

**Mentorship in the primary health care facilities in Sedibeng District of Gauteng
Province, South Africa.**

by

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in the subject

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SUPERVISOR:

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DECLARATION

I declare that, "**Mentorship in the primary health care facilities in Sedibeng District of Gauteng Province, South Africa,**" is my own work, that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references, and that this work has not been submitted before for any other degree at any other institution.

A handwritten signature in black ink, appearing to be 'M. S. Z. a', written over a horizontal line.

SIGNED: _____

DATE: NOVEMBER 2023

Mentorship in the primary health care facilities in Sedibeng District of Gauteng Province, South Africa.

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ABSTRACT

Mentoring is recommended as a method to assist nurses in developing their leadership skills. The purpose of this study was to explore the experiences of facility managers with regard to mentorship at primary healthcare facilities. The qualitative exploratory and descriptive research design was employed to achieve the study objectives. Data were collected through semi-structured interviews. The following four themes emerged during data analysis: experiences as a facility manager; views of facility managers on mentoring and leadership; barriers to mentorship; and facility managers' views on how mentoring can be improved. The study revealed that there is a lack of formal mentoring in primary healthcare facilities in the Sedibeng District. Mentors were not allocated to facility managers, while some facility managers sought out informal mentors of their own choice. The data obtained from this study can be utilised to address the gaps that exist in nursing management and nursing research. It adds insights on the mentoring needs of facility managers.

Key concepts: Mentorship; facility managers; nurse managers; primary health care; experiences; mentoring; facilities; clinics; leadership

Tataiso mo ditlamelong tsa tlhokomelo ya ntlha ya boitekanelo mo Sedikeng sa Sedibeng mo Porofenseng ya Gauteng, Aforikaborwa.

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TSHOBOKANYO

Go atlenegisiwa tataiso jaaka mokgwa wa go thusa baoki go godisa dikgono tsa bona tsa boeteledipele. Maikaelelo a thutopatlisiso eno e ne e le go tlhotlhomisa maitemogelo a batsamaisi ba ditlamelo malebana le tataiso kwa ditlamelong tsa tlhokomelo ya ntlha ya boitekanelo. Go dirisitswe moralo wa tlhotlhomiso wa khwalitatifi le patlisiso e e tlhalosang go fitlhelela maikaelelo a thutopatlisiso. Go kokoantswe datha ka dipotsotherisano tsa seka-thulaganyo. Go tlhageletse meono e le mene e e latelang ka nako ya tokololo ya datha: maitemogelo jaaka motsamaisi wa tlamelolo; melebo ya batsamaisi ba ditlamelo malebana le tataiso le boeteledipele; dikgoreletsi tsa tataiso; le melebo ya batsamaisi ba ditlamelo malebana le gore tataiso e ka tokafadiwa jang. Thutopatlisiso e senotse gore go na le tlhanelo ya tataiso e e rulaganeng mo ditlamelong tsa tlhokomelo ya ntlha ya boitekanelo mo Sedikeng sa Sedibeng. Batsamaisi ba ditlamelo ga ba abelwe batataisi, fa batsamaisi bangwe ba ditlamelo ba ipatlela batataisi ntle le thulaganyo e e rileng. Datha e e bonweng mo thutopatlisisong eno e ka dirisiwa go samagana le ditlhaelo tse di gona mo tsamaisong ya baoki le patlisiso ya booki. Seno se oketsa kitso mo ditlhokegong tsa tataiso ya batsamaisi ba ditlamelo.

Mereo ya botlhokwa: Tataiso; batsamaisi ba ditlamelo; batsamaisi ba baoki; tlhokomelo ya ntlha ya boitekanelo; maitemogelo; tataiso; ditlamelo; ditlilini; boeteledipele

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OKUCASHUNIWE

Ezokweluleka zinconywa njengendlela engasiza abahlengikazi ekuthuthukiseni amakhono abo obuholi. Inhloso yalolu cwaningo bekuwukuhlola ulwazi abanalo abaphathi bezikhungo mayelana nezokululekwa ezikhungweni zokunakekelwa ngezempilo okuyisisekelo. Lapha kusetshenziswe uhlobo lokucwaninga okuchazayo ngokweqophelo ukuze kuzuzwe lokho okuhloswe ngocwaningo. Imininingwane iqoqwe kusetshenziswa inhlolovo evulelekile. Ngesikhathi kucwaningwa imininingwane kuqhanyukwe nalezi zindikimba ezine ezilandelayo: ulwazi lomsebenzi njengomphathi wesikhungo; imibono yabaphathi bezikhungo mayelana nezokweluleka nobuholi; izingqinamba kwezokweluleka; kanye nemibono yabaphathi bezikhungo mayelana nokuthi zingaphuculwa kanjani ezokweluleka. Lolu cwaningo luveze ukuthi kunokuntuleka kwezokweluleka okusemthethweni ezikhungweni zezempilo eziyisisekelo eSifundeni eSedibeng. Abeluleki ababekwanga ekutheni babe abaphathi bezikhungo, kanti abanye abaphathi bezikhungo bafuna Abeluleki abangekho emthethweni abazikhethela bona ngokwabo. Imininingwane etholakale kulolu cwaningo ingasetshenziswa ukuze kusalwe igebe elikhona endleleni yokuphathwa kanye nocwaningo ngabahlengikazi. Le mininingwane yegeza kulokho okuyizidingo zokwelulekwa kwabaphathi bezikhungo.

Amagama amqoka: Ezokweluleka; abaphathi besikhungo; abaphathi babahlengikazi; ukunakekelwa kwezempilo okuyisisekelo; izinto ohlangabezane nazo; ukweluleka; izikhungo; imitholampilo; ubuholi

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 Introduction

Mentorship is useful in public services as it contributes to capacity building and skills development. According to the South African Department of Public Service Administration (DPSA) cited in the national health insurance in South Africa paper (South Africa 2017:14), there are two broad roles played by mentors, and these are the psychological role, and the facilitating role. In the psychological role, the mentor provides the mentee with emotional support by helping them to overcome the stress and strain of work and personal life. The facilitating role focuses on transferring the skills in a workplace, and this includes training and orienting the mentee to the realities of their workplace to ensure maximum performance (South Africa 2017:15). Mentorship relationships are also beneficial as they can lead to the improvement of job satisfaction and job performance by employees in an organisation (Mcilongo & Strydom 2021:2). Mentorship was first associated with the nursing profession in the 1970s, when Vance (1977) first published the idea in a scholarly work(Lennox,Skinner & Foureur 2008:7). According to Lennox,Skinner and Fourerur (2008:7),mentors were described as inspirers,,investors and supporters.

The focus of the study was on the primary health care (PHC) facility managers' experiences of mentorship in PHC facilities in the Sedibeng District in the Gauteng Province of South Africa. The chapter presents an overview of the study, including the introduction and background of PHC, the research problem, aim of the study, significance of the study, definition of key terms, and the theoretical foundation of the study.

1.2 Background

Mentorship has a great influence in building leadership skills. Mentors are often seen as role models and teachers. Roth and Whitehead (2019:12), in their study, reported that applying the components of transformational leadership is useful in the mentorship

activities. This shows the relationship that exists between leadership and mentorship. The success of leadership and mentoring grows on relationships that are effective (Bodilenyane & Mooketsane 2019:690). Studies have found that promoting leadership development through mentoring has shown to improve the retention of nursing leaders and the frontline staff (Vitale 2018:8). This is supported by Mcilongo and Strydom (2021:7) who noted that mentoring for leadership development has a positive relationship in the career advancement of employees. Bodilenyane and Mooketsane (2019:690) also opined that mentoring cannot be separated from leadership issues because organisational leaders affect organisational success. Leadership is, therefore, important in organisations as its main function is to help maximise efficiency and achieve the organisational goals.

A leader is an individual who has a vision of what can be achieved in an organisation, and will thus involve other key stakeholders to come up with strategies for realising the vision. Both the management and leadership are important in the delivery of good health services. Good managers should strive to be good leaders; and good leaders need management skills to be effective (Timm & McLaren 2019:264). The article of importance of leadership by Juneja (2021) stated that, leadership:

1. Initiates action: A leader communicates policies and plans that need to be adhered to by the subordinates.
2. Motivates: A leader motivates the employees by rewarding them with economic and non-economic rewards; and as a result, it gets the work done.
3. Provides guidance: A leader guides the subordinates by instructing them on how they should perform their duties effectively and efficiently.
4. Creates confidence: A leader can gain confidence through expressing their work efforts to the subordinates, explaining their roles clearly, and giving them guidelines that will help them to achieve their goals effectively.
5. Builds morale: A leader can boost the employees' morale by being fully co-operative so that employees perform within the best of their ability while working to achieve their goals.
6. Builds the work environment: A leader should build a working environment that is effective in promoting sound and stable growth. A manager gets things done

through people or subordinates, hence it is important to maintain good relationships by listening, solving problems, and treating people in a humane manner.

7. Coordinates: A leader's motive is to achieve effective coordination through synchronising their personal interests with the goals of an organisation.

According to Kantanen, Kaunonen, Helminen and Suominen (2017:230), the concept of leadership and management competencies refers to the knowledge, skills, and attributes that a manager needs to be an expert in his/her field. Furthermore, leadership includes mentioning the capabilities that are needed to function effectively in a society. The World Health Organisation (WHO) proposed that to have good leadership and management, managers need to ensure that they meet and manage the following competencies: knowledge, skills, attitude, and behaviour (Timm & McLaren 2019:264-267).

