions of the community service nurses' experiences of health care services at Tshwane district public hospital using eleven (11) participants as data sources (Griffiths 2009:33). The researcher used a semi-structured interview format with the help of an interview schedule, not a structured questionnaire, to collect data from participants (Mateo & Kirchhoff 2009:132). This is because the researcher like other qualitative researchers is motivated to know more about the phenomenon studied from the perspectives of the nurses who have experienced the same (Grove et al 2013:264).

The discussion thus far is consistent with Creswell's (2014:185) view of what constitutes qualitative inquiry. According to Creswell (2014:185), data in quality research are to be collected in participants' natural setting, and this was the case in this study. The researcher had an opportunity to use interviews and field notes as the two main methods of data collection.

3.4   RESEARCH DESIGN

Research design is a map of the way in which the researcher will engage with research participant(s) in order to achieve the outcomes needed to address research aims and objectives (Moule & Goodman 2009:168). Langford and Young (2013:86) defined a research design as an overall plan that helps a researcher obtain answers to the research questions and assist researchers to address challenges that may arise during the conduct of research. According to Grove et al (2013:195); a research design is a blueprint for conducting a study that maximises control over factors that could interfere with the validity of the findings.

The researcher followed an Interpretative Phenomenological Analysis (IPA) design to explore the lived experiences of the community service nurses at Tshwane district public hospital. This research design was adopted for this study, mainly because of its phenomenological, interpretative, double hermeneutic and idiographic nature (Smith, Flower & Larkin 2009:3). In relation to phenomenological nature, IPA allows the provision of a rich reservoir of thoughts of what and how to examine and remember people's lived experiences. Added to this, IPA focuses on a small or comprehensive unit of an experience where participants might share their experiences superficially as well encouraged to reflect on the impact and significance of their lived experiences (Smith et al 2009:3). This assertion is in agreement with Griffith's (2009:39) view who also stated that IPA is phenomenological because it is concerned with individual's perceptions of objects or events. In relation to IPA's interpretative element, it is emphasised by Griffiths (2009:39) that it enables researcher to gain access to and understand individual's world using interviews and their perceptions. It is for this reason that Griffiths (2009:39) stipulated that researchers using this approach have to be capable of conceptualising and making sense of the participants' personal world through "interpretative activities".

IPA is also a double hermeneutic approach as both the researcher and participants try to make sense of and understand phenomenon studied (Smith et al 2009:3). Another factor that is associated with double hermeneutic is the hermeneutic circle. In essence this requires researchers to interrogate texts or transcripts using preconceptions where appropriate in order to make sense of the same and phenomenon studied. This means that bracketing is not so necessary when using IPA (Polit & Beck 2012:497), however, Smith et al (2009:13) suggests that researchers using IPA sometimes need to "bracket" or put to one side the taken for-granted world in order to concentrate on their perceptions of that world. IPA can be idiographic as well in a sense that it allows for the detailed experience of each case. In this study this relates to the researcher developing an understanding of health care services at Tshwane district public hospital from the perspectives of community service nurses (Smith et al 2009:48).

3.4   RESEARCH METHODOLOGY

3.4.1 Research site

The study was conducted in only one hospital, which was Ratanang. Ratanang is a 551 bedded public hospital. The hospital serves 32 clinics from Gauteng and North-West province. It admits all types of patients including those who need medical or surgical care. The hospital also admits patients of all ages, from neonatal to old age. The following are other services offered in the hospital: Maternity services, 24 hour accident and emergency, theatre, clinical forensic, radiology, outpatient, pharmacy, audiology, speech therapy, occupational therapy and optometry. Patients who need specialised services such as dermatology, orthopaedic, ophthalmic and psychiatric are referred directly to the nearest Academic Hospital as there is no regional hospital. The hospital has approximately 325 nurses and about 35 other health care professionals including medical doctors, pharmacists and radiographers.

3.4.2 Population

According to De Vos et al (2012:223), population is a term that sets boundaries on the study units. It refers to individuals in the universe who possess specific characteristics. Polit and Beck (2012:59) state that a population refers to all the individuals or objects with common defining characteristics. Furthermore, De Vos et al (2012:223) define a population as the totality of person, events, organisation units, case records or other sampling units with which the research problem is concerned.

The researcher focused on all community service nurses allocated to one public hospital of the Tshwane district after the permission to conduct the study was granted by the Department of Health, Tshwane district and the hospital chief executive officer of the hospital under study. The participants were allocated for at least one year for their community services.

The researcher followed the male and females community service nurses who had just qualified according to SANC (1985:paragraph 2(c)), as a Nurse (General, Psychiatric, Community) and Midwifery. The community service nurses were placed for remunerated community service at Tshwane district public hospital for about eight

uninterrupted months. Any other newly qualified group except the above mentioned nurses were excluded from the study.

3.4.3 Eligibility criteria

Polit and Beck (2012:274) define the inclusion criteria as the one that specify the population characteristics for inclusion in the study. On the other hand, the exclusion sampling criteria were the characteristics that can cause a person or element to be excluded from participation from the study (Grove et al 2013:353; Polit & Beck 2012:274).

Inclusion criteria

- Community service nurses allocated to Tshwane district public hospital at least for one year.
- Community service nurses should have completed a four-year Diploma or Bachelor degree in Nursing and registered for remunerated community service (SANC 2007:paragraph 2 (1)).
- Community service nurses who were willing to participate in the study.

Exclusion criteria

- Community service nurses who are in their second year of placement were excluded.
- Nurses who have completed the Bridging course.
- Community service nurses who were not willing to participate in the study.

3.4.3 Sampling and sample size

Sampling is the process of selecting cases to represent an entire population so that inferences about population can be made (Polit & Beck 2012:275, 745). In IPA studies, sampling must be theoretically consistent with the paradigm in general, and with IPA's orientation in particular. Furthermore the samples are purposively selected in order to offer the research project insight to the community service nurses (Smith et al 2009:48).

The researcher purposely select community service nurses as people who are judged to be typical of the population or particularly knowledgeable about the issues under study (Polit & Beck 2012:279). Watson, McKenna, Cowman and Ready (2008:238) stated that purposive sampling involved the researcher making judgement about the site and the participants for the study. Convenient sampling entailed utilisation of the most conveniently available people as study participants.

A sample is a subset of the population, selected through sampling techniques (Moule & Goodman 2009:266). According to Polit and Beck (2012:521) there were no stringent rules for sample size in qualitative research as the size of the sample is determined by category saturation or redundancy. In IPA studies, there is no right answer to the question of the sample (Smith & Osborn 2007:56).

In this study, the community service nurses who were allocated to Tshwane district public hospital were selected based on their experiences regarding health care services. Sandy (2013:360) stated that in IPA studies, the sample size is small due to in-depth analytic process of cases. All participants experienced the phenomena and were able to articulate and reflect on what it is like to have lived the experience; hence the researcher relied on the sample of eleven (11) participants (Polit & Beck 2012:523). This sample size was determined by category-saturation. The researcher used community service nurses because they were regarded as people with rich knowledge that will help address the aims and objectives of the study.

3.5 DATA COLLECTION

According to Grove et al (2013:691), data collection is defined as a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study. Streubert-Speziale and Carpenter (2011:33) reported that a variety of strategies could be used to generate qualitative research data. According to Smith et al (2009:4), data collection in IPA is usually in the form of semi-structured interviews and that participant's dictate the pace and course of the interviews. Smith et al (2009:40) alluded to the fact that a successful data collection strategy requires organisation, flexibility and sensitivity. Moule and Goodman (2009:288) stressed that researchers must measure, observe or record data using specific techniques in order to answer research questions. Taking this into account, the

researcher of this study provided a detailed description of steps followed in conducting the interviews. According to Waltz, Strickland and Lenz (2010:293-297) there are steps that can be followed when choosing interviews as a method of data collection in a qualitative research. This study followed the steps below in order to improve the trustworthiness of the research findings.

3.5.1 Constructing interview questions

The researcher was guided by the research objectives and research question to ensure the relevance of the information or data gathered. The researcher concentrated on whether the research question can be answered or not. Finally an agreement was tabled between the researcher and her supervisor on the information required. The researcher developed interview questions with the help of the supervisor. The questions were divided into four categories, namely biographic data, the grand tour question, follow-up questions and probes (Annexure G). The researcher conducted the pilot studies with two community service nurses from another hospital and submitted to the supervisor to check the type of questions used and responses provided. Based on the response from pilot participants and supervisor's comments, the questions were arranged in a particular sequence to enhance participants' understanding of the same.

3.5.2 Recruitment of participants

The researcher had a meeting with the hospital management team, and potential participants were also at this meeting. The discussions at this meeting focused on the aims, objectives and significance of the study. Time was also allocated for potential participants and managers to express their concerns. Concerns were mainly expressed in the context of anonymity and confidentiality. These concerns where addressed through the use of pseudonym for the hospital and codes for participants. The hospital had 23 community service nurses for placement for the year 2014, and only 12 attended the meeting but one participant could not continue with participation due to unforeseen circumstances. The attendance register was privately kept by the researcher. An information leaflet was given to each potential participant to complement the information offered and to be referred to when needed. The information contained descriptions of the study, including its aim, objectives, issues of confidentiality and anonymity, benefits and significance of the study, and contact details of the researcher.

Potential participants were asked to express their willingness for participation by contacting the researcher. All potential participants present at the meeting made contact with the researcher via cell phone, and express their willingness for participation. Appointments were made for each participant, and this include venue, date and time that they will be interviewed.

3.5.3 Conducting the interviews

Ethical clearance to conduct the study was obtained from the University of South Africa, Department of Health Studies Ethics Committee (Annexure A) and the Tshwane Research Committee (Annexure E). Permission to collect data was obtained from the Gauteng Health Department and the management team of the study site (hospital) (Annexure C). Before conducting the interviews the researcher recapped the information provided during information session. The information leaflet was again given to each participant to enhance understanding of the study. All participants demonstrated understanding of the study, and subsequently indicated their preparedness and willingness to partake in this study by signing the informed consent (Annexure F). All the interviews were conducted in the learning centre of the hospital under study. All interviews were audio-recorded, and this was clearly explained to the participants. Each interview lasted for about 45 minutes.

The researcher started each interview by asking the community service nurses about their biographic information, which includes gender, race, age, recognition of prior learning, period of community service, allocation and rotation within the units for better understanding of their background. This is then followed by a grand tour question "*What are your experiences regarding health care services in Ratanang Hospital where you are doing your placement?*" Participants' responses where sometimes followed by probes and prompts to enable them to describe and explain their experiences. The field notes were also taken after each interview.