According to Hubbard-Murdoch, Ens, Gustafson and Chambers-Richards (2021:1), mentorship improves skills in leadership and academic roles. The WHO State of the World's Nursing Report (2020:59) indicates that the future development of nursing leadership and governance requires nurses to have strong leadership and governance. According to this report, fewer countries, ranging between 40% in the South-East Asia region to 64% in the African region, have a nursing leadership development programme. In cognisance of this, Vatan and Temel (2016:243) argued that leadership is a characteristic attribute of all nursing roles, hence it is essential to have mentoring relationships in the development of the support for nurse leadership behaviours. The authors also argued that mentoring programmes have shown to improve the leadership skills of individuals.

However, leadership and management challenges remain prevalent in various disciplines. In a study on the experience of transitioning to novice nurse educators role, which was conducted with clinical nurse experts in the United States (US) in Florida, it was found that nurse educators had a feeling to reach out to their peers and colleagues for support. However, they had difficulties as they did not know who to reach out to (Toll 2020:97). Several studies mentioned that the challenges faced by leaders or managers often lead to burnout and the intentions to leave the nursing profession (Davey, Henshall

& Jackson 2020:2; Roth & Whitehead 2019:5). Research in Kenya revealed that facility managers are faced with challenges such as the lack of preparation and clarity on their roles. As much as they are prepared to play their professional nursing roles, they have little preparation when it comes to the leadership and management role (Nyikuri, Tsofa, Barasa, Okoth & Molyneux 2015:9).

In the South African context, since the transition to democracy in 1994, policies such as the White Paper for the Transformation of Health System, and the National Health Act have set PHC at the heart of transformation for the country's national health system (Primary Health Care Systems (PRIMASYS) 2017:5). Therefore, the decentralisation of the health system helps in empowering the district management teams (Timm & McLaren 2019:269), where decisions in the government can be made at lower levels such as the PHC levels. The health system in South Africa consists of the National Department of Health, nine provincial health departments, and 52 health districts. Policies and frameworks are set from the national sphere which the provincial and local authorities need to implement (PRIMASYS 2017:6). Many managerial functions have been decentralised to the sub-district and facility level in South Africa (Cleary, Du Toit, Scott & Gilson 2018:70).

As indicated earlier, the district health system is a model that functions to implement the national health policies relating to the PHC approaches (Dorji, Tejativaddhana, Siripornpibul, Cruickshank & Briggs 2019:13). Some of these implementations include the national core standards which are one of the requirements that managers are expected to meet in their facilities to ensure that the procedures are implemented to address the concerns that arise from the national complaints, patient satisfaction surveys, and clinical audits, just to mention a few (Cleary, Du Toit, Scott & Gilson 2018:70). To have an effective PHC that aims to achieve universal health coverage, it is important to have competent managers who can ensure the implementation of the PHC reforms (Munyewende, Levin & Rispel 2016:9).

A study in the Gauteng Province in South Africa reported that nurse managers in the mining PHC are confusing their management role with those of leadership (Nene 2022:1). While there is a concern with role confusion, there are several challenges experienced

with these roles. Some of these are mentioned in a study conducted in Cape Town which established that the job of a PHC facility manager is dominated by several tasks and procedures that focus on clinical service management to address the needs of the population and those of the public health in the surrounding communities (Daire & Gilson 2014:82).

Leadership and governance challenges continue to dominate in the various levels of the public sector, with knowledge and skills among managers still being inadequate, as mentioned by the Department of Health in the White Paper (South Africa 2017:12). However, several factors contribute to the challenges experienced by facility managers regarding management competencies. According to a study conducted in the City of Johannesburg by Ndlovu (2018:42) to assess the management competencies of facility managers, these challenges include, but are not limited to not having a postgraduate qualification in management. The study further stated that facility managers who did not have a postgraduate qualification in management rated themselves low in management competencies compared to their counterparts who had a postgraduate qualification in management.

Good managers should possess certain qualities to effectively manage and lead their organisations. A qualitative study conducted in Brazil established that nurses are recognised as leaders by their natural characteristics and vocational training (Lanzoni, Meirelles & Cummings 2016:7). Training, natural characteristics, as well as having good supervision, all contribute to the management competencies. Although supervision is considered essential in assuring and improving the quality of patient care, the findings from a Rwandan exploratory study suggest that to have an effective healthcare service, it is important for supervisors and health centre managers to be competent enough to provide support transparently, and thus accounting for various performance pressures to their supervisees (Schriver, Cubaka, Vedsted, Besigye & Kallestrup 2018:2).

A study in Spain outlined the nurse managers' core competencies, and revealed that nurse managers who can expand their management competencies are essential in the sustainability and improvement of health outcomes (Garcia, Pinto-Carral, Villorejo & Marques-Sanchez 2020:1). Expanding management competencies can be in the form

of mentoring, where individuals who are experts or more knowledgeable in their field transfer their knowledge to the less knowledgeable individuals. Based on research, this is particularly important in the PHC setting. Primary health care facilities such as clinics or community health centres are examples of organisational settings where expert clinical educators and advanced practice nurses are positioned to act as mentors (Abdullah, Rossy, Ploeg, Davies, Higuchi, Sikora & Stacey 2014:298). Mentorship to individuals can result in satisfaction, wellbeing, and perceived success, and thus increasing job satisfaction and, consequently, organisational commitment (Murdoch *et al* 2021:1).

Primary health care focuses on the prevention, curation, and promotion of health. Vatan and Temel (2016:5) state that formal mentoring programmes create positive change in leadership behaviours. The authors further suggested that there should be formal mentoring programmes that are organised and sustained as job orientation programmes to novice employees as part of the in-service training programmes. Several studies have outlined that the better management of PHC facilities is associated with the improved performance of the facility and health outcomes (Macarayan, Ratcliffe, Otupiri, Hirshhorn, Miller, Lipsitz, Gawande & Bitton 2019:1-2). Vitale (2018:8) stated that nurse leaders' behaviours create a positive correlation with employee satisfaction and, ultimately, organisational commitment. A study in Ghana has revealed that facility management is associated with improved PHC outcomes (Macarayan *et al* 2019:1).

The use of the nurse-mentors model in health centres in the rural districts of Rwanda has shown significant improvement in the quality of healthcare (Anatole, Magge, Redditt, Karamaga, Niyonzima, Drobac, Mukherjee, Ntaganira, Nyirazinyoye & Hirschhorn 2012:143). Olalorunpo (2019:142) stated that mentoring in nursing has a great influence on the production of better nurses in the future and the easy handing-over of the nursing profession to the younger generation. The above-mentioned Nigerian study is aligned with a South African study on evaluating PHC nurse managers' competencies. The authors found out that there is a need for training, such as continued professional development in some of the competencies (Munyewende, Levin & Rispel 2016:9).

Some of the studies conducted in the Gauteng Province of South Africa reported that nurse managers lack clarity when it comes to their leadership roles, as they confused

them with their management roles. The studies further mentioned that these PHC nurse managers are not demonstrating their leadership characteristics such as inspiration, motivation, and mentorship (Nene 2022:2). It should, therefore, be noted that there is limited research on mentorship in the Sedibeng District. However, a study that was conducted on ward-based community health worker outreach teams revealed that mentoring the novice professional nurses by some retired nurses turned out to be successful in providing a model of community-based care for the novice professional nurses. The nurses also had an opportunity to attend a leadership training that equipped them to provide leadership and support to the community health workers team (Nxumalo & Choonara 2014:1-3). This study, which focused on the facility managers in the Sedibeng District, was conducted with professional nurses, and it proved that leadership training and mentorship lead to leadership improvement to some extent.

1.3 Research problem

Facility managers in PHC settings are expected to perform their roles and duties despite the difficult environments in which they work and the little preparation they have (Nyikuri *et al* 2015:2). According to Mutale, Vardoy-Mutale, Kachemba, Mukendi, Clark and Mulenga (2017:1), managers are often not adequately prepared to manage complex health systems. Therefore, an exploratory study conducted in Cape Town suggests that there is a need to provide newly appointed managers with a formal induction programme, as well as peer mentorship (Daire & Gilson 2014). Furthermore, little in-depth research exists on the challenges that the facility managers experience in their jobs (Nyikuri, Tsofa, Barasa, Okoth & Molyneux 2015). Apart from other interventions to explore the nature of mentor-mentee relationships and their influence on supporting the uptake of evidence, a study on mentorship, as a knowledge translation intervention, has highlighted the need for further research (Abdullah *et al* 2014:298). The researcher has observed that this problem also exists in the district of Sedibeng, where she was working as a PHC nurse.

The researcher observed that a lack of mentorship programmes or the orientation of newly appointed or acting facility managers has a negative impact on the running of the facility. For example, inefficient data management which causes poor performance,

inadequate resource management which results in the interruption of services, poor management in addressing patient complaints, and overall poor organisational structure, just to mention a few. This problem gave rise to the phenomenon of interest under study. Therefore, the researcher sought to answer the following question: “What are the experiences of facility managers on the mentoring that they received in PHC facilities at the Sedibeng District in the Gauteng Province?”

1.4 Aim/purpose of the study

The study aimed to explore the experiences of facility managers on the mentoring that they received at PHC facilities in the Sedibeng District of Gauteng Province.

1.4.1 Research objectives

1. To explore the experiences of facility managers of being mentored at primary health care facilities.
2. To identify the factors that facilitate and promote the mentoring of facility managers in primary health care facilities.
3. To identify the barriers regarding the mentoring of facility managers in primary health care facilities.

1.4.2 Research questions

1. What are the experiences of facility managers of being mentored in primary healthcare facilities at the Sedibeng District of Gauteng Province?
2. What are the factors that facilitate and promote the mentoring of facility managers in primary health care facilities?
3. What are the barriers to the mentoring of facility managers in primary health care facilities?

1.5 Significance of the study

The study will contribute to the existing body of knowledge by identifying and describing the experiences of facility managers who were mentored in PHC settings. The study also identifies the gaps that exist in literature on the factors that facilitate and promote the mentoring of facility managers. Therefore, the findings of the study will inform the policymakers regarding the problem under study, and provide insights, suggestions, and recommendations related to the mentoring of facility managers.