3.6 DATA MANAGEMENT AND ANALYSIS

Data analysis is a systemic organisation and synthesis of the research data (Polit & Beck 2012:725). Analysis in the IPA studies does not have a prescribed method for working with data; it mainly focuses in the analytic significance (Smith et al 2009:79).

Qualitative data analysis tends to be an ongoing and iterative (non-linear) process, implying that data collection, processing, analysis and reporting are intertwined and not merely a number of successive steps (Smith et al 2009:79).

Data collected from the interviews were transcribed verbatim, and transcripts were analysed one at a time (Polit & Beck 2012:557). The analysis was conducted in parallel with the interviews. The researcher read and re-read all transcripts. Smith et al (2009:82) stressed that IPA analysis involves researchers' self-immersion in the data through reading transcripts more than once. Added to that, the field notes were also analysed. All transcripts were examined line-by-line and key statements describing the experiences of community health nurses were highlighted and coded. Themes were defined, categorised and formulated into clusters super-ordinate themes and sub-themes, substantiated by direct participant's quotes. To ensure that coding and the themes reflected community service nurses' responses related to health care services in Ratanang Hospital, the supervisor, an expert in this area of study, was given the transcripts for recoding in order to ensure clarity, appropriateness and trustworthiness of the study findings. The following super-ordinates themes emerged from the data analysis and these are discussed in chapter 4 with extracts from participants' narratives.

i.   Resources
ii.   Work environmental relations
iii.   Supervision and support
iv.   Impact of community service experiences

3.7   ETHICAL CONSIDERATIONS

In this study ethical principles were followed in order to ensure safety and wellbeing of participants (Taylor 2014:194). The principles are discussed below:

3.7.1 Protecting the rights of the institutions involved

A certain level of honesty and integrity must be maintained by researchers when conducting their studies. In this study the researcher had an obligation to seek approval and permission from the gatekeepers at different levels for the research to be conducted. Firstly the researcher was granted the approval to conduct the study from

the Post-graduate Ethics Committee of the University of South Africa (Annexure A). Subsequent to that, the permission to conduct the study was granted by the Research Committee of the Gauteng Department of Health (Annexure D) and followed by Tshwane Research Ethics Committee (Annexure E). The researcher also requested access to the research site from the chief executive officer of Ratanang Hospital (Annexure C). The name of the hospital and the names of the community service nurses were protected to ensure confidentiality.

3.7.2 Autonomy

Right to self-determination simply relates to the ability to self-govern and manage one's own affairs. The participants were informed that they have the right to decide whether or not to participate in this study without any risk of penalty and judgemental remarks (Brink et al 2014:35). The researcher did not exercise any form of coercion towards community service nurses.

The researcher pledged to the participants that their involvement in the study will do them no harm throughout the study, but if they become exposed to any form of discomfort, the researcher will address it. Participants were informed of their role in the study and promised that their vulnerability will not be taken advantage of. Participants were also informed that no form of compensation will be provided, and participation is solemnly voluntary.

Participants were given consent forms to sign prior their participation in the study and they were informed that they have the right to withdraw their participation from the study at any time they feel so (Annexure E). Polit and Beck (2012:157) state that informed consent means that participants have adequate information about the research, comprehend that information, and have the ability to consent or to decline participation voluntary. The researcher provided the participants with detailed information regarding the benefits of the study and that researcher has no right to coercively engage the participants into taking part in this study.

3.7.3 Anonymity and confidentiality

Anonymity exists if participants' identity cannot be linked even by the researcher with his their individual responses (Grove et al 2013:172). In this study, the participants' records were de-identified rather a coding system was used at all times. All research stakeholders respected the privacy and anonymity of participants, and all data provided by the participants were kept safe (Polit & Beck 2012:158). The institution under study was at all times referenced with the pseudonym '*Ratanang Hospital'*. Grove et al (2013:172) defined confidentiality as the ability of the researcher to handle and manage the private information shared by a community service nurse in a manner that it is not disseminated to others without permission being granted by the nurse concerned. The researcher promised to keep all information of the participants safe and confidential and that their names will not be revealed to any other persons.

3.7.4 Protection and privacy

In this study the researcher has an ethical obligation to protect the participants within all possible reasonable limits from any form of emotional discomfort that they may experience during the research project (De Vos et al 2012:115). The researcher assured the participants that should any kind of emotional discomfort occur at any stage of the research study, referral for psychological support will be made.

The researcher paused during the interviews when the undue distress occurred with one participant and debriefing session was offered to the participant. Fortunately, referral for psychological counselling was not necessary, as the participant reported to that the support offered alleviated her distress and stress that she did not need for further psychological support. The researcher explained the nature of the study and the methods of data collection and analysis to the participants with specific reference to the use of audiotape during the interviews and they consented to the same.

3.7.5 Fair treatment

Justice is essentially the requirement that a thing or activity be fairly distributed amongst participants (Newell & Burnard 2011:51). The researcher ensured that all community service nurses placed at hospital under study are given equal opportunity to be included

in the study based on their homogenous characteristics. Scheduled appointments for interviews regarding dates, times and venues were honoured by the participants. The researcher took an obligation not to treat the participants who choose to decline to participate unfairly (Polit & Beck 2012:155). Participants' attitudes, behaviours, beliefs, and background were honoured at all times in this study. Participants were not paid for their participation in the study.

3.8   RIGOUR OF THE STUDY

Burns and Grove (2009:132) stated that rigour or trustworthiness is a means of demonstrating the plausibility, credibility and integrity of the qualitative research process. (Polit & Beck 2012:745) define trustworthiness as the degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability, confirmability, and authenticity. This study followed the framework of trustworthiness posited by Lincoln and Guba (1985) cited in Polit & Beck (2012:175).

3.8.1 Credibility

Polit and Beck (2012:585) refers to credibility as confidence in the truth of the data and data interpretations. The supervisor offered constant and regular guidance to the researcher throughout the study. A specialist in qualitative research was also engaged in the validation of super-ordinate themes and sub-themes. The researcher ensured true value of member checking and triangulation of transcribed data and field notes.

3.8.1.1   Prolonged engagement

The researcher ensured true value of the research under study through prolonged engagement in the study site in order to gain in-depth understanding of the phenomenon under study (Bothma et al 2010:231). As the researcher is an educator in one of the nursing colleges, she has frequently visited the participants in the hospital for support and also for evaluation of some of participants. The researcher had information session with the participants during the preparatory phase to establish a rapport. This enabled the participants to be comfortable with the researcher and that provided a platform for trust, which in turn resulted in open and free discussions. The researcher

asked the participants to contact her at any time to respond to any queries they may have.

3.8.1.2   Member checking

In ensuring the truth of the data, the researcher went back to the participants to provide feedback about emerging interpretations and to seek clarifications of some aspects of participants' responses (Polit & Beck 2012:591). Participants were able to clarify the issues discussed with them.

3.8.1.3   Triangulation

Data triangulation was also used to ensure credibility of the study as the researcher collected data using interviews and observations. The researcher used unstructured interviews and field notes as means of ensuring triangulation (Polit & Beck 2012:590).

3.8.1.4   Peer debriefing

Peer debriefing is one of the quality enhancement strategy that involves external review and also involves sessions with peers to review and explore various aspects of the inquiry (Polit & Beck 2012:594). The researcher presented her summary of the findings to her supervisor, other qualified and experienced researchers from her workplace, and academic colleagues for review and discussion. Suggestions for improvement were made and incorporated in the findings.

3.8.2 Transferability

According to Moule and Goodman (2009:395), transferability is the extent to which the research findings can be transferred from one context to another by providing a 'thick description' of the data, as well as identifying sampling and design details. The researcher followed theoretical parameters of the research processes of data collection and analysis, and these guaranteed transferability of the findings to other setting (De Vos et al 2012:420). The dissertation report contains a detail description of the community service nurses' experiences of the regarding health care services at

Tshwane district public hospital. The report also included verbatim excerpts of participants.

3.8.3 Dependability

Dependability refers to procedural processes where an audit trail is outlined in order to check the routes for decision making at every stage of the research process (Taylor 2014:204). According to Bothma et al (2010:292), it is a process to determine the quality of data, referring to the stability of data over time and over conditions. In this study data triangulation was ensured to achieve consistency. The researcher conducted the pilot study prior to the study to assess whether the research questions will be answered, and the same questions were asked to each participant. The research methods of data collection and analysis were explained to the participants in details during contact sessions.

3.8.4 Confirmability

According to Taylor (2014:205), confirmability refers to which results of a study may be collaborated or confirmed by others. The researcher strived to establish that the data represent the information participants provided and that the interpretations of those data are not the inventions and biases of researchers. Thus, the researcher employed bracketing in the study (Polit & Beck 2012:495).

3.8.5 Authenticity

Authenticity refers to the extent to which the researcher fairly and faithfully shows a range of different realities (Bothma et al 2010:234; Polit & Beck 2012:585). The researcher made it possible for the readers to be able to understand the severity of the sensitivity of the lived experiences of the community service nurses regarding provision of health care in the public hospitals during their placement.

3.9 RESEARCH MISCONDUCT

Research misconduct is defined as fabrication, falsification or plagiarism in proposing, performing, or reviewing research or in reporting results (Polit & Beck 2012:169). In this

study, the researcher acknowledged all the academic work of other researchers as a way of limiting fraudulent and plagiarism, and maintained professional ethics and research conduct throughout.

3.10   CONCLUSION

This chapter focused on the methodology of the research process, which was explained briefly in chapter one. Ethical considerations and trustworthiness of the study were also discussed in this chapter. The next chapter focuses on the results of the study.

CHAPTER 4

RESULTS

4.1   INTRODUCTION

This chapter presents the findings of the research. The findings described the community service nurses' experiences regarding the health care services at Tshwane district public hospital during their placement. Data were analysed qualitatively using the principles of IPA framework of data analysis. Four (4) super-ordinate themes emerged from the data analysis. Verbatim excerpts of participants, indicated in a "smaller font" were used in this chapter to support or substantiate the discussions of themes.

4.2   DEMOGRAPHIC DATA OF THE PARTICIPANTS

The demographic data of participants were displayed in Table 4.1. The purpose of providing the demographic data is for the readers to understand the sources of the information. It is also used in qualitative data as a means of ensuring transferability, as participants characteristics are described to allow for comparability of findings in settings similar to the one studied (Bryman et al 2014:45).

Table 4.1: Demographic characteristics of the participants

Participants	Age	Gender	Unit allocated	Recognition of prior learning (RPL)	Period of allocation	Units rotation
P1/#08	30-40	Female	Paediatric Surgical	No	8 months	1 unit
P2/#22	30-40	Male	Psychiatric	No	8 months	1 unit
P3/#18	20-30	Female	Psychiatric	No	8 months	1 unit
P4/#23	40-50	Female	Intensive Care Unit	Yes	8 months	2 units
P5/ #21	30-40	Male	Labour Ward	No	8 months	1 unit
P6/#26	20-30	Female	Medical Intensive Care Unit	No	5 months	1 unit
P7/#30	20-30	Feale	Paediatric Ward	No	8 months	1 unit
P8/#25	20-30	Female	Operating Theatre	No	8 months	1 unit
P9/ #29	20-30	Female	Casualty	No	8 months	1 unit
P10/#27	20-30	Female	Outpatient Department	No	8 months	1 unit
P11/#20	20-30	Female	Sub-acute ward	No	8 months	1 unit

In this study, all participants were serving the community service in their first year and all of them were in their eighth month of community service placement in the hospital studied except for one participant. Participants come from four provinces namely Gauteng, North-West, Limpopo and Mpumalanga. They were all graduates in Diploma and Bachelor in Nursing Science from nursing colleges and universities respectively.

Out of eleven participants, two were males and nine were females and their age ranged between 20 and 50 years. One female participant, aged between 40-50 years, was the only participant admitted to Diploma programme because of Recognition of Prior Learning (RPL). Two males and one female were in the age range of 30 to 40 years. The other seven females were aged between 20 to 30 years.

The participants were allocated to different units of the hospital studied. Two of the participants (one male and one female) were allocated to psychiatric units. One male was allocated to labour ward, and two females to paediatric unit. One female was allocated to the operating theatre and one female in sub-acute ward. Two participants

were allocated to the intensive care unit, and the other two to the out-patient departments. The participants were not awarded an opportunity to rotate across the units except for one participant who had a chance to be allocated to the intensive care unit and subsequently to the surgical unit.

4.3   PRESENTATION OF FINDINGS

This section provide an overview of super-ordinate themes and sub-themes that emerged from data analysis of the community service nurses' experiences regarding the health care services at Tshwane district public hospital. An overview of the emergent themes in the study is summarised in Table 4.2 below to illustrate the relationships between the super-ordinate themes and their respective thematic sub-categories.

Table 4.2:   Summary of the results

Super-ordinate theme	Theme	Sub-theme
4.3.1 Resources	4.3.1.1 Material resources	• Compromised health care services • Shortage of equipment and cleaning material • Shortage of pharmaceutical supply and medicines
	4.3.1.2 Human resources	• Shortage of personnel • Staff absenteeism • Staff turnover • Increased workload
	4.3.1.3 Infrastructural challenges	• Overcrowding • Outsourcing of the services
4.3.2 Work environmental relations	4.3.2.1 Duration and rotation during community service placement	• Time allocation • Non-rotation • Duty schedule • Misplacement of the community service nurses • Non-payments of allowances to community service nurses
	4.3.2.2 Communication	• Attitudes towards community service nurses by other categories • Bullying

Super-ordinate theme	Theme	Sub-theme
4.3.3 Supervision and support	4.3.3.1 Professional support	• Lack of supervision • Lack of guidance • Lack of mentoring • Lack of appreciation from experienced nurses • Insubordination • Lack of continuous professional development • Improper skill transference
4.3.4 Impact of community service experiences	4.3.4.1 Practice readiness	• Job satisfaction • Unsafe practices • Limited competence • Negative functioning of community service nurses
	4.3.4.2 Psychological impact	• Frustration • Feeling overwhelmed • Lack of motivation • Lack of confidence • Feeling of valueless • Loss of interest in the current placement

4.3.1 Resources

This theme relates to the resources required to enhance the clinical experiences required by community service nurses during their placement. Resources were considered to be the major materials required in assisting community service nurses to gain proper experience and skills that they can utilise after completion of their community service nursing. Resources are defined as source of supply, support, or information that influence patients' outcomes, lifestyle, living conditions as well as access to health care (Moorhead, Johnson, Maas & Swanson 2013:7). Resources identified by the participants are material, human and infrastructure.

4.3.1.1 Material resources

Availability of relevant material resources is one of the key factors to enhance the clinical experiences of community service nurses. Aspects such as management support regarding human and material resources were extensively brought up by the participants during their interviews. They perceived the hospital management team as

not being supportive in making sure that the resources were always available to render efficient health care to the patients.

4.3.1.1.1 *Compromised health care services*

All participants alluded to the fact that **lack of material resources** in the hospital was a major challenge during their placements. They also linked lack of resources with other factors, such as compromised health care services. These were the participants' responses in relation to the lack of material resources.

> "In intensive care unit, we are supposed to do hourly observations, but how do you carry on without having a thermometer? Those patients were prone to infections but if you do not have a thermometer to take temperature every hour, how were you going to check the progress of the patient's condition. In casualty they did not have a glucometer machine for weeks. Just imagine a Casualty without the glucometer machine, we see a lot of hyper and hypoglycaemics in the department, how were we suppose to make a diagnosis? They end up bringing patients to ICU without proper diagnosis."

Intensive care unit and casualty are not the only area were the participants are experiencing challenges related to lack of resources but also those who are working in maternity wards.

> "Sometimes you find that we do not have delivery packs in maternity, instead we use stitch and per vaginal packs to conduct the delivery. Remember that per vaginal pack does not have a scissor, meaning one has to improvise and use the scalpel blade to cut the umbilical cord. This is different from what we were taught at school."

4.3.1.1.2 *Shortage of equipment and cleaning material*

Participants reported that, it is not only lack of equipment to use for provision of care to the patients that was a challenge, but there was also a **shortage of cleaning material**. According to the participants the wards were not always clean. They attributed this to lack of cleaning materials.

"There are no cleaning materials to clean the wards. The wards are always dirty. When we order the cleaning materials we always get the 'out of stock' response. This is so frustrating."

4.3.1.1.3   *Shortage of pharmaceutical supply and medicines*

Apart from shortage of equipment and cleaning material, participants mentioned that there is shortage **of pharmaceutical supply and medicines.** Participants reported that most often the hospital does not have medical supplies and medicines.

> "There are no medicines in the wards. If you want a proof, just open our ordering books and see the number of items written 'out of stock'. Some of the medicines are borrowed from the surrounding hospitals. It frustrates when the doctor have prescribed a certain medicine but we end up failing to execute the doctors' instructions due to the lack of supplies and medicines. You find that the basic medicines such as Brufen, Panado and antibiotics are also out of stock each month."

Participants mentioned that it is not only Brufen, Panado and antibiotics which are "out of stock, but also the antipsychotic drugs.

> "We do not have some antipsychotic drugs in psychiatric ward, Patient tends to relapse and come back in the ward for readmission because they did not get the Modecate and Serouqel as the medications were out of stock."

The situation of lack of medicinal resources is also experienced in critical units such as theatre and casualty department. This was mentioned by several participants.

> "Currently in the operating theatre there are no surgical blades. You call stores department just to find nothing. This put a lot of patients in danger. Just remember what will happen when a patient with fetal distress is in theatre for caesarean section? We end up improvising for the patient care and this resulted in unsafe practices where quality of health care is seriously compromised we had to watch the fetal condition deteriorating because we find ourselves failing to execute the procedure because there were no supplies."

Participants indicated that the situation of failing to render adequate health care services is not only related to inadequate material resources, but it is also associated with human resources.

4.3.1.2   Human resources

In this study, human resources relates to all categories of nursing and other disciplines, communication, recruitment and retention (Gopee & Galloway 2014:168). According to Gopee and Galloway (2014:170), adequate human resources are critical for the smooth running of the institutions of health. This means that the presence of people with relevant skills in adequate numbers of an institution can enable the institution to achieve its set goals (Gopee & Galloway 2014:170). Participants claimed that there is a challenge regarding human resources. The source of challenge was based on **shortage of personnel.**

4.3.1.2.1   Shortage of personnel

Participants reiterated that there is shortage of personnel in the hospital. The shortage of personnel leaves community service nurses to work mainly alone in their respective units without the supervision of senior experienced professional nurses. The shortage is more experienced during weekends:

> "You find that the senior and experienced nurses are not there [on duty] when you were allocated in a unit especially on weekends and sometimes on night shift. In wards such as psychiatric units and outpatient department, it is like a norm that you will find yourself working without qualified psychiatric nurses."

The shortage of personnel is not only of professional nurses, but other categories of staff such as nursing auxiliaries and ward clerks. Community service nurses got frustrated because they were sent to collect blood results and register the patients et cetera, because there were no messengers and clerks in the units. They felt that the running around the corridors denies them an opportunity to focus on other nursing related duties that need to be learned.

"You find that there were only two nurses on duty in unit and the ward is full, and there is a lot of work to be done. We have to give treatment, do bedding, serve food, look after and supervise patients during bath. There are no messengers and clerks in the wards and as community service nurses, you end up running around doing non nursing duties."

4.3.1.2.2   Staff absenteeism

The shortage of staff is exacerbated by **staff absenteeism.** Meyer, Naude, Shangase, and Van Niekerk (2009:244) define absenteeism as time that a staff member is away from scheduled work. The study participants revealed that absenteeism amongst senior nurses seemed to be one of the major problems of the hospital studied. Community service nurses were used by their seniors as a replacement for the absent personnel.

Senior staff members do not usually report on duty as expected. Some of them will just telephone in the morning that they are not feeling well or they just give excuses for not reporting on duty. In addition to this, participants reported that they were allocated to the units where personnel were absent or minimal. They even went on to state they are usually not told about the operational requirements of the units despite that they have never worked in those particular units.

"If there is someone who did not report to work, community service nurses have to patch everywhere and you will be the one who replaces that person irrespective of whether you have your other things to do or not. When I was told to go assist in ward three which I was not used to, I felt bad because I was not literally welcomed. I was not sure of what I was doing; I had to ask everything as I was not orientated."

Participants further stated that absenteeism had a negative impact on their clinical experience as they lacked proper guidance during the absence of senior nurses. This left some of the participants with a feeling of incompetence as they were still in the process of learning and they had to make informed decisions regarding the health care of patients.