The study will also provide insights on the needs and gaps of mentorship and improvement programmes that could be relevant in leadership and the personal development of managers. Managers who are confident and knowledgeable in their jobs tend to perform better, resulting in the better management of the facility, which will be reflected in its performance (Ndlovu 2018:42).

1.6 Definition of key terms

Experience: Experience is the “practical contact with, and observation of facts or events” (Oxford Dictionary of English 2020, sv “experience”). Experience, in this study, is the change that takes place within the facility managers due to their interaction with the mentors.

Facility manager/clinic manager: A facility manager is a professional nurse, senior professional nurse, or chief professional nurse who oversees a clinic (Ndlovu 2018:4). A facility manager is a nurse manager and a professional nurse who has been appointed to a management post, and is responsible for the administration of a clinic or Community Health Center (CHC).

Leadership: Leadership refers to the use of one’s skills to influence others to perform to the best of their ability (Booyens 2014:417). Leadership is the action or process where a facility manager or area manager leads a group of people and the facility.

Management: Management is “the process of dealing with or controlling things or people, or managing a company or organisation” (Oxford Dictionary of English 2020, sv

“management”). Management is a set of processes that keep an organisation functioning. The processes include planning, budgeting, staffing, clarifying jobs, measuring performance, and problem solving when things do not go according to plan (*Kantanen et al 2017:229*). Management, in this context, is the process where a professional nurse, such as a facility manager, area manager, or any professional nurse working in the clinic or CHC, keeps the clinic or the CHC running, by controlling people and things.

Mentorship: Mentorship is the guidance provided by a mentor, especially an experienced person in a company or educational institution (Oxford Dictionary of English 2022, sv “mentorship”). Mentorship, in this context, is any guidance that is provided by a professional nurse who is more experienced in terms of qualification, work experience, and job position than the mentee who is a facility manager in the clinic or CHC.

Mentor: A mentor is a professional nurse who possesses relevant expertise, who will be able to share knowledge, skills, and values, and model behaviour to an individual with less experience in a specific field (SANC 2020). A mentor, in this context, is a professional nurse who is trained in PHC, has a management qualification and experience working as a facility manager, and is willing to share their knowledge, skills, and values to the novice facility managers in PHC facilities.

Mentee: A mentee is an individual with an aspiration to learn, who is able to receive constructive criticism and guidance, and possesses career aspirations and motivation (Merritt 2019:30). “A mentee is an individual who receives guidance and support from a more experienced and or knowledgeable person known as a mentor. The mentee benefits from the mentor’s guidance in a specific area” (McMahon 2023). A mentee, in this context, is a professional nurse who is new in the position of facility management in a PHC facility, and requires assistance from a mentor in the form of advice, guidance, or constructive criticism.

Mentoring in nursing: The following five attributes are conceptualised by Olaolorunpo (2019:144-145) as more significant:

- Role model: Individuals whose behaviour, styles, and attributes are emulated by others. A role model, in this study context, is an experienced professional nurse who is looked up to by other nurses, and imitated as an example.
- Nurturing: A process where a stable environment is created by a mentor to ensure the mentees' good health, protecting them from threats, and providing them with opportunities for learning through interactions that are emotionally supportive and responsive. Nurturing, in this context, is the caring atmosphere and protection displayed by the mentor towards the mentee while they are growing in the profession.
- Friendship: A state of having or being a person who one can turn to, respect, and trust, knowing that they will always be there for him/her in time of need or challenge. A friendship is a relationship between a mentor and a mentee, where there is mutual affection between the individuals.
- An experienced person: A person with training, knowledge, or who has the expertise and skill in something. An experienced person is a seasoned professional nurse with more experience, training, and knowledge.
- Endurance: The ability of the mentee to work very hard without leaving the mentorship programme, despite the difficult situations or challenges. The mentee should develop an enduring disposition and willingness to be mentored.

Primary healthcare: According to the WHO 1978 Alma Atta Declaration, “primary health care is essential healthcare based on practical, scientifically sound, and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It is the first level of contact of individuals, the family, and community with the national health system, bringing healthcare as close as possible to where people live and work. It constitutes the first element of a continuing healthcare process.” Primary health care (WHO 2021) is a global approach to health that aims to ensure the highest possible level of health and wellbeing, and their equitable distribution by focusing on people’s needs as early as possible, along the continuum from health promotion, and disease prevention to treatment. It is the comprehensive and essential

healthcare that is accessible at first level, and is provided for free to individuals, families, and communities.

Primary healthcare facility: It is a clinic that provides PHC services, as well as maternity care, accident, and emergency services to the community; and is open for 24 hours a day in the South African setting (Ndlovu 2018:4). A PHC is any clinic or community healthcare centre that may offer maternity care services, normally opening for eight hours or more a day based on the need of the community.

Clinic: A clinic is a health facility that provides a range of PHC services, and is open for eight hours a day in the South African setting (Ndlovu 2018:4). A clinic, in this context, is any facility in the Sedibeng district that offers a range of primary health care services and is accessible for eight or more hours in a day, based on the needs of the community.

Community health centre (CHC): It is a healthcare facility that provides PHC services, as well as maternity care, accident, and emergency services to the community, and is open for 24 hours a day in the South African setting (Ndlovu 2018:4). A community health centre, in this context, is any facility in the Sedibeng district, that offers primary health care services, as well as 24 hours maternity, accident, and emergency services to the community.

1.7 Theoretical foundations of the study

This section presents the theoretical foundations underpinning the study.

1.7.1 Research paradigm

The term 'paradigm' is used to describe the researcher's worldview, which is the perspective, thinking, school of thought, or a set of beliefs that inform the meaning or interpretation of research data (Kivunja & Kuyini 2017:26).

1.7.1.1 Meta-theoretic assumptions

The research was conducted using the constructivist and interpretivist paradigm.

i. Constructivist paradigm: In this paradigm, “theory does not precede research, but it follows it so that it is grounded on the data generated by the research act” (Kivunja & Kuyini 2017:33). The researcher used open-ended questions during the interviews to obtain diverse viewpoints from facility managers. The following question was posed: ‘What are your experiences of being a facility manager so far?’ The emphasis was placed on being mentored in the position of a facility manager.

ii. Interpretivist paradigm: This paradigm focuses on understanding the subjective world of human experiences. In this approach, the researcher makes an effort to understand and interpret what the subject is thinking, or the meaning that she/he is making of the context (Kivunja & Kuyini 2017:33). The interpretivist paradigm allows the researcher to understand the world as others experience it. The researcher sought to understand the facility managers’ experiences of being mentored in a PHC facility, including the meaning that they gave to the terms ‘mentoring’ or ‘mentorship’. The related assumptions from Chilisa and Kawulich (2012:56) are discussed.

- **Ontology**

Ontology is a branch of philosophy that is concerned with the assumptions we make to believe that something makes sense or is real (Kivunja & Kuyini 2017:27). With ontology, reality is socially constructed. The reality about the experiences lived by the facility managers with regards to being mentored in managing the PHC facilities is within them, and it is limited to their context, space, time, skills, and attitudes. Therefore, it cannot be generalised into one common reality. To this end, the researcher analysed and interpreted the meaning that each facility manager ascribed to his/her own experiences of being mentored in PHC facility (Bradshaw, Atkinson & Doddy 2017:2).

- Epistemology

Epistemology is concerned with the bases of knowledge, its nature, and forms, and how it can be acquired and be communicated to other human beings (Kivunja & Kuyini 2017:27). Constructivists view 'knowledge' as subjective, and as socially constructed and mind-dependent. The truth regarding the variables being studied lies within the viewpoints of PHC facility managers, hence the statements on what is true depends on their organisational culture, knowledge, skills, setting, and belief system. The researcher accepts and acknowledges that many interpretations of reality exist, and thus she made use of verbatim quotes to reference the subjective interpretation of the facility managers' experiences on being mentored (Bradshaw, Atkinson & Doddy 2017:2).

- Axiology

Axiology refers to the ethical issues that the researcher needs to take into consideration. It considers the philosophical approach to making decisions of value or the right decisions. It involves defining, evaluating, and understanding the concepts of right and wrong behaviour relating to research (Kivunja & Kuyini 2017:28). The researcher employed social inquiry to add value to the research. The researcher noted her values and biases related to mentorship in PHC facilities. At the time of data collection, the researcher was working in a facility that is not under the Sedibeng District, hence she did not influence the study in any way, as she was also not in a managerial position while still working in the district. The researcher considered the values of the participants by applying the criteria of ethical conduct which, according to Kivunja and Kuyini (2017:28), is as follows:

- i. Teleology – doing what is intrinsically good: The researcher made sure that the results of the study will be meaningful to satisfy as many people as possible, by selecting the best methods to conduct the study.
- ii. Deontology: The understanding that every action that will be undertaken during the research will have its consequence intended to benefit the participants, the researcher, and scholastic community at large. The participants benefited from

- the study as they were able to voice out their frustrations on the mentoring which they received in the district. Further, the results of the study will add to the existing literature and provide insights into the nursing management.
- iii. **Morality criterion:** It refers to the intrinsic moral values that will be upheld during the research. The researcher was truthful in the interpretation of data, as she used the services of an independent coder to co-code the data.
 - iv. **Fairness:** This refers to the need to be fair to all research participants, and to ensure that their rights are upheld. The researcher ensured that her actions are fair towards all the participants, and that the participants were not favoured or discriminated in any way.

- **Methodology**

Methodology is a broad term used to refer to the research design, methods, approaches, and procedures used in an investigation to find out something. It articulates the logic and flow of the systematic processes followed in conducting a research project. Since the purpose of the interpretivist is to understand the experiences of the people, this research took place in a natural setting. Some of the facility managers were interviewed in the clinics where they work, while the others were interviewed in their location of preference, such as their homes. The researcher adopted open-ended questions which were descriptive in nature, which allowed her to explore the mentoring needs of facility managers. Semi-structured interviews were conducted from June 2022 to February 2023 in the absence of Covid-19 lockdown regulations during alert level 1.