"I could not work well because I did not know what and how am I supposed to work. The staffs who were supposed to guide and teach me were absent, as I am still learning and I ended up frustrated."

Community service nurses reported that absenteeism of the experienced nurses had a negative impact on their personal and professional development because they were left in the units without experienced nursing personnel. This also affected the health care services rendered to patients because participants were sometimes not sure of the health care actions to be taken.

"Who will teach us if they were not on duty, there is no one to give proper guidance so that we also grow professionally?"

4.3.1.2.3   Staff turnover

Besides absenteeism, shortage of staff is also worsened by increased **staff turnover**. Participants mentioned that several staff members, especially senior members are resigning, including some of community service nurses.

"Every month, there is a farewell of one or two staff member who has resigned. Even some of the community service members are resigning. Last month one of us left and went to Thailand."

The study participants also reported that most of the experienced and skilled nurses in the hospital were demoralised, stressed and unhappy about their working conditions, and as a result they tend to resign from work. This affected the community service nurses somewhat negatively because they end up working in their allocated placements without competent mentors.

"There were experienced and skilful nurses who felt demoralised and resigned to go to the private hospitals. When I worked with such seniors I felt that I am learning indeed."

4.3.1.2.4   Increased workload

Participants also indicated that they became overwhelmed as a result of **increased workload** and inability to cope with the professional demands. The newly graduated nurses were expected to carry on with their nursing duties as normal and this exposed them to increased workload. When nurses were absent, community service nurses had to fill the position of those who were absent leading to emotional and physical exhaustion amongst the community service nurses.

> "When they were absent, it becomes too much and puts strain on the staff on duty because they as well become tired."

The resource challenge is not only related to material and human challenges, but there is also infrastructural challenge.

4.3.1.3   Infrastructural challenges

This theme includes the aspects of overcrowding of the patients in the hospital under study and outsourcing of the health care services to the private companies.

4.3.1.3 1   Overcrowding

Participants mentioned that Ratanang is the only hospital in that area. This contributes to **overcrowding** of the patients in the hospital studied.

> "The hospital is overpopulated with the number of same patients that we were seeing every day. I think patients were abusing the resources of the hospital. The surrounding communities should be educated about the importance of using the local clinics and not come to the hospital as self-referrals because it led to the overcrowding in the hospital under study."

Participants also indicated that overcrowding is based on the fact that most patients were self-referred and do not want to use the local clinics but they prefer to be seen in the hospital.

"Communities were encouraged to use their community centres however they still come to the hospital and thus long queues as result of overcrowding in the hospital.

Patients preferred to come to the hospital without the referral; they said they have files in the hospital. They said they prefer the hospital rather than the clinics. They want to be treated by the doctors and not nurses not knowing the impact of their action on us."

The overcrowded hospital negatively affects the experiences of the community service nurses. Participants mentioned that patients who referred themselves from the surrounding communities contributed to an increased workload of nurses and burden on the minimal resources available in the hospital studied. This in turn caused deprivation of proper and adequate supervision and support toward community service nurses, as the experienced nurses focus on other duties only.

*"*We are so overpopulated. The community has grown a lot and the hospital is serving everybody. The numbers that we see every day and available resources do not tally at all, as result we are not supervised because the focus will be on pushing the queues."

4.3.1.3.2   *Outsourcing of the services*

Participants claimed that the "resource challenge" experienced in the hospital is mainly related to the **outsourcing of the services** to private companies. Some of the participants mentioned that their frustrations resulted from outsourcing of the basic services in their hospital studied. Community service nurses reported that outsourcing of the service has impacted negatively upon their endeavour to provide nursing care to patients because they could not even make beds with proper and complete linen sets.

"The problem started since the inception of these tenders. Our linen is washed by the private companies. Every time the linen is collected for washing the quantities were high, but when it is returned it is far less to the extent that we were left with too little linen to can last for a week. When we call laundry department we will be told that the private company did not bring the linen."

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Participants indicated that the main aim of outsourcing of the services was to provide quality services to public entities rapidly. This is not in agreement with the participants of this study as they were saying that the patients were suffering as a result of outsourcing of services. Participants felt that these service providers do not understand the health issues involved within health care that must be provided to the patients. Some of the participants provided reports comparing the situation before privatisation i.e. before the new dispensation. They claimed that it was better when the hospital had its own kitchen and cleaning department.

> "I think it would be better if we had our own laundry services like before, because
> when I look back prior to privatisation, those facilities were in place."

Outsourcing of services has directly led to compromised health care services in the hospital studied in a sense that patients who needed special diets were not well catered for, mainly because the food served to the patients is the same diet irrespective of patients' health conditions. Participants understood the importance of diet in the healing process and they felt that this also posed the possibility of decreased cure rate, as they were striving to cure the diseases patients were suffering from.

> "All patients receive the same meal despite their health conditions and problems.
> Diet for diabetic and hypertensive patients should be different so as to cater for
> their health problems. How will the conditions of the patients improve?"

The resource challenges do not only affect service delivery, but they also have a negative impact on the work environmental relations, which is the second super-ordinate theme which has emerged from data analysis.

4.3.2 Work environmental relations

This theme relates to the relationships between the community service nurses and other personnel where community service nurses are allocated. It covers aspects, such as duration and rotation during community service, placement communication, attitudes, duty schedules and allowances.

4.3.2.1 Duration and rotation during community service placement

Community service nurses reported that duration of one year seemed sufficient but rotation amongst other units was very minimal during their community service placement at Ratanang Hospital. Aspects covered under this section include **time allocation and rotation.**

4.3.2.1.1 Time allocation

The community service nurses indicated that in most cases, the departments in which participants were placed for long period of time were not necessarily their place of interest. Some of the participants reported that such approach to allocation or placements disempower them, as it does not promote learning.

> "I have been in one unit since my placement and to think that it is not the area of my interest that discourages me even more. I do not even learn much."

4.3.2.1.2 Non-rotation

The study participants revealed that the nursing supervisors deliberately ignored the significance of rotating them amongst different units when they compiled the monthly allocation of the community service nurses during the community service placement.

> "I do not think that non-rotation is good because if we were rotated every three months maybe I would have gained experience in most of the units".

The community service nurses reported the feeling of fear of not being rotated to other units. They went on to state that not be rotated to other units robbed them of opportunity of gaining experience from other departments. They also indicated that they will be expected to run any units with confidence and competence at the end of their community service meanwhile they were not offered opportunity to experience working in varied departments. They perceived this act as very unfair and frustrating.

> "If I was allocated in other units where they were very busy, I would have been gaining experience, knowledge and skills."

The study also indicated that there were also abrupt movement or shift of the community service nurses from day to night duty without enough or non-exposure to clinical units.

> "That is frustrating and uncomfortable to be taken to night shift in a unit where you never worked before because it brings work stress."

Apart from aspects of working shift, aspects of **duty schedule** were raised by the participants.

4.3.2.1.3   Duty schedule

The study participants linked their dissatisfaction with the unfavourable and unfair duty schedule. They stressed that their request were usually not approved. Community service nurses felt that they were deliberately disadvantaged by the senior nurses. Although participants acknowledged the fact that they were still new in the profession but they were also human beings who also have social responsibility.

> "When the allocation list for a month is distributed, we request the day offs especially weekend off which we feel comfortable. However, most of the time even if we requested first, we are not given those offs, they (senior staff members or those in charge of the wards) end up giving their friends or other senior staff member. They are not fair. We (community service nurses) are also human being we have social responsibilities."

4.3.2.1.4   Misplacement of the community service nurses

The study revealed that some of the community services nurses felt that they were misplaced where they were allocated for their community service period during data collection. Community service nurses reported that they have identified that they were allocated for the sake of covering for the shortage rather than to enhance their clinical experience and skills. They felt that some of them were not even passionate about the departments they were working in during their placement. Some of the participants

verbalised that they perceived the programme as it has lost its original aim, when they were not rotated amongst different units not even to the areas of their interest.

> "Units such as sub-acute were not suitable for the experience gaining as there were no new skills learned. I become redundant. I felt I need to be placed in very busy units so that I can experience the different challenges of nursing profession."

Participants mentioned that, besides unfairness which they are exposed to by the hospital personnel, there are also some government policies which are not correctly implemented within the hospital and this is unfair towards the community service nurses. One of the policies mentioned was the one regarding the **non-payments of allowances** to community service nurses.

4.3.2.1.5 Non-payments of allowances to community service nurses

As much as participants agreed to the service delivery policies of the National department of health, they also expressed that they felt that payments of allowances is their right. They reported that they worked on weekends and holidays but they were not paid. Participants took efforts to ask the human resource department on several occasions about payment, but the response was that the hospital had no money.

> "We are also nurses, we do have the rights. One of our rights is to be paid overtimes and night duty allowances. We filled those overtime forms but there is nothing coming up."

As a result the community service nurses felt that there is no need for them to work on their holidays and deprive themselves from resting and spending quality time with their families.

> "We have been here for seven to eight months now, but we have not been paid even a cent for overtimes. Why do I have to sacrifice quality time with my family when I know I will not be paid?"

Results indicate that apart from environmental aspects, issues of supervision and support were some of the issues raised. This was one of the super-ordinate themes that

emerged from data analysis. Apart from allocation and rotation, aspects of communication were also alluded to by participants.

4.3.2.2 Communication

Luthans (2008:452) stated that communication consists of exchanging routine information and processing paperwork. Most of the participants raised their concerns about how senior nurses and managers communicate with community service nurses and amongst themselves as professionals, and let alone with their patients.

> "The communication is very bad amongst us. Nurses cannot communicate politely in a respectful manner. Last week Friday I was shouted and disgraced in front of the patients, by my senior colleague."

4.3.2.2.1 Attitudes towards community service nurses by other categories

Luthans (2008:136) defined attitudes as a persistent tendency to feel and behave in a particular way towards some object and he further stated attitudes tend to persist unless something is done to change the attitude. In this study, participants indicated that they have experienced an element of negative attitudes amongst the hospital managers, senior and experienced nurses. They have mentioned that managers were having an attitude of "I am the boss" and bad approach to their subordinates.

> "The managers always tell us that she is the boss and that we (community service nurses) are just mere junior nurses who cannot tell her anything. This attitude makes us to behave like just visitors without anything to say."

Exposure to negative attitudes alienates community service nurses making them to feel as strangers. Participants were personally exposed to such attitudes and this made them feel less significant to the profession.