1.7.2 Theoretical framework

The study adopted the following theories related to mentoring, management, and leadership.

1.7.2.1 Transformational leadership theory

According to Valiga and Grossman (2007:5), the Transformational Leadership theory that was developed by James Downton 1973, states that “the true nature of leadership is not the ability to motivate people to work hard for their pay, but the ability to motivate people to transform followers to become more self-directed in all they do.” In transformational leadership, leaders who exhibit qualities such as idealisation, individual concern, motivation, and intellectual stimulation encourage their followers to take charge of their own destiny and make the most of their strengths. Since they are able to master the vigour and energy to stay concentrated, followers benefit from this, and perform well (Bakker, Hetland, Olsen & Espevik 2023:707). This theory was relevant to the study because the researcher sought to explore the experiences of mentorship in PHC facilities by facility managers, hence the followers in this context are the facility managers (mentees) who follow their supervisors (mentors). The study thus sought to understand how facility managers were mentored. Figure 1.1 illustrates the concepts in the theory.



Figure 1.1: Transformational leadership diagram (Source: https://st2.depositphotos.com/1004370/9532/i/950/depositphotos_95320844-stock-photo-diagram-of-transformational-leadership.jpg)

1.7.2.2 Mentoring Enactment Theory

According to the Mentoring Enactment Theory (MET) by Kalbfleisch (2002), communication is central to the initiation, maintenance, and repair of mentoring relationships. The initiation of mentoring is likened to the initiation of friendships and love relationships in terms of communicating appropriate relational expectations, because the mentor has the most power in a mentoring relationship. The protégé is anticipated to direct more communicative attempts towards initiating, maintaining, and repairing the relationship than the mentor. Protégés are projected to be more likely to use communicative strategies in achieving their mentoring goals, such as asking questions, observing real time behaviour, mimicking mentor behaviour in practice sessions, than mentors. Mentors are proposed to use communication to initiate, maintain, and repair

mentoring relationships if they are invested in the success of their proteges. Figure 1.2 illustrates the MET theory.



Figure 1.2: Mentoring Enactment Theory (Source: https://news.blr.com/app/uploads/sites/4/2016/11/TDA_113016.jpg)

Mentorship programmes are designed to guide a mutual relationship between the experienced and the less experienced nurses through professional growth (Merritt 2019:31). Support from transformational leadership team members is seen as one of the multifactorial decisions to retain nurse leaders. Furthermore, it is said that the behaviour of nurse leaders creates a positive correlation with employee satisfaction and organisational commitment (Vitale 2018:8). Therefore, mentoring develops nurses into leaders, and allows them to play a critical role in the healthcare (Merritt 2019:31).

1.8 Research design and methodology

The qualitative descriptive research design was adopted for this study in order to gain a deep understanding of the facility managers' experiences of being mentored in a PHC

setting. Engaging with the facility managers through one-on-one interviews allowed the researcher to have an in-depth exploration of the topic under the study. The researcher adopted the purposive sampling method to select the participants for the study. This sampling technique allowed the researcher to consciously select certain the participants to include in the study using her own judgement (Deshpande & Girme 2019:1060). The participants were selected based on their positions of being the facility managers or acting facility managers in the organisation.

Semi-structured interviews were conducted with the participants as they enabled the researcher to obtain information such as the personal history and worldviews of facility managers on mentorship, which is regarded as rich data. Data was analysed using the content analysis method. Content analysis is used to create concepts, categories, and themes which can be extended to create models and conceptual structures that describe the subject under study (Kyngas, Mikkonen & Kaariainen 2020:13). This method was employed in the study as it focuses on the deeper understanding of the facility managers' experiences of being mentored in PHC settings. Ethical considerations were adhered to in conducting this study. The research design and methodology are discussed in detail in Chapter Three.

1.9 Scope of the study

This study focused on the facility managers' experiences of being mentored PHC facilities. It explored the experiences that the facility managers have in managing the clinics and their understanding on mentoring, and described their mentoring relationships with the mentees. Further, it explored the factors that facilitate mentoring, the challenges experienced in relation to mentoring in the district, the support that is available to mentor the facility managers, the leadership style of the facility managers as it relates to the skills of the managers in the district, and the relationship between leadership and mentoring. The study thus adopted the qualitative research approach and the exploratory descriptive design to address the research problem. However, although qualitative studies provide in-depth information on groups or cultures and prompt new research questions, they do not predict future behaviours (Lindsey 2012:15).

1.10 Structure of the dissertation

Table 1.1 presents the structure of chapters in this study.

Table 1.1: Dissertation structure

Chapter	Title	Overview
One	Orientation to the study	This chapter introduces the study, discusses the background, problem statement, purpose and significance of the study, theoretical framework, research design and methodology, and defines the key terms.
Two	Literature review	This section discusses the literature review which covered the following: primary healthcare, health system, healthcare providers, nursing training, mentorship, supervision, and leadership.
Three	Research design and methodology	The research methodology is discussed in detail.
Four	Data analysis and interpretation	The data from the study is analysis using the content analysis method.
Five	Conclusions and recommendations	This chapter concludes the study and makes recommendations for further practice and research.

1.11 Summary

This chapter discussed the concept of PHC and its background, including the decentralisation of healthcare in South Africa, the challenges within the health system, the nursing managers' competencies, leadership and management challenges, as well as the relationship between mentoring and leadership, and its benefits. The chapter also

outlined the research problem, purpose of the study, and the research objectives and questions. Furthermore, the significance of the study and the theoretical foundations underpinning this study were also discussed. In Chapter Two, the researcher provides more detail on the background of the study, the history of PHC, the health system in South Africa, nursing training, mentorship, supervision, and leadership.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The previous chapter introduced the study, and articulated the research problem, purpose of the study, and the research objectives and questions. It also discussed the scope and significance of the study, and outlined the research methodology roadmap and the theoretical framework underpinning the study. This chapter provides a review of the literature on mentorship at PHC facilities. A literature review is a survey providing an overview of the current knowledge that allows the researcher to identify relevant theories, methods, and gaps that exist in the research (McCombes 2022). The literature review addressed PHC, the health system, healthcare providers, nursing training, mentorship, supervision, and leadership. The chapter also discusses the background of PHC, the quality of care that is currently received by the public, challenges with leadership and governance, as well as the education and registration required by and for the nursing managers. It further mentions the need for support programmes that are needed by nursing managers to enhance their management skills and knowledge (Macarayan *et al* 2019:2).

2.2 Primary health care

The World Health Organisation (WHO) (1978) defines PHC as:

Essential healthcare made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford.

In South Africa, PHC is driven by nurses with the support of doctors, with about over 3500 clinics and community health centres accessible to the communities within 5km and with free services (WHO 2017:03).

It has been four decades already since the declaration of Alma-Ata which identified healthcare as key to achieving health for all (Chapman 2018). However, achieving the Sustainable Development Goals (SDGs) still poses a greater challenge in relation to the universal health coverage (World Health Statistics 2016). Universal health coverage is defined by the United States Agency for International Development (USAID) (2017:7) as a condition where all people who need health services receive them without having to go through suffering. According to WHO (2021), for universal coverage to be truly universal, a shift is needed from health systems that are centred around diseases and institutions to health systems that are centred around people for the people.

In 2018, the new declaration called the 'Declaration of Astana' was introduced in order to reflect on the achievements made by the Alma-Ata Declaration, and to also work on what still needs to be done. The new Declaration has put more emphasis on the PHC approach, which is the most efficient way of maintaining sustenance through the challenges of the health system that are faced today. Furthermore, the Declaration has come with the renewal of political commitment to PHC by governments and non-governmental organisations (NGOs) (WHO 2021).

South Africa is a middle-income country with a population of around 55 million, with 84% of the population depending on the public health system for their healthcare. However, private general practitioners, as well as traditional healers, also offer PHC services (WHO 2017:3). According to the National Health Act 2003 of the South African Department of Health in the National Health Insurance Policy towards Universal Health Coverage, it is stated that PHC is the crucial first contact of care in reducing the number of visits to the specialists and emergency rooms (South Africa 2018:29). The primary purpose of PHC is ensuring service delivery that includes frontline services which are closer to the community, considering people's needs, integrating preventive and curative care, as well as creating a link to specialty care when needed (Ramani, Sivakami & Gilson 2019:1).

The National Health Insurance Bill also stated that PHC is the heartbeat of National Health Insurance (NHI); and the services that are included in the PHC are health promotion, disease prevention, curative services, rehabilitation, and palliative services (National Health Insurance Bill 2018:29). The WHO (2021) stated that PHC addresses the broader

determinants of health, and focuses on the comprehensive and interrelated aspects of physical, mental, social health, and wellbeing.

The PHC system in South Africa is supported by a community-based outreach system which consists of community health workers (PRIMASYS 2017:3). The community health worker model helps in efficiently reducing the burdens of diseases, something which high-income countries can learn from (Bitton, Ratcliffe, Veillard *et al* 2017:571). The Sedibeng District under study is one of the districts in Gauteng which was assessed for the implementation of outreach teams. A study on the rapid assessment of ward-based PHC outreach teams in the Sedibeng District that was reported in the District Health Barometer of 2014/2015 established that Sedibeng spends a 66.7% proportion of its district health expenditure on PHC (Nxumalo 2014:1). This means that PHC utilisation in the Sedibeng District is high. It is believed that the efficient running of the PHC services will be a step closer to achieving the universal health coverage of health for all. According to the National Health Insurance Bill (2018:32), improving management in facilities such as clinics and community health centres, as well as district levels, has an impact on the strengthening of PHC services.