> "When I am at work, I am supposed to be treated with respect and in a professional manner regardless of my age and position. But the way I am treated, made me feel not part of the staff."

Participants have not only acknowledged negative attitudes from the nursing staff but it was also noted in their interviews that medical personnel treated them with bad attitudes while in the units. Despite the fact that some community service nurses reported that doctors in their units were so appreciating and respected the newly graduated nurses, however there were some doctors who could boldly chose and verbalised that they do not want to work with community service nurses. This led to a feeling of incompetence among participants and created tension between themselves and the new nurses. This resulted in the feeling of being less important amongst community service nurses because of the segregation they were exposed to.

> "The doctor will be choose or pick the older nurses and say, I do not want this sister, she is the new one. I don't want this one [community service nurse], let the other sister come, where is sister so and so."

Participants reported that some of the doctors were found to be undermining and lacking respect towards new nurses, and such relations led to poor communication and tension amongst the two categories of staff.

> "Sometimes they (doctors) will say we did not meet us (community service nurses) at the corridors of the Medical University of South Africa (MEDUNSA).This aspects of being undermined make us to just follow the doctors' orders without questioning. Or sometimes, we just ignore those orders."

4.3.2.2.2   Bullying

Results also indicated that community service nurses are being bullied by senior staff members*.* A 2006 National Health Service survey as cited in Gopee and Galloway (2014:188) described bullying as offensive, intimidating, malicious, or insulting behaviour, an abuse or misuse of power, with intention to undermine, humiliate, denigrate or cause harm to an individual. According to the community service nurses, managers and seniors nurses lacked a good approach when they communicated with participants. It has been reported that seniors in the hospital studied sometimes threaten the participants. Participants reported that they have directly experienced bullying and insults from some of the experienced nurses during their community service placement resulting them feeling hurt and humiliated. The community service

nurses were verbally attacked and insulted by the senior nurses in front of the patients and this led to somewhat disharmony and poor working relations between the new and experienced nurses. Thus affecting health care services provision in the hospital studied.

> "Last week Friday I was shouted and insulted in front of patients, by my senior colleague. We are just treated like children, not professionals. Some senior staff members just say whatever they feel like saying to us without even respecting us. Sometimes even the staff of lower category who have experience because they were working in the unit for a very long time, they also bully us".

Community service nurses reported the negative communication within the hospital indicates that they were not respected. Negative communication compromised the rendering of the health care services to the patients in a manner that most of times it results in conflict between the senior nurses and community service nurses. Fighting led to lack of team work and team spirit thus affecting effectiveness and efficiency of the health care services. The bullying we experience is mostly related to the attitudes of other nurses towards community service nurses.

However in some units the doctors had a good relationship with their newly appointed nurses and made them to feel valuable. This encouraged coherence between community service nurses and doctors and eventually good outcomes in the patients' care provision. Besides communication and attitudes of some personnel in the hospital, toward community service nurses, participants were concerned about their supervision and support so that they may acquire clinical experience and skills.

4.3.3 Supervision and support

This context in the study encompassed the professional support of the newly qualified nurses in hospital under study during their community service placement.

4.3.3.1 Professional support

This theme relates to supervision, guidance and support offered to community service nurses at the clinical setting. Clinical supervision is a formal process of professional

support and learning that equips the community service nurses to acquire competencies to improve patients' health care (Gopee & Galloway 2014:194).

4.3.3.1.1   Lack of supervision

In this study**, lack of supervision** from experienced nurses was reported by the participants. Participants were concerned about lack of supervision amongst some of the professional nurses in the hospital under study. Community service nurses felt that this culture of non-caring and lack of support from some of their seniors towards them is putting the health and lives of the patients at risk. Some of the new nurses were pleading for the supervision and support from their seniors until such time they can stand on their own and become independent to take up their professional roles.

> "The person who was supposed to be supervising me, she is just leaving me to do anything without supervision. It is difficult to work without supervision because what we have learned in class is not completely the same as what is supposed to be done in the real clinical situation."

Participants also mentioned that, besides lack of supervision, they are also not receiving any guidance.

4.3.3.1.2   Lack of guidance

The senior nurses lacked the interest to guide, teach and support and as well as taking the community service nurses into the work environment step by step in order for them to can cope with day to day routine in the units. Most of the participants reported **lack of guidance** from the experienced senior nurses within the hospital under study. Some of the participants felt that they would become redundant hence they saw it deem fit to rather leave the hospital under study immediately after community work.

> "I could not work because I did not know what to do. I was not well guided. I thought my seniors were supposed to guide and teach me, as I am still in the learning process". They would expect me to do the things that they did not even shown to me, or follow up or reviewed whether I can do them or not. My seniors did not guide me well."

Community service nurses revealed that there were no support programmes in place for them to assist them with the voicing out their concerns and frustrations. As much as they have acknowledged that there is no advocacy of any kind from anyone for them. They also felt the significance of the support programmes; they indicated that such programmes could have assisted them in a way.

"Since my community service placement, I have not heard of any support programme that one can consult with for debriefing sessions because I sometimes feel so frustrated and there is no one to talk to."

4.3.3.1.3   Lack of mentoring

According to Bruce, Klopper and Mellish (2011:352), mentoring in nursing is a two way process of teaching- learning between two people of different diversity in relation to age, personality, life cycle, professional status and can be acquired through personal experience with one-to-one, communal as well as the career development relationship. The study participants revealed that the senior nurses could not show them the right way of doing things hence some of the seniors would shout at the newly qualified nurses. Participants were able to link the shouting of the senior nurses, with lack of knowledge. Community service nurses perceived these shouts and noises from their seniors as a protective shield for their lack of knowledge and skills in some instances, however, not in all senior nurses. Participants also acknowledged that some of the senior nurses were not comfortable when the newly qualified nurses were asking them questions. Participants came with the conclusions that some of the seniors were still not competent and confident in their nursing skills despite them claiming that they were long in the field of nursing.

"The senior nurses will shout at you, saying that you were not doing the right thing but that person could not show you how to do the right thing."

The study has reported that some of the experienced nurses would employ some punitive measures upon the participants especially if the tension can arise between the two groups, by leaving them to carry on without proper guidance and support. Some of the participants perceived such punitive measures as a platform for them to learn and

gain responsibility. Community service nurses perceive such steps as being irresponsible on the side of the experienced nurses because they had to be guided by the lower categories.

> "I am not theatre trained; I only went to theatre for two weeks in my training. The sister then said to me you know too much when I was trying to correct the wrongs I have noticed. She felt offended and said you will see to it how you would do operations. Because I was always vigilant and willing to learn in such difficult situations, I managed to conduct my operations with little assistance from my subordinates."

Apart from lack of guidance, some participants reported that the hospital staff seemed unappreciative towards the service provided by community service nurses.

4.3.3.1.4   Lack of appreciation from experienced nurses

Participants reported that the **experienced nurses do not appreciate** the service rendered by community service nurses. Participants were literally not referring to the motivators in the form of tokens but they were just referring to word appraisal more than anything. In any case such extrinsic motivators were received from the patients the participants took care of their health needs.

> "We were not acknowledged by our seniors, we end up saying anyway we were here just to work but patients were so appreciative and thankful for the care they received from us [community service nurses]."

Besides lack of acknowledgement by seniors, participants mentioned that even the junior members were showing insubordination attitude towards community service nurses.

4.3.3.1.5   Insubordination

The newly appointed nurses also shared their experience of **insubordination from their older subordinates** i.e. enrolled and assistant nurses, participants found that these categories were sometimes difficult to work with. It is also said that older nurses were resistant to change. Insubordination amongst these categories was reported to be

extreme in a sense that they even refused delegation from the community service nurses. Such behaviour made the participants to feel belittled and disrespected by their subordinates in the unit and eventually affected the rendering of health care in the units negatively.

"I think we have problem of staff attitude, especially the old enrolled and assistant nurses. They are reluctant to take in delegation from us (community service nurses)."

4.3.3.1.6   Lack of Continuous Professional Development

Community service nurses reported that the experienced nurses should be able to show their expertise, knowledge and skills with them. Participants basically meant that some of them were not yet feeling well equipped by the training from the nursing schools. They have identified the need to be offered an opportunity to be developed personally and professionally through any other means, for example in-service training and workshops.

"In terms of in-service training and workshops for us [community service nurses], there is nothing much that is happening. There are no formal programmes for inducting us to a work situation. You just find yourself allocated to a specific ward and you are expected to function as a professional nurse with all the responsibilities."

Participants further mentioned that lack of formal continuous development programmes is coupled with exposure to unsafe practices.

4.3.3.1.7   Improper skill transference

Participants reported that they felt ill-advised when they were not properly shown on how to do certain nursing duties and skills. The manner things were introduced to the new nurses had a way of confusing them and that they would appear stupid in front of other staff members. Community service nurses also alluded to the significance of being gradually introduced in dealing with other nursing demands especially in the emergency situations because the patients may lose their lives as a result of not knowing what to

do in certain instances. New nurses also felt that the manner they were introduced to emergencies might have interfered with their readiness to the transition to competency as they were sometimes not confident to take up delegated tasks.

> "Some of the experienced nurses will just give you orders in that situation [emergency] and I was just confused because I am not used to do those things. And how would I look to other people. I looked like I am stupid. Experienced nurses should not just give orders saying do this or do that, when I do not know what to do."

Limited professional support has a negative impact on community service nurses readiness to function as competent and independent professional nurses.

4.3.4 Impact of the community service nurses experiences

This theme relates to the impact of community service nurses' experiences during their clinical placement. It covers practice readiness and mental wellbeing of the community service nurses.

4.3.4.1 Practice readiness

This section addresses aspects which affect readiness of community service nurses to go and practice independently. The aspects highlighted in this section include **job satisfaction, unsafe practices and lack of experience and competence.**

4.3.4.1.1 Job satisfaction

According to Gopee and Galloway (2014:189) staff satisfaction may be adopted as a mechanism that may assist the workplace to assess the workers' drives and their expectations. Community service nurses indicated that there were several attributes that they claimed to be having negative influence in their job satisfaction. Participants were not satisfied because they were expecting to develop clinical skills. They reported that they could not witness some of the clinical procedures in hospital as the hospital lacked both material and human resources.

"None of us is happy with the current conditions of work. I cannot work in a situation like this. We do not have resources in such a way that we cannot even witness different procedures in this hospital because we do not have doctors to perform such procedures."

Apart from lack of job satisfaction, one of the factors highlighted as hindering practice readiness for community service nurses is unsafe practices.