2.2.1 Quality of primary health care in low- and middle-income countries

In many low- and middle-income countries (LMIC) in the world, PHC services are viewed as being of poor quality (Macarayan, Ratcliffe & Otupiri *et al* 2019:2). In most of these countries, South Africa included, PHC capacity is lacking, and health outcomes are poor. These gaps are exposed by the increased burden of non-communicable diseases (Bitton, Ratcliffe, Veillard *et al* 2017:567). Most public facilities are faced with significant challenges regarding the level of resources which they have, the quality of healthcare, and accessibility by the users (Nyikuri, Tsofa, Barasa, Okoth & Molyneux 2015:2). The significant increases in the utilisation of healthcare results from the high burden of diseases and increased patient loads, further compromising the quality of healthcare (Health 2018).

South Africa is among the countries that have problems such as poor infrastructure, poor drug supply, and human resource shortages (Ndlovu 2018:8). Challenges such as staff attitudes, waiting times, cleanliness, drug stockouts, infection control, and the safety and security of staff and patients, remain persistent although efforts have been made to address them (NHI Bill 2018:12). The lack of mentoring can contribute to the above-mentioned challenges. A study on nurses' knowledge, attitudes, and practices of infection prevention and control acknowledges that nurses with more experience are the mentors to the younger nurses (Shitemo, Hector & Bell 2020:5). However, their behaviour can result in negative attitudes being instilled into the younger nurses who have less experience, which may negatively impact the quality of care and patient safety (Shitemo, Hector & Bell 2020:5).

2.3 Health system

In most health systems, health facilities are linked to the national health system through the district, and are accountable to district management teams (Timm & McLaren 2019:269). The USAID (2015) defines a health system as consisting of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health. However, challenges remain in the health system, and these include the inability of the health system to effectively implement the following six health system building blocks as mentioned by the Department of Health in White Paper (South Africa 2017:12): leadership and governance, health care financing, health workforce, medical products and technologies, information and research, and service delivery.

Competent health managers at all levels of the health systems help to meet the constantly changing health environment (Dorji, Tejativaddhana, Siripornpibul, Cruickshank & Briggs 2019:14). A sub-Saharan study on mentorship found that including mentorship and coaching activities as part of the health system strengthening strategies is associated with improvements in the quality of care and health systems (Manzi, Hirschhorn, Sherr *et al* 2017:14).

In South Africa, the national health insurance is designed to provide access to quality and affordable personal healthcare to all South Africans based on their health needs, irrespective of their socio-economic status. This is seen as a move that will ensure universal health coverage to the population, and not result in financial hardships (National Health Act 2017:3). Having a strong health system is the best insurance that developing countries can have in fighting the disease burdens that the country faces (USAID 2015:7).

South Africa is one of the African countries which signed an agreement on the 2008 Ougadougou Declaration on PHC, which commemorated the Alma-Ata Declaration's 30th anniversary. Furthermore, in 2010, the South African Department of Health adopted the national PHC re-engineering strategy which sought to strengthen community-based and preventive strategies (PRIMASYS 2017:5).

2.3.1 Health system strengthening

The strengthening of PHC systems is crucial for improving health outcomes and the efficiency of healthcare systems which are particularly important in resource scarce contexts (Dodd, Palagyi, Jan, Abdell-All, Nambiar, Madhira, Balane, Tian, Joshi, Abimbola & Peiris 2019:1). In resource constrained countries such as the LMIC, managers are expected to deliver good health services, regardless of the challenges which they face. Therefore, good managers should strive to be good leaders; and good leaders need management skills to be effective (Timm & McLaren 2019:265). Issues that are facing the healthcare sector include the redistribution of resources that are within the sector, improving the functioning of the public health system, and addressing the social determinants of health which result from poverty and inequality (PRIMASYS 2017:4). The WHO (2021) mentioned that health systems should be fit for the people, the context, and the purpose. It further mentioned that health system strengthening involves the reinforcement of health governance and financing, the health of the workforce, gender, equity and rights, and information systems.

However, in these LMICs, the health workforce crisis and poor functioning of health systems are worsened by the lack of competent managers (Munyewende, Levin & Rispel

2016:2). Having competent managers at all levels of care is important, especially at the decentralised level of the health system (Dorji, Tejativaddhana, Siripornpibul, Cruickshank & Briggs 2019:13). A study conducted in Cape Town concluded that having a strong health system is critical in the development of competent leadership and management (Cleary, du Toit, Scott & Gilson 2018:65).

According to the National Health Insurance Bill of South Africa (2018:29), the health system consists of three areas of healthcare service delivery, namely, PHC services, hospital and specialised services, and emergency medical services. Nurses are essential in the healthcare system. Their involvement in the different parts of the healthcare process, including management and nursing care, leads to better results (Garcia, Pinto-Carral, Villorejo & Marques-Sanchez 2020:1). Nurses also make up the largest single group of healthcare providers, hence they play a significant role in the healthcare system (Etowa, Vukic, Aston, Iduye *et al* 2023:2). Therefore, competent managers play a critical role in implementing universal health coverage reforms (Munyewende, Levin & Rispel 2016:2)

Clinical managers or nursing leaders form part of the frontline managers in health as they are the closest to the everyday clinical practice (Hartviksen, Aspfors & Uhrenfeldt 2019:2). According to a study by Ndlovu (2018:1), on nurse managers' competencies in Ekurhuleni, many of the problems in the public sector result from poor management at different levels. This aligns with a cross-sectional study conducted in the Gauteng and Free State Provinces of South Africa, which stated that managerial incompetence has a negative consequence on retaining health workers, the overall performance of the health system, and service delivery (Munyewende, Levin & Rispel 2016:2).

According to Macarayan *et al* (2019:2), the strengthening of management practices can help to improve health outcomes in PHC settings. This is supported by a study conducted in Turkey which states that mentoring programmes can enhance nursing satisfaction, improve retention, and ensure optimal patient outcomes which may have a positive organisational effect in developing leadership skills in nursing (Vatan & Temel 2016:5).

Human resources for health is one of the six core health system functions, and its alignment with the health system strengthening (HSS) activities is necessary to meet the

overarching goal of the USAID of building the health system. This will be achieved by developing and implementing models that address special human resources for the health needs of low- and middle-income countries to improve the public sector stewardship and leadership (USAID 2015:8-9). Ndlovu (2018:43) found that 60% of the nurse managers reported mentoring as lacking, and recommended that the provision of ongoing mentoring can help to improve the nurse managers' skills and management competencies.

2.4 Health care providers

There is paucity of research that exists, particularly on the healthcare providers in the Sedibeng District. However, the district is comprised of several different healthcare providers, including the medical, nursing, and allied health professionals. In a study conducted in Spain on nurse managers' core competencies, it was revealed that nurse managers are required to possess the following competencies: decision-making, relationship management, communication skills, listening, leadership, conflict management, ethical principles, collaboration, and team management skills (García *et al* 2020:7). This is in line with a South African study on mentorship on health services leadership, which mentioned that strategic planning, financial management, communication, and people management are the major categories of competencies that managers in healthcare settings should have (Peters 2012:20). Another South African study stated that PHC nursing managers need opportunities to refine their leadership skills through personal reflection, mentorship, and formal training programmes (Munyewende, Levin & Rispel 2016).

According to the findings of Daire and Gilson (2014:86), the main daily focus of the PHC facility managers in different facilities is on managing and monitoring the overall performance of the facility to ensure that service is provided. Their focus includes the management of human resource issues; the management of drugs, medical supplies, and equipment; controlling few expenditure items; and managing patient complaints. Roth and Whitehead (2019:6) stated that frontline nursing managers need a unique mentorship

relationship to support and guide them in their nurse leadership practice and skills development.

Primary health care nurse managers are crucial in the health system, hence they should be able to manage the facilities to ensure that healthcare is delivered effectively and efficiently for sustainability (Ndlovu 2018:7). Munyewende, Levin, and Rispel (2016:2) stated that competency assessments on managers intensifies their skills which are needed in complex healthcare systems. Therefore, ongoing assessments of managers' competencies is linked to the strengthening of healthcare systems, job satisfaction, and staff retention. However, a cross-sectional study found the discrepancy that managers rate themselves as being competent, while their supervisors and subordinates rated them lowly competent (Munyewende, Levin & Rispel 2016:8).

2.5 Nurse training

In South Africa, nurse training is regulated by the South African Nursing Council (SANC) under the Nursing Act 33 of 2005. While the training might be provided by the approved nursing education institutions (SANC 2020), the requirements for a management post often involve a registered nurse who has obtained the minimum requirements to be registered, and to practice as a registered nurse under the Regulation R425, or an equivalent qualification as stipulated by the SANC. Furthermore, registered nurses who have undergone further training and obtained a nursing administration qualification are at an added advantage of being appointed as nursing managers (Gauteng Provincial Government 2020). More so, a post basic qualification in a clinical specialty, for example, in PHC settings, having a qualification in Clinical Nursing Science, Health Assessment, or Treatment and Care previously known as the Primary Health Care specialty, is also an added advantage, according to the vacancies advertised on the Department of Public Service and Administration (DPSA), Circular 03 of 2022.

2.5.1 Transformation of nursing education

The South African Government Gazette No. 42380 developed by the Department of Health on the National Policy on Nursing Education and Training (2019) addressed the changes to the legislation that require nursing education to align with the higher education band (Department of Health 2019:3). The programmes that are currently being phased out are called the 'legacy nursing' qualifications, and the 2019 year was the last intake for these nursing qualifications that were not aligned with the Higher Education Qualifications Sub-Framework (HEQSF). The new nursing undergraduate programmes now offered are as follows the Higher Certificate in Nursing which qualifies a student to be registered as an auxiliary nurse (R.169); Diploma in Nursing which qualifies a student to be a general nurse under the regulation R.171; Bachelor of Nursing, qualifying a student to be a professional nurse under the Regulation R.174; and the Advanced Diploma in Midwifery. The category of staff nurses is replaced by the General Nurse category. Presently, qualifications that lead to registration in the different categories of nursing are offered by different nursing education institutions which differ in settings and governance, and they make use of different student management systems (Department of Health 2019:76).