4.3.4.1.2   Unsafe practices

Unsafe practices are direct opposite of the best practices. Best practices refer to documented strategies that are supported by evidence-based research to uphold the achievement of the objectives and goals within the institution and to enhance customer satisfaction (Penn 2008:169). Community service nurses reported that things like unsafe practices were very common in the hospital studied. The experienced nurses tend to improvise a lot due to lack of material resources within the units. Participants viewed this aspect as one of the major challenges that may inhibit their readiness and smooth transition into nursing practice. They also indicated that such improvises by the experienced nurses may as well become detrimental to the quality of health care services provided in the hospital.

"The trend in this hospital is using the needle to rupture the membranes, you make sure that the needle is between your two fingers during per vaginal examination and gently rupture the membranes. If this is not carefully done the mother and baby may sustain the injuries."

This also led to community services nurses compromising the best practices that they have acquired during their training and that there was no continuation and correlation of theory and practice as a result they have also mentioned that they will leave the hospital under study soon after completion of their community service. Participants also indicated that they had a feeling of fear of losing their licences to practice as registered nurses because of unsafe practices caused by the lack of resources.

"Currently in the ward, there are no bronules. When I needed to give intravenous treatment I had to improvise. I also do not want to work here due to the conditions of work otherwise I may lose my practice license."

Exposure to unsafe practices contributed to limited competence among community service nurses.

4.3.4.1.3   Limited competence

Some of the community service nurses have reported that they had experienced the feeling of inefficiency and ineffectiveness in ensuring the rendering of the health care services to the patients in the hospital under study. However some of the participants were happy about their clinical skills and perceived community service placement as a great programme in assisting them to gain experience and competence.

> "I have been long allocated in the ward where there is no active management of conditions. I think that it is also going to […] it tampers with my experience. I need to gain experience."

4.3.4.1.4   Negative functioning of community service nurses

Results further indicated that lack of material resources **negatively impact on the functioning of community service nurses.**

> "We report on duty with high level of energy and enthusiasm but only to become demoralised by lack of equipment. So it becomes difficult for us to deliver or provide a better health care to our community."

Participants further reported that the existing situation affected their opportunity to gain experience and clinical skills they require as community service nurses.

> "I hoped that during my community service placement I will be able to connect all the knowledge and skills I have learned in as theory to clinical practice. But the situation is completely different because very little of what I have learned is being practiced the way we have been taught. It is like things we learned in training are just theory but for practice, it is a different situation which we need to learn to always improvise."

Lack of practice readiness has an impact on psychological wellbeing of community service nurses.

4.3.4.2   Psychological impact

Participants mentioned that community service nurses in this study suffered extensive psychological setbacks during their community service placement at Ratanang hospital as a result of various numbers of reasons. The psychological challenges experienced include *frustration, feeling overwhelmed, valueless and loss of interest in their placement.*

4.3.4.2.1   Frustration

Luthans (2008:256) describes frustration as occurring when a motivated drive is blocked before a person reaches a desired goal. In this study, frustration and stress were found to be experienced by the some of the community service nurses because speciality nurses are leaving the hospital hence they were worried about the skill transference. Participants felt that the hospital management team could have come up with a good strategy to try and retain such nurses in the hospital.

> "Speciality senior nurses with great skills whom when we work with, you definitely feel that you are learning and inspired. They are resigning for private hospitals. The management were letting skills just walk out without doing anything."

4.3.4.2.2   Feeling overwhelmed

Community service nurses revealed that the hospital units were fully occupied with patients and they had a feeling of distraught. They reported that the patients had to wait for a very long time before they may access the health care services in the hospital studied. As new nurses, they become overwhelmed by the situations they find themselves in, considering their lack of experience and skills.

> "It is challenging because I did not know what I am going to do in that clinic. I felt devastated."

Some of the participants reported that they were overwhelmed by the intensity of the workload. The senior nurses will sometimes leave them alone in the units to take care of the patients.

> "I almost saw all the patients alone, and I sometimes do not get a break to have
> tea and lunch."

4.3.4.2.3 Lack of motivation

Motivation of staff can be adopted by the health institutions on day-to-day basis to maximise productivity and team spirit and to promote recruitment and retention (Gopee & Galloway 2014:232-233). Community service nurses reported that their complacency became compromised as they had great enthusiasm when they got to work. They linked lack of resources such as linen with decreased motivation among the community service nurses during their placement.

> "It affected our morale because we came to work, we were ready to work but then when
> we get to the linen room is empty. We got frustrated and less motivated."

4.3.4.2.4 Lack of confidence

Belief that one can act to achieve a set goals is called confidence, this is according to *Oxford Advanced Learners Dictionary* (2010:303). Community service nurses also reported that it would be much unfair for their seniors to expect them to manage the units as they will be seen as community service completions forgetting that the placement did not fulfil its objectives to some of the participants. Some of the study participants indicated that they were not yet confident and ready to take up the independent role of being a registered nurse, however some of them were confident and have acquired the skills to run the units on their own and to get the ball rolling.

> "In January the managers will be expecting us [community service nurses] to be
> able to do some of the things that professional nurses were supposed to do, like
> running a ward. I'll be expected to work maybe in a medical ward or elsewhere
> and to be honest; I am not confident as yet and ready to be a professional nurse
> who is independent."

4.3.4.2.5 Feeling of valueless

Most of the participants reported that they felt as if they were not adding value to the health care services. Participants were perceived as lacking knowledge and skills required in the nursing profession by senior nurses. The study participants also indicated that they had a feeling of being less important as they were taken for granted by their seniors and even by other multidisciplinary teams. This was evidenced by their responses as they reiterated:

> "Even when the members of the multidisciplinary team come to the ward they pass us and look for the faces they know those of the senior staff."

Participants have also concluded that they were not psychologically supported throughout their placement.

> "The doctors were not willing to work with us [community service nurses] as they feel that we are not knowledgeable in patient care and administration."

4.3.4.2.6 Loss of interest in the current of placement

Participants reiterated that they had a feeling of failure and valueless because of their misplacement and they do not have an option to choose their placement. Community service nurses contemplated to leave the hospital and go to other hospitals where they will be valued. Participants also reported that some of their predecessors also left before they could complete their community service and they chose to pay the contractual obligations in monetary means rather than being exposed to such poor working conditions.

Same will be the case with some of the current community service nurses even though some reported that they will endure these circumstances until they completed the community service period.

> "If I can work in this hospital I would become stupid, rather go and work somewhere."

The participants acknowledged their contractual obligation in a sense that if they fail to serve their contract with Gauteng Department of Health, they will have to pay back the money spent on their training. This worried some of the community service nurses, but to some that mattered less to them as long as can leave the hospital.

> "I do not even care about the service contract I signed when I started. I am prepared to repay all the money as long as I can be out of this place."

4.4 CONCLUSION

In this chapter, the researcher provided detailed description of the study findings in relation to; the experiences of the community service nurses regarding the health care services in one of the public hospital at Tshwane district. The subsequent and last chapter deals with the discussion of findings, limitations, recommendations and conclusions of the study.

CHAPTER 5

DISCUSSIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1   INTRODUCTION

This chapter summarises, discusses and concludes the key findings from the study, provide appropriate recommendations arising from the study findings, as well as pinpoints the study's limitations.

5.2   RESEARCH DESIGN AND METHOD

This study used the qualitative interpretative phenomenological approach to investigate and explore the experiences of the community service nurses regarding the health care services at Tshwane district public hospital. Data collection was conducted through semi-structured interviews where eleven participants were selected using non-probability purposive sampling. The researcher used her judgement regarding the participants that are typical or representative of the study phenomenon who were knowledgeable about the question explored (Brink et al 2014:141).

The researcher and the participants conducted interviews which lasted for about 45 minutes in average. Each interview commenced with the grand tour question *"What are your experiences regarding the health care services in this hospital since your placement as a community service nurse"* was asked. The researcher applied some of the communication skills such as probing, paraphrasing and rephrasing during the interview process. The field notes and transcripts were re-read and analysed so that the research findings can be reached. The researcher used Interpretative Phenomenological Analysis by Watson et al (2008) to analyse the data. The trustworthiness of the study was maintained as the researcher followed Lincoln and Guba criteria of credibility, transferability, dependability, confirmability and authenticity to increase the rigour of the study.

5.3 DISCUSSION OF THE RESEARCH FINDINGS

The study under investigation revealed four super-ordinates, which have emerged from the narratives of the participants and they were as follows:

5.3.1 Resources

The study emerged with three themes which were discussed and concluded below namely material, human resources and lastly infrastructural challenges. The study has shown general lack in both human and material resources in the hospital studied. The problem was serious to an extent that all community service nurses raised it in their excerpts, in addition medical supplies had to be borrowed from neighbouring hospitals as temporary measure to provide health care services. These findings concurred with Makhakhe's (2010:39). Community service nurses acknowledged that such shortage of both human and material resources had impacted negatively on the acquisition of their clinical experience and skills, which eventually led to low morale and frustration amongst them. Participants reported that the cleanliness of the units where the patients were treated was neglected because of shortage of the cleaning material. Participants highlighted on the importance of well-resourced health institutions so that their clinical skills can be improved and enhanced. This findings concur with those of Sello, Serfontein, Lubbe and Dambisya (2012:2, 7) and Swart (2013:113).

Shortage of human material was directly linked with absenteeism and high staff turnover of qualified and skilled nursing personnel even across other categories, such as messengers and clerks. This led to compromised clinical experience and skills necessary for new nurses to successfully transit into professional practice. Participants also acknowledged that the shortage of nursing personnel due to high staff turnover left them with compromised experience and clinical skills. However, in other instances it is due to habitual absenteeism of the senior nurses, a view supported by Ndlovu (2012:48) and Nyathi and Jooste (2008:28). The findings were that community service nurses were the ones that tend to replace the absent staff despite the fact that they were never allocated in those units before and such actions frustrated them as most of the time they did not know what do. This is consistent with the findings in the study by Madibana (2010:51) as cited in Ndlovu (2012:51). Despite such circumstances some of the community service nurses concluded that they became personally and professionally

matured and ready to take up the roles of professionalism because they had to take responsibility of the units during the absence of the senior nurses. Participants acknowledge that such circumstances brought about increased workload in the units as they had to close the gaps during the absence of the experienced nurses. Nyathi and Jooste (2008:28) and Ndlovu (2012:48) further stated that nurses who have to stand in for those who are absent experienced overwhelming workload, not breaking for tea and lunch, this led to provision of less quality care. This current study also provided the same results.