In South Africa, the then Minister of Health, Doctor Aaron Motsoaledi, published the Notice 2014, Government Gazette No. 37644, in the terms of Section 31(2) of the Nursing Act, 2005 in order to create the categories of practitioners called 'nurse specialists' and 'midwife specialists'. These are practitioners who hold an additional qualification in terms of Section 34 of the Nursing Act (SANC 2014), Government Notice No. 368 of 15th May 2014. The SANC (2020) stated that the healthcare system has adopted a nurse-led approach which requires nurses with extensive knowledge in specialist fields to practice with an understanding of theories, methodologies, and techniques. The SANC is currently categorising the qualification 'Health Services Management' under the postgraduate diploma qualification, which is one of the non-clinical specialities available. The course is offered by different nursing education institutions that are registered with the Department of Health, and accredited by SANC and the South African Council of Higher Education (CHE). The exit level outcomes that are applicable to the postgraduate Diploma in Health Services Management, according to the South African Government Gazette No. 43398,

Government notice No. 635 of 05th June 2020 (South Africa 2020:30), are listed as follows:

- Nursing managers should participate in the development and implementation of the strategic and operational plans that include key institutional policies, and be able to manage resources for the effectiveness and efficiency of the healthcare facility or unit.
- They should be able to engage in the organisation, and coordinate the nursing activities, functions, and responsibilities to align with the strategic goals.
- They should facilitate the internal and external measurement of performance or accreditation of the health facility based on the set standards.
- They should initiate innovative projects based on regular evaluation and review of the strategic plan for the achievement of its goals, utilising the process of change management.
- They should establish links with the external local, regional, and international environments to achieve best practices and a healthy competitive position.

However, in the findings of a study conducted in the Free State on nurse managers, only 32% of the respondents were registered nurse administrators, and only 46% were registered PHC nurses. This was identified as a deficiency as it is essential to have registered nurses with theoretical knowledge of management, as well as management skills for effective clinic management (Wentzel 2008:273). According to the findings by Ndlovu (2018:42), nurse managers who had a postgraduate qualification in the management field rated themselves higher in competencies than nurses who did not have the management qualification.

Furthermore, a sub-Saharan study conducted in Nigeria found that there is a need to develop highly skilled nurses in the clinical area, academia, and nursing research (Olaolorunpo 2019). Due to the alignment of the postgraduate diploma programmes to the national qualification frameworks by the SANC, this would help the nurse specialists who qualified under these programmes to be recognised internationally (SANC 2020).

Therefore, this makes having a postgraduate qualification in management an added advantage.

2.6 Mentorship

The Department of Public Service and Administration (DPSA) (2006:5) describes the relationship of mentorship as mutual, where the mentor benefits by having an opportunity to express their inner motivations to assist other people to develop, while the mentee has an opportunity to receive support, guidance, and feedback while gaining professional competence. Mentorship is described by Lewis, Johnson, and Donnell (2019:40) as a “relationship with a seasoned professional who possesses advanced expertise in a specific skill, and empowers the development of others through a supporting, nurturing, and non-judgemental association.”

2.6.1 Difference between formal and informal mentoring

According to the Department of National Treasury, in the public finance management mentorship implementation guideline, there are differences between formal and informal mentoring. This is illustrated in Table 2.1 (South Africa 2017:11).

Table 2.1: Formal and informal mentoring

Formal mentoring	Informal mentoring
Usually carefully structured and monitored programmes	Little or no intervention by the public sector other than an initial introduction probably
Individuals seeking mentors or mentees complete application forms stating interests and needs	Individuals seeking mentors or mentees would decide on their own selection criteria
Mentors and mentees are matched by the system	Mentors and mentees decide for themselves who they want as mentees or mentors
The two parties do not meet until the match has been made	The two parties meet informally and agree to the mentoring relationship, or it may spontaneously develop into a mentoring relationship overtime
No chance for interpersonal liking and interest as a basis for selection	Selection is based on personal liking, interest, and respect
Judgement over the match is made by the coordinator	The participants in the mentoring relationship decide for themselves whether it is a good match or not
Mentoring of new recruits is often a duty imposed by the management and often the mentor has no personal interest in the career advancement of the mentee	Should a person make a voluntary decision to mentor a recruit, the latter could be assured of personal interest
Contracts usually exist with set goals, time limits and specified expectations and arrangements	Both mentor and mentee decide on whether to proceed or not, depending on the goals they decide upon
Usually reporting arrangements to the human resources/capacity building coordinator and line management	No reporting about the mentoring relationship is required

2.6.2 Mentoring in nursing profession

The term 'mentorship' is used broadly to describe mentoring that takes place between a mentor and a mentee. Mentoring in nursing dates back to Florence Nightingale's era. A concept analysis by Olaolorunpo (2019:142) revealed that mentoring in nursing has a great influence in the production of nurses who will be better in the future, as well as in transferring the nursing profession to the younger generation. Mentorship in nursing is important to support the nurses' professional development from an early stage of their profession, right through to role transitioning at the management level (Bah 2016). Mentoring should start as early as when nurses graduate to become professional nurses. There is more research conducted on nursing students transitioning to professional nurses, and receiving little or no mentoring. Most studies recommend that clinical mentorship should be considered to be a meaningful approach in supporting the nurses transitioning to the journey of competence (Raletooane, du Plessis & Van Wyk 2022:7).

Oftentimes, nurses are placed in leadership roles not because of their desire to fill in the role, but because of their seniority or clinical competence (Vitale 2018:8). This might come with being ill-equipped with the necessary skill and knowledge, and they may lack the support and guidance to manage challenges that are associated with the role, hence the need for skills development and support is important (Vitale 2018:8). In nursing, the focus of mentorship has been applied to the trainee or graduate entering the field, and not necessarily to the preparation of nurses assuming leadership roles (Peters 2012:16). Age should not be a factor in mentoring, as experience is the most important, where the mentor is more knowledgeable than the mentee and is able to pass the knowledge to the less experienced or less knowledgeable one (Olaolorunpo 2019).

The SANC (2005:3) supports the notion that mentoring models are used for novices, and that nurse managers should be able to develop themselves, their peers, and others through a process of mentoring and precepting. According to Ashley, Halcomb, Brown and Peters (2018:20), ongoing support from mentors, a culture of good communication, and employer support are highly rated as key contributors to the successful transition experience of nurses to PHC employment.

Experience alone cannot improve the development of leadership skills, but behaviour, communication, and relationship management, as much as mentorship, can do (Peters 2012:3). A quasi-experimental study revealed that all participants who were part of the study benefited from a formal nurse manager mentorship programme and found it useful in their positions as nurse managers. Furthermore, the participants recommended that the programme should continue for future nursing managers (Roth & Whitehead 2019:9).

A mentor should at least have a previous successful experience as a nursing manager and should also be willing to act as a mentor. Moreover, frontline nursing managers need a unique mentorship relationship that will support and guide them in their nurse leadership practice and skills development (Roth & Whitehead 2019:6). A study that used project-specific interventions on mentorship and coaching in five African countries selected experienced providers and senior managers in the district to provide mentoring and coaching on facility-based care and management coaching (Manzi, Hirschhorn, Sherr *et al* 2017):14). There is limited research in South Africa on the availability of mentorship programmes for professional nurses who are transitioning to nursing management. However, a mixed method study that was conducted in the North West Province in South Africa found that there are mentoring needs for the community service nurses, as well as the nursing managers (Khunou & Rakhudu 2022:6). The same study developed a mentoring programme for community service nurses which used the Kellogg's Logic Model (Khunou & Rakhudu 2022:6).

2.6.3 Factors that facilitate and promote mentorship of facility managers

A mixed method study in the United Kingdom reported the following as factors that contribute to effective mentorship: consistency between mentors and mentees, perceptions and relationship expectations, consistency in the level of communication, enthusiasm and accessibility to the mentor, and seniority and previous experience of the mentor (Davey, Henshall & Jackson 2020:3). Building rapport is also an important factor for mentor-mentee relationships, where there are opportunities to build and develop personal relationships (Davey, Henshall & Jackson 2020:6). More so, it is also important to have relationships that are sustainable (Manzi, Hirschhorn, Sherr *et al* 2017:6).

Support is another factor seen as a requirement for mentorship to be effective in empowering employees and to create a culture that embraces competency and autonomy through collaboration and creativity (Murdoch *et al* 2021:1). Olaolorunpo (2019:143) stated that age is not necessarily an issue in mentoring. A mentor can be younger or older than the mentee; the most important thing is for them to have a particular area where they are more knowledgeable than their mentees. Mentoring is also about taking a leadership oath that the mentees' interests and achievements matter more than the mentor's interests (Bodilenyane & Mooketsane 2019:690-691).

2.6.4 Benefits of mentorship

Mentoring comes with a great number of benefits which have been mentioned in several studies, which include the transferring of skills, where an individual with high experience transfers the skills to an individual with less experience. Further benefits include improvement in the performance, and support in the professional development and growth of the mentee (Manzi, Hirschhorn, Sherr *et al* 2017:6). Career advancement is another benefit that comes with mentorship for the development of leadership (Mcilongo & Strydom 2021:7). Mentorship is also viewed as a therapeutic relationship that exists between experienced nurses and the less experienced nurses (Olaolorunpo 2019:143).

A study that investigated the transitioning of nurses from acute care to PHC stated that mentoring is one of the means that assist new workers to transition between different roles. The study found that the respondents who had access to mentors described the support as extremely beneficial in assisting with the transitioning process (Ashley, Halcomb, Brown & Peters 2018:18). According to Bodilenyane and Mooketsane (2019:690), when mentors recognise talent on subordinates and see potential for advancement and growth, it brings about motivation and gratification on the mentees.

Mentoring provides an environment for sharing knowledge, experiences, and wisdom, and because mentors hold the interests of the mentees at heart, they tend to provide socio-emotional support to the protégé (Bodilenyane & Mooketsane 2019:690). Mentors can shape and influence the mentees in a manner that develops them personally and

professionally in the long-term, while at the same time, the organisation benefits from the results of the mentorship (Bodilenyane & Mooketsane 2019:691). Malota (2019:67) stated that the role of a mentor may bring either benefits or costs. On the benefits of mentors, the following were mentioned: development of new skills and advanced competencies, the enhancement of professional qualifications, building of a network of mentees who support the mentor, and the personal satisfaction and gratification.

2.6.5 Barriers of mentorship

A study by Davey, Henshall, and Jackson (2020:5) found that factors such as finding time and locations for the mentoring sessions were some of the barriers to mentorship mentioned by the mentors and mentees. Not having an assigned mentor could also be a barrier to mentorship. The mentees' willingness and engagement in the mentorship also plays a role as much as the mentors' involvement. Another study mentioned gender disparity in mentors and mentoring opportunities, time constraints, unclear expectations, a lack of motivation, insufficient resources, and the lack of rewards, as some of the challenges of mentorship (Murdoch *et al* 2021:3). According to Ashley, Halcomb, Brown and Peters (2018:18), factors such as the lack of skilled nurse preceptors is a common problem in PHC, while the lack of preceptor training, time, and the nature of many PHC roles create barriers to implementing this support.

More so, factors such as power relations between the mentor and the mentee, as well as external relationships, can negatively influence the mentorship (Bodilenyane & Mooketsane 2019: 694). Furthermore, miscommunication, dissatisfaction, and conflict in the mentoring relationship may arise if the mentor fails to offer the required professional advice (Ughasoro, Musa & Yakubu *et al* 2022:222). According to Malota (2019:68), there are potential costs that a mentor may experience, and these are the time required for the mentoring sessions, personal energy invested in the relationship, neglectful success of a mentee that may affect the reputation of a mentor, a dysfunctional relationship, and the risk of being replaced by the mentee. Ughasoro, Musa, and Yakubu *et al* (2022:221) argue that a dysfunctional mentoring relationship may arise if the mentor's qualities and abilities do not completely match the mentee's preferences and expectations. In their

study, about 57.9% of the respondents reported personality clashes as an organisational challenge to mentorship.

2.7 Supervision

Clinical supervision is important in the nursing practice. The term 'clinical supervision' is defined by Bah (2016:312-313) as overseeing others and their work, and as being an integral part of the nursing practice. Furthermore, clinical supervision is the process of professional support and learning in which nurses are assisted in developing their clinical knowledge, practice, skill, critical analysis, problem solving, and nursing practice through regular discussion time with experienced and knowledgeable colleagues. According to Schriver, Cubaka, Vedsted, Besigye and Kallestrup (2018:1-2), supervisors are clinically experienced nurses with a higher nursing degree, and supervision is a core element in ensuring high quality care.

A study conducted in Botswana reported that supportive supervision enhances health workforce performance, productivity, the quality of care, and retention, and this resulted in the district managers acknowledging and appreciating the value of supportive supervision and changing their management style (Nkomazana, Mash, Wojczewski, Kutalek & Phaladze 2016). This aligns with the report that local facility and district managers must have clear lines of communication, ensuring optimal off-site support and supervision (Timm & McLaren 2019:269). There can be improved quality care and delivery when coaching and mentoring are integrated into supervision, and thus changing the traditional supervision into a more effective intervention (Manzi, Hirshhorn & Sherr 2017:6).

A Rwandan study mentioned that external supervisors visit PHC facilities on a regular basis for evaluative and formative supervisory purposes (Schriver *et al* 2018:2). In a study in Ekurhuleni, it was found that nursing managers experience a lack of support from their supervisors and, as a result, there is poor compliance of the quality standards. Furthermore, the study mentioned that the area managers are appointed to supervise and support their clinics. However, they do not visit the clinics as often as required

(Mogakwe, Ally & Magobe 2020:4). This is supported by another study from Ekurhuleni, where the new nurse managers stated that the lack of induction and orientation programmes for new managers contribute to the lack of competence (Ndlovu 2018:40). Mcilongo and Strydom (2021:8) suggested that an induction plan for managers through mentorship training will ensure that senior managers are well-equipped to mentor and assist the less experienced managers.

In the Sedibeng District, just as in Ekurhuleni, the area managers are appointed to supervise and support the clinics. Area managers support the clinics according to the sub-districts, and they are also allocated several clinics to supervise. Area managers are the line managers who are the immediate managers to the facility managers. A study in Rwanda developed an instrument that is reported to assess the support delivered through external supervision in their country, as well as in other countries. The study found the tool to be promising for the evaluation of the quality of support offered by the PHC providers in the external supervision of PHC facilities and in resource constrained settings (Schraver *et al* 2018:1).

2.8 Leadership

Challenges in leadership and governance are common at the different levels of the public sector in South Africa. According to Mirayani, Kusumaningsih, Mustikasiwi, and Purwanto (2019:173), leaders are like the forerunners who should inspire, direct, and determine the goals, and formulate the pathway of change to enhance the condition of an institution or organisation. The government is making efforts to instil a culture of good leadership and governance in leaders. However, knowledge and skills amongst managers remain inadequate (National health insurance (NHI) Bill 2018:12).

There are various leadership styles, and the common ones are described by Lumen Learning (2022) as follows:

- Authoritarian (autocratic) leadership: In this type of leadership, the leader dictates policy and procedures, and imposes his/her expectations on others. The leader does not take any input from the group, whether meaningful or not, and they direct

the work done by the group. The group that is led by this leader is expected to finish their tasks under close supervision. This type of leadership, when relating it to mentorship, does not allow the mentee to express their views or expectations to the mentor. The leader is the authority from which directions flow.

- Participative (democratic) leadership: In this leadership style, team members are involved in decision-making. The leader offers guidance to the group and considers their input in decision-making, but retains the final say. This leader makes the group feel as if they are part of the team which helps in enhancing job satisfaction and motivation for the employees. However, due to the group's involvement, decision-making can be a lengthy process. In mentoring relationships, the aim is on personal development which can later benefit the success of a group, unlike in a democratic leadership where the aim is to allow the success of a group to improve the individuals position.
- Delegative (*laissez-faire*) leadership: The focus of this leadership is to delegate the initiative to the team members. Power is given to the group; the leader will provide all the necessary tools and resources to complete a project, and will take responsibility for the group's action. The leader offers little to no guidance to the group. This type of leadership encourages independence and self-directed learning for mentees. However, the mentees need to have self-motivation for the mentorship. This leadership style might make it difficult for experienced employees who may lack support and guidance from employees who are more experienced.
- Transactional leadership: This is a set of activities that involve an exchange between the followers and the leader, and it focuses on daily tasks that get the job done (Bass,1990). The leader provides rewards to the team members for their good work or uses punitive methods to punish the bad actions. The advantage of this leadership style is that it creates a system that is easy to use for leaders and easy to follow for the employees.
- Transformational leadership: In this leadership, followers admire and are inspired to act. Intellectual stimulation is expected from a leader, as well as individual

consideration, in which a leader singles out followers and provides them with additional motivation. Transformational leaders usually inspire their group because they expect the best from everyone, hence they hold them accountable as well. They exhibit traits such as integrity, self-awareness, authenticity, and empathy. This leadership is discussed in-depth in section 2.9.

2.8.1 Leadership in nursing

Leadership is seen as one of the management skills that are essential in the performance of the nurses. It is defined as a process where leaders intentionally influence the followers aiming at common goals and following the existing organisational culture (Neves & Sanna 2016:687). du Toit, Scott, and Gilson (2018:66) mentioned that leadership is an interpersonal phenomenon that is associated with collaboration, empathy, trust, and empowerment. According to Kantanen *et al* (2017:230), there is little research on experience-based judgement and practical knowledge that affect the leadership and management competencies required in the nurse managers' important role. However, the leadership skills of individuals are believed to improve with mentoring programmes (Vatan & Temel 2016:243).

It is also important for nurses to learn from and share experiences with other disciplines. This is called interdisciplinary mentorship where nurses can learn best practices in informing and implementing policy initiatives. For example, Turale and Kunaviktikul (2019:302) and Mcilongo and Strydom (2021:3) mentioned that it is crucial for the public sector to groom its leadership. This can be achieved by mentorship programmes, as mentorship plays a significant role in leadership development and continuity in the public sector.

According to Vitale (2018:8), support from the transformational leadership team facilitates the retention of nurse leaders, and this is because the behaviour of a nurse leader creates a positive correlation with the satisfaction of the employee, resulting in organisational commitment. This notion is supported by Roth and Whitehead (2019:6), who stated that transformational leadership is associated with increased nurse satisfaction and staffing

retention. Roth and Whitehead (2019:12) also revealed that nursing managers who participated in their study mentioned that applying the components of transformational leadership is useful in their mentorship activities.

There is little research focusing on the challenges faced by facility managers in the Sedibeng District. However, the challenges highlighted by a qualitative study conducted in the district revealed that facility managers in the local authorities reported to have been experiencing challenges in both their supervisory and managerial roles, especially with overseeing facilities with the provincial staff. The study further revealed that facility managers from the local authorities had difficulties in requesting resources from the province (Nxumalo & Choonara 2014:19).