The study also shows that the new nurses became frustrated as they were unable to practice the procedures and skills they learned during their training as the hospital under study was under-resourced as a result of various reasons, namely: infrastructural challenges where overcrowding and outsourcing of the services for the patient care in the hospital took a toll. Mokoka (2007:167) converged with the results of the current study. In the same blow the study revealed that outsourcing of health services has a negative impact in the rendering of health care services and eventually low cure rate. Participants understood the importance of diet, hygiene in healing process, which is contrary to World Health Organization (WHO) (2013:6).

The study determined the impact of the programme itself on the community service nurses. It has shown sub-standard care in all transcription, that the quality of health care provided in public hospitals has been compromised. These results matched that of (Chide 2008:56-57). In addition community service nurses would not recommend the admission of their family members or friends into the hospital under study, and they confirmed that they would not use the hospital themselves too. The study that was done in United States of America diverges from the current study findings (Baernholdt, Keim-Malpass, Hinton, Yan & Bratt 2014:20).

5.3.2 Work environmental relations

Community service nurses were jointly concerned about the poor work environmental relations where communication amongst them and other categories of the health care team and issues related to the duration and rotation were major concerns. The study further revealed that the managers were not communicating in a professional manner with the community service nurses, as much as they perceived managers were unable

to allow for the rotation of the new nurses amongst other units. Furthermore the study indicated that the managers portrayed negative attitude towards the community service nurses. This affected their confidence and competence in the working environment. The study findings converged with the findings of (Saghafi, Hardy & Hillege 2012:26).

The findings of the study show that participants were satisfied about the duration of one year of the community service. The challenge is just that the time is not effectively utilised by the managers and senior nurses which end up defeating the original purpose of community service. However community service nurses have shown dissatisfaction regarding non-rotation amongst other units, nevertheless they acknowledged the significance of representativeness in this regards because they were afraid to voice their dissatisfaction around non-rotation as it may lead to victimisation and further compromise their opportunity to gain experience and skills.

Nonetheless at the end of community service placement, the same managers will expect the nurses to be competent in all areas of their profession. The findings of this study indicated that community service nurses were badly treated and bullied in front of the patients by their seniors during their placement. Tsotetsi (2012:52) concurred with the results of the current study. The study once more established that the duty scheduling was a contributory factor to some of their frustrations and low morale. The study clearly proved that the hospital experienced serious errors in the cash flow whereby the hospital management has failed to pay the participants their due allowances such as holidays and night duty allowances since their placement because of budgetary constraints. Van der Heever (2009:2) supported the findings of this study. Some of the nurses voiced their dissatisfactions around the misplacement in the units. The focus of discussions and conclusions were based on the advocacy and representativeness of the community service nurses and placement outcomes.

The study indicated that allocating participants in the areas which were not of their interest or speciality have a negative psychological effect and functioning on the specified group. Community service nurses inveterate that misplacement led to loss of interest some of the community service nurses. Some of the participants reported that they even contemplated to interrupt the programmes because they were unhappy where they are being placed despite the fact that there are financial implications involved. The majority of the participants concluded that they have not seen the

community service policy in the units hence failure to implement and promote community service policy correctly by the hospital managers. This area might need further research to investigate the association between the two variables.

5.3.3 Supervision and support

This theme focused on the professional support by the experienced nurses within the hospital under study, where the community service nurses reported that they lacked proper supervision, guidance and mentoring. Even though the new nurses were not so much entangled to and valued the appreciation from the senior nurses as one of those things, but they anticipated a certain scale of proper transference of the professional experience and skills so that they may enhance continuous professional development. Community service nurses also reported that they experienced lack of guidance and unsafe practices contrary to the best practices according to the Gauteng Department of Health. Participants also stated that insubordination from the older subordinates as they refuse delegation of the community service nurses contributed to hindrance of smooth transition and their readiness to become professional nurses.

Participants had some great expectations of proper mentoring and guidance along with programmes in place during their placement of community service, community service nurses recognised that they were psychologically affected by the issues such as congestion of the patients in the hospital, increased workload, humiliation by the seniors who are resistive to change, unapproachable managers and insubordination of the lower categories. The study also found that the senior nurses were unable to supervise and support community service nurses fully as they had to focus on the long queues. Additionally to the above, the study shown that the management were unable to ensure that these new nurses were developed professionally as they were not sent to the workshops and in-service training. A quantity of community service nurses indicated that this may perhaps lead to missing out on available career and study opportunities.

5.3.4 Impact of community service experiences

The study revealed two themes as practice readiness and psychological impact and was discussed as follow:

5.3.4.1 Practice readiness

Although some of the participants felt that the responsibility of taking up the role of managing the units was devastating, as they had to endure such with the execution and application of unsafe practices and limited competences however this provided them with very little job satisfaction. They indicated that they benefited because they were able to become professionally matured and responsible for their actions and eventually they experienced a remarkable appreciation and appraisal from the patients they have nursed during their placement. This has assisted in boosting the readiness of the community service nurses' transition to become skilled professional nurses.

5.3.4.2 Psychological impact

Despite the attributes of promotion of practice readiness, the study also highlighted some of the factors that hindered smooth transition of community service nurses to professional nurses. This included inability of the senior nurses to assist the community service nurses during the transition because they could not properly transfer their skills to the new nurses. The study confirmed that the community service nurses were exposed to work stress and frustration as they were allocated in the units which were not even their area of interest. The study of Klein, Frie, Blum and Von dem Knesebeck (2011:6) concurred with the results of this study on the association between work stress and patient health. They further reported that non-rotation came up with the feelings of de-motivation, lack of confidence, experience and competence amongst them.

Despite all the psychological effects, the community service nurses were sympathetic with the patients as their health care was compromised because the managers were not totally committed in ensuring that best practices are carried out in the hospital under study. The study revealed that patients come to the hospital and wait for long periods and in some cases they return back home without any treatment provided, or sleep over the cold floors and benches until the next day just to see the doctor. The results of this study were supported by Rademeyer (2013:71)

5.4   LIMITATIONS OF THE STUDY

The study provided a broader understanding and insight into the health care services in the public hospitals with the limitations that the study was conducted in one public hospital in Gauteng province. The response of the community service nurses of the hospital under study may reveal different findings if conducted in other setting. The researcher cannot conclude that the study findings may be generalised to other public hospitals in the same district of Gauteng province however the results may transferable to other public hospitals.

5.5   RECOMMENDATIONS OF THE STUDY

The researcher have identified the various challenges after the conclusions were made from the interpretations of the study findings, therefore the researcher recommends that the following be given a thought:

- Effective communication lines within the hospital and among different categories of staff should be strengthened to avoid setbacks. There is a need to plan proactively for professional and personal development and Continuous Professional Development (CPD) programmes to ensure that negative intrinsic factors such as insubordination within personnel are improved and enhanced e.g. team building, in-service trainings and workshops. The community service nurses in the hospital can only improve in their clinical skills and other areas within the profession if they are given an opportunity to gradually develop throughout the career.
- Establishment of the debriefing programmes in cases of disharmony amongst the new and old nurses run by psychological specialists or staff development within the hospitals to provide psychological support to the nurses.
- Provision of guidelines that will address extensive and continuous supervision and support to the newly qualified nurses may positively contribute to the improvement provision of quality health care services. This also include the proper and regular (quarterly) rotation of community service nurses to other units, thus ensuring the built up of clinical skills and experience in this group of nurses because they need to close the gap between training and professional period.

- It will be beneficial if the hospital managers are engaged in the exit interviews with the resignations of all staff including community service nurses. It should not be a written document but practiced as it may assist the management of the hospital to identify all factors that are aggravating the attrition rate and plan for future measure to reduce staff turnover.

- Availability of the community service policy to all stakeholders within the hospital to ensure excellent execution of its objectives. Review of available internal financial policies and accompanying regulations according to the Public Financial Management Act (PFMA) in order to control and maintain the budget within the fiscal year, to ensure forecasting in all aspects of health care. This will eradicate budgetary errors that contributed to the compromised provision of quality health care service by availing both human and material resources, and keep personnel in general satisfied with their payments. It is concluded that if this area be improved, it will not only benefit the community service nurses but rather all the personnel of the hospital under study, eventually better health care services to the entire community.

5.6 CONCLUSION

The aim of the study was mainly to explore the experiences of the community service nurses regarding health care services in one public hospital at Tshwane district. The study concluded that the community service nurses were exposed to the challenges of non-accommodative, most stressful and frustrating health environment during their community service placement. It was noted that participants lacked support and supervision from experienced and senior personnel to acquire clinical experience and skills so that they can render quality health care services in their profession. Based on the conclusions that the study question and objectives were answered and achieved respectively, the researcher indicated that there is a need to improve the current state about community service placement of the newly qualified nurses if provision of quality health care services is a priority.

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ANNEXURES

ANNEXURE A

University of South Africa, Department of Health Studies: Ethical Clearance Certificate

UNISA | university of south africa

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

HSHDC/282/2013

Date:	10 December 2013	Student No: 4893-694-4

Project Title: Community service nurses' experiences regarding health care services at Tshwane District Public Hospital.

Researcher: Naomi Lorraine Nkoane

Degree: MA in Nursing Science   Code: MPCHS94

Supervisor: Dr AH Mavhandu-Mudzusi
Qualification: PhD
Joint Supervisor: -

**DECISION OF COMMITTEE**

Approved   √   **Conditionally Approved**

Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES
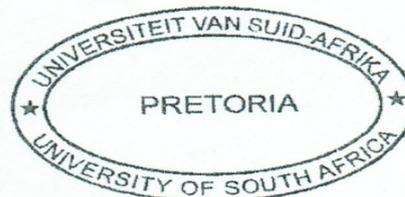
UNIVERSITEIT VAN SUID-AFRIKA
PRETORIA
UNIVERSITY OF SOUTH AFRICA

ANNEXURE B

Permission letter to Department of Health

PERMISSION LETTER TO DEPARTMENT OF HEALTH

<div align="right">

255 Calvyn Road

Silverton

0184

18 March 2014

</div>

Head of Department

Gauteng Health Department (Central Office)

Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY

I Naomi Lorrain Nkoane, a Master's degree student at the University of South Africa, hereby request for a permission to conduct a research study with community service nurses at one of the public hospitals at Tshwane district in Gauteng Province. The researcher will use Ratanang hospital as a pseudo name for the hospital under study for confidentiality purposes.