2.9 Transformational Leadership Theory

This study follows the transformational type of leaders who motivate the followers to achieve a common goal, rather than to work on their own interests (Jambawo 2018:998). As mentioned earlier, leaders in this study are the mentors who are either the professional nurse managers with high expertise than the facility managers, or the facility managers who are leaders to the professional nurses, working in the clinics or community health centres. Bodilenyane and Moeketsane (2019:689) stated that transformational leaders are different from other leaders because they go beyond their call of duty. According to Asbari, Santoso and Prasetya (2020:12), a transformational leader can change their followers by encouraging them to have high integrity by putting aside their own interests, increasing their awareness of certain problems, and developing themselves. Mentoring and transformational leadership tends to yield similar results such as job satisfaction, employee attitudes, and career satisfaction (Bodilenyane & Moeketsane 2019:691).

The four 'I's of transformational leadership and mentoring as discussed by Bodilenyane and Moeketsane (2019:691) are as follows:

1. Idealised influence: Leaders who portray idealised influence show personal charisma, and they model the way by behaving in ways that are desirable while modelling exemplary personal achievements, values, and or behaviour. However,

the authors argue that this does not mean that a mentor is literally a role model, because role models tend to be naturally selected. With idealised influenced leaders, the relationship is biased towards one side, and they may not have the expertise of a mentor, hence they do not guide like mentors do. Therefore, leaders become role models and leave strong impressions on their followers. Considering this, role modelling means that leaders should live a clean, successful, and meaningful life as transformational leaders. This behaviour allows the protégé to identify with a mentor as someone who has the potential to advance their career. Therefore, leaders adhere to high levels of ethical conduct because the morals of a mentor provide a personal window for the mentees on a possible future. Mentors not only display professionalism, but they do as they say.

2. Inspirational motivation: The transformational leader, here, believes in the potential that the followers must grow. They create a sense of purpose for their followers by making them believe that they can achieve more than they think they can. For these leaders to grow others, they must first demonstrate self-belief, self-motivation, clarity, commitment, awareness, responsibility, and action. Therefore, the transformational leaders see potential in other people. In a supportive environment, followers perform more than they think was possible, and are seen as hardworking individuals by transformational leaders. Just like the transformational leaders, mentors transmit wisdom about the norms and values specific to the organisation by encouraging protégés to value learning; and in a way, they are helped to advance their career.
3. Intellectual stimulation: Transformational leaders and mentors develop others' self-confidence, personal identity, and wellbeing by acting as their role models, while also encouraging them to learn and develop in their work. They are not experts in content. Rather, they use interpersonal skills to create a safe learning environment. Followers are encouraged to see life from a new perspective, and they are stimulated to be creative and to think unconventionally. Mentees are empowered to seek their own solutions, and where the mentors cannot provide all the solutions, they are encouraged to find expertise elsewhere. Intellectual stimulation enables mentees to question assumptions and to become innovative. Therefore, they can

take up new challenges, acquire new knowledge, skills, and abilities. Transformational leaders help in developing their followers' commitment to long term goals, and to shift their focus from short-term solutions to long-term solutions. In intellectual stimulation, it is understood that mentors do not necessarily know everything, while their mentees know only little. Intellectual stimulation helps mentors to understand that mentees can also bring something to the table, that mentorship is a two-way relationship, and that mentees are people with knowledge that can be used. It improves the confidence and competence of the mentees in their professional development. The mentors provide a platform for the mentees and themselves to learn, experiment, and explore.

4. Individualised consideration: Individualised consideration relates to mentorship for leaders to focus their attention to the personal and professional development of the followers based on one-on-one mentorship. When transformational behaviours such as individualised consideration and idealised influence are displayed by mentors, they tend to produce developmental effects on their protégés. Like mentorship which is done on a one-on-one basis on most occasions, transformational leadership involves coaching, counselling, and giving personal attention to others. This behaviour encourages the protégés to value learning and, as a result, they may want to advance their career. Individualised consideration may be considered costly and time-consuming by leaders who are still in leadership positions. However, for transformational leaders, it brings personal fulfilment.

2.10 Mentoring Enactment Theory

According to Kalbfleisch (2002:499), the Mentoring Enactment Theory emerges from the study of communication and personal relationship. The theory proposes proactive communicative strategies that can be used by mentors and protégés to initiate, develop, maintain, and repair mentoring relationships. Roth and Whitehead (2019:4-5) mentioned that the Mentoring Enactment Theory is an established theoretical framework describing communication strategies used in successful mentorship relationships. The authors

further mentioned that this theory focuses on strategies for the successful initiation of a relationship, and strategies for maintaining it. Malota (2019:68) argued that this theory proposes that a person who is experienced in mentoring will be more willing to assume the role of a mentor in the future.

2.11 Summary

This chapter drew on the lessons and views learnt from various authors. It highlighted the history of PHC which the study is centred upon, and it discussed how PHC is practiced in low- and middle-income countries. Further, it addressed the health system in relation to the problems arising at grassroots level, which are mostly related to the challenges in the health system. The problems addressed in this chapter emanate from the nursing leadership and management in the PHC facilities, with mentoring, supervision, and nursing education as matters that need attention to develop a sustainable health system. The study thus adopted the Transformational Leadership Theory and the Mentoring Enactment Theory. In Chapter Three, the discussion of the research design and methodology adopted for this study is presented.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The previous chapter reviewed extant literature on the facility managers' experiences of mentorship at PHC facilities. It also discussed the theoretical framework which is the theoretical foundation for this study. This chapter discusses the research approach and methodology adopted by the researcher in conducting the study. It articulates the research approach, study population, sampling, and sample size. The criteria that were used to select the participants, the relationship of the researcher and the participants, data collection methods, and procedures, as well as the rigour of the study, are also discussed in this chapter.

3.2 Research approach and research design

The research approach and design are presented in the subsequent sub-sections.

3.2.1 Research approach

The qualitative research approach was employed in this study. This approach lies within the naturalistic technique, and creates an understanding of a phenomenon through accessing the meanings which participants ascribe to them (Bradshaw, Atkinson & Doddy 2017:2). The researcher adopted this study approach because she wanted to have a deep understanding of the experiences of mentoring for facility managers in a PHC setting. Facility managers were the best participants to participate in this study through one-on-one interviews, as it allowed the researcher to explore mentorship in-depth by immersing in the study.

3.2.2 Research design

The exploratory and descriptive research designs were adopted to explore the phenomenon under study.

3.2.2.1 Exploratory design

An exploratory research design is useful in clarifying how a phenomenon is manifested. This research design allowed the researcher to uncover the experiences of and the meaning that the participants make, ascribe, or attribute to mentorship (Hunter, Mc Callum & Howes 2018). There is paucity of qualitative data that exists on facility managers' experiences on mentorship, hence adopting this design allowed the researcher to add to the scientific body of knowledge by highlighting the importance of mentorship in the nursing profession.

3.2.2.2 Descriptive design

The descriptive approach was adopted as it offered the researcher an opportunity to provide rich description of the findings on the phenomenon given that there is paucity of knowledge on the topic under study. The focus on producing rich description on the phenomenon from those who have experience offers a unique opportunity to gain inside or emic knowledge, and to learn how the participants perceive their world (Bradshaw, Atkinson & Doody 2017:3). The study is descriptive in nature due to the aim of the study which focused on the experiences of the participants on mentorship. The findings of the study were thus used to describe the existing situation of facility managers in the district of Sedibeng.

3.3 Research method

This section discusses the research method adopted in the study. The following are discussed in subsequent sections: study setting, population, sampling, data collection, data analysis, ethical considerations, and trustworthiness.

3.3.1 Study setting

The study was conducted in the Sedibeng District which is situated in the Southern Gauteng Province, and borders the Free State, North West, and Mpumalanga Provinces. The district comprises three health sub-districts, namely, Emfuleni, Lesedi, and Midvaal, and has a population of 935 835. It is home to 31 clinics, four community health centres, two district hospitals, and one regional hospital (Profile Gauteng Province (Section B) (2020:376-378). Figure 3.1 illustrates the district map of the study setting.



Figure 3.1: Sedibeng District map (Source: Sedibeng.gov.za)

3.3.2 Population

A research population is a group of individuals having one or more characteristics in common (Thomas 2021:136). A target population consists of all individuals who meet the sampling criteria, while the accessible population is the portion of the population that the researcher can access (Fetzer 2020:447). The target population for this study were all the facility managers and acting facility managers working in PHC facilities within the district of Sedibeng, and the accessible population were the facility managers who were available and willing to participate in the study. An estimated 35 facility managers were targeted for the study. However, approximately 20 facility managers were accessible. Those who were not accessible were either on leave, not available, or not interested in participating in the study. Out of the 20 facility managers that were accessible, two participants withdrew from the study, four participants showed a lack of interest, two participants did not honour the appointment dates, and one was excluded based on the sample exclusion criteria employed by the researcher.

3.3.3 Sampling

Instead of studying the whole population, a fraction of the population is studied, which is referred to as the sample. The sampling methods are classified into (i) probability sampling, and (ii) non-probability sampling. In this study, non-probability sampling was used, where study samples were chosen from the population using some non-random procedures (Thomas 2021:136-137). According to the Department of Health (South Africa 2015:20), the selection of participants must be appropriate for the research question. The rationale for the planned number of participants must be reasonable, considering the aims, objectives, and proposed methodologies. The inclusion and exclusion criteria for sampling the participants are illustrated in Table 3.1.

Table 3.1: Inclusion and exclusion criteria

Inclusion criteria	Rationale	Exclusion criteria	Rationale
PHC facility managers	The purpose of the study was to explore the experiences of PHC facility managers on mentorship	Other categories of managers such as assistant managers or area managers, deputy directors, and directors	Although they are part of the managers in the local district, they are not directly involved in the running of the PHC facility
PHC acting facility managers and professional nurses who were selected to act as managers for more than 3 months in the PHC facility	The acting facility