Title of the study

Community service nurses' experiences regarding health care services at Tshwane district public hospital in Gauteng Province.

Purpose of the study

The purpose of the study is to explore and describe community service nurses' experiences regarding health care services at Ratanang hospital.

Objective of the study

To investigate the community service nurses' experiences regarding health care services at Ratanang hospital.

Research Instrument

The researcher will use the face to face interviews to collect the data for the study as the most relevant technique to enhance the quality and rigor of the study findings. Data will be collected from participants during April and May 2014.

Usefulness of the study

The findings of this study will assist in making recommendations which will assist to improve the quality of health care services provided at Tshwane district hospitals in Gauteng Province and in particular Ratanang hospital. The findings of the study will be communicated to the National department of health.

The research proposal has been compiled for the study regarding the experiences of the community service nurses as the neutral entity between the surrounding communities and hospital management in that particular hospital during March 2013 to December 2013. The proposal outlines more information regarding the study and ethical aspects which will be adhered to, for protection of the participants, the hospital and the university.

Any concerns or enquiries regarding this particular study should be directed to: Ms NL Nkoane:

Cell number: 083 463 5215

Home number: 012 804-6189

Work number: 012 319 5796

Email: nkoanelorraine@gmail.com

Thank you
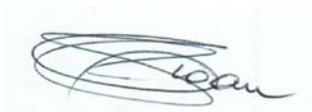
Signature   Date: 2014.03.18

Ms Naomi Lorrain Nkoane (Researcher)

ANNEXURE C

Permission letter to Ratanang Hospital

PERMISSION LETTER TO RATANANG HOSPITAL

<div align="right">
255 Calvyn Road

Silverton

0184

10 July 2014
</div>

The Hospital Manager

Private Bag X 999

Pretoria

0001

Sir/Madam

Request for the Permission to collect data from community service nurses from Ratanang hospital for the research project

I Naomi Lorrain Nkoane, a Masters' student at University of South Africa hereby request permission to conduct a study community service nurses' experiences regarding health care services in your hospital. I am intending to collect in-depth face to face interviews with community service nurses allocated in your hospital, in order explore and describe the experiences of community service nurses regarding health care services.

The researcher will ensure that the name of your hospital will not be disclosed hence Ratanang as the pseudo name has been used and, your staff members and also the participants will not be disclosed. For detailed aspects regarding ethical considerations see the attached proposal. The findings of this study will assist in making recommendations which will assist in improving the quality of health care services provided in Gauteng hospitals in general and your hospital in particular.

The collection of data will be conducted with 12 participants. I am also requesting to use the office which we normally use for students evaluation as an interview room as it offers privacy required. Each session will last for 40 to 60 minutes. The data will be collected from August to September 2014, and the findings of the study will be communicated to the management of the hospital as and also relevant stakeholder as determined by you.

Thank you very much for your support

Any concerns or enquiries regarding this particular study should be directed to:

Ms NL Nkoane

083 463 5215/ 012 804-6189

Email : nkoanelorraine@gmail.com

Regards

Signature: Date: 2014.07.10

Ms Naomi Lorrain Nkoane (Researcher)

ANNEXURE D

Approval letter from Department of Health

ANNEXURE D

Approval letter from Department of Health

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)

Researcher's Name (Principal investigator)	Noami Lorrain Nkoane
Organization / Institution	University of South Africa
Research Title	Community service nurse's experiences regarding health in a public hospital at Tshwane district in Gauteng Province
Protocol number	P150214
Date submitted	17/03/2014
Date reviewed	23/07/2014
Outcome	APPROVED
Date resubmitted	N/A
Date of second review	N/A
Final outcome	N/A

It is a pleasure to inform that the Gauteng Health Department has approved your research on "Community service nurse's experiences regarding health in a public hospital at Tshwane district in Gauteng Province."

The Provincial Protocol Review Committee kindly requests that you to submit a report after completion of your study and present your findings to the Gauteng Health Department.

Approves / not approves

Dr. B. Ikalafeng
Research and Epidemiology Manager

Date 27/08/2014

ANNEXURE E

Approval from Tshwane District

ANNEXURE E
APPROVAL FROM TSHWANE DISTRICT

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA
243 Pretorius Street, Cnr. Thabo Sehume & Pretorius Street, Monaka Building, Pretoria 0001 South Africa.
Tel: +27 12 406 0237
Enquiries: Mr. Peter Silwimba, e-mail: peter.silwimba@gauteng.gov.za

TSHWANE RESEARCH COMMITTEE

CLEARANCE CERTIFICATE

Meeting: N/A

PROJECT NUMBER: 24/2015

Title: Community service nurses' experiences regarding healthcare services at Tshwane District Public hospitals
Researcher: Lorrain Nkoane
Co-Researcher:
Supervisor: Dr. A.H Mavhandu-Mudzusi
Department: Health Studies

DECISION OF THE COMMITTEE

Approved

NB: *THIS OFFICE REQUEST A FULL REPORT ON THE OUTCOME OF THE RESEARCH DONE*

Date:

Mr. Peter Silwimba
Chairperson Tshwane Research Committee
Tshwane District

Mr. Pitsi Mothomone
Chief Director: Tshwane District Health
Tshwane District
2015-06.05

NOTE: Resubmission of the protocol by researcher(s) is required if there is departure from the protocol procedures as approved by the committee.

ANNEXURE F

Inform consent for participants

ANNEXURE F

INFORMED CONSENT FOR PARTICIPANTS

INFORMED CONSENT FOR COMMUNITY SERVICE NURSES PARTICIPATING IN THE INTERVIEW SESSIONS

This form requests your consent to participate in the proposed research study of the University of South Africa. The research is about the community service nurses' experiences regarding the health care services provided to patients during placement in Ratanang hospital at Tshwane district in Gauteng Province.

The study will use face to face interviews as a tool to collect data on the topic of interest which will last for about 45 minutes each session. During these interviews the participants will be allowed to give and share their views about their experiences regarding health care services in Ratanang hospital during their placement.

I………………………………………….(Name and Surname in full) am willing to participate freely in the face to face interview as a tool for data collection for the study regarding experiences of the community service nurses regarding provision of health care rendered during their placement in Ratanang hospital in Tshwane district in Gauteng Province without any coercion and/or threat.

………………………………….   …………………………….
Signature – Participants   Signature – Researcher

………………………………….   ………………………………
Date permission granted   Date permission granted

ANNEXURE G

Information brochure for participants

INFORMATION BROCHURE FOR PARTICIPANTS

INFORMATION BROCHURE FOR THE PARTICIPANTS

TITLE OF THE STUDY

COMMUNITY SERVICE NURSES' EXPERIENCES REGARDING HEALTH CARE SERVICES AT TSHWANE DISTRICT PUBLIC HOSPITAL.

INTRODUCTION

This document serves as information that will assist you to decide whether to participate in this study as a volunteer. It is important to understand what is involved in this study and the role that you as a participant will play, before you commit yourself.

PURPOSE OF THE STUDY

The purpose of this study is to explore and describe community service nurses' experiences regarding health care services at Tshwane district hospital in Gauteng province.

The aim of the study is to gain understanding the of community service nurses' experiences of the health care services in a public hospital at Tshwane district in Gauteng province.

DETAILS OF THE TASKS

The researcher will request you to partake in the face to face interviews, where you will elaborate on your experiences regarding health care services in the hospital where you are placed as a community service nurse.

The researcher will facilitate the interviews by asking a broad question and allow you to respond to the question, then follow up questions will be asked. The interviews will be audio recorded on the electronic device with each participant. The interviews will be conducted at the hospital under study or at the participants homes provided; if is

conducive for the interview to take place. The interview will take about 45- 60 minutes in average with each participant.

RISK FORSEEN/ANTICIPATED

The researcher anticipates some emotional discomforts in some participants, which may be triggered by some of the questions. In such cases, the participants will be referred for psychological care and support within the hospital under study.

BENEFITS OF THE STUDY

The study will not directly benefit participants however the broader body of knowledge of the nursing profession and public health system will benefit from the recommendations. To large extent there will be marked improvement in the provision of health care services in public health institutions.

RIGHTS OF THE PARTICIPANT

As a participant, as much as you have the right to volunteer to the study equally so, you have a right to withdraw your participation at any time you become uncomfortable during the proceedings of the interview. The researcher will not use your right of withdrawal against you.

CONFIDENTIALITY

The information you provided in the study will be kept confidential and private throughout the phases of the study. The only time the information will be divulged, it will be post data analysis but without your identification. The information will be shared through research reports and articles with the University, Department of Health, and hospital under study to assist other South Africans. Your involvement in the study is mainly voluntary.

ETHICAL APPROVAL

The researcher obtained a written ethical approval from the Ethics Committee of the University of South Africa in 2013.The approval has been sought with Department of Health, Tshwane district and the hospital management under study. The letters are available on request, if you wish to confirm then copies will be provided to you.

CONTACT PERSONS

Any concerns or enquiries regarding this particular study should be directed to:

3

RESEARCHER	SUPERVISOR
Ms NL Nkoane	Prof AH Mavhandu-Mudzusi
083 463 5215/ 012 804-6189	082 406 2494/ 012 429 2055
Email: nkoanelorraine@gmail.com	Email: mmudza@unisa.ac.za

ANNEXURE H

Interview guide

INTERVIEW GUIDE

QUESTIONS ASKED DURING INTERVIEWS

Framing of Qualitative questions was divided into four categories, namely biographic, main questions, follow-up and probes.

Biographic Data
1. Gender ……………..
2. Race………………..
3. Were you Recognition of Prior Learning (RPL) or not……………………
4. How long have you been a community service nurse……………………
5. In which department are you presently allocated…………………………
6. In how many departments have you been allocated to date……………….

Main / Broad Question

What have been your experiences as a community service nurse about health care services in Ratanang Hospital?

Follow-up Questions
1. What can you tell me about your community service placement and health care services in this hospital?
2. How do you perceive duration of your placement in this hospital?
3. What do you think is the cause of these attitudes of the hospital personnel towards you?
4. How would you feel if people close to you are admitted/ or want to be admitted in this hospital?
5. What do you think should be done to improve the current situation regarding placement of community service nurses in this hospital?
6. How does the whole experience make you feel?

Probing Questions

1. Tell me more about…..
2. What do you think …..?
3. I am still listening…..
4. What do you mean…?
5. How do you feel about….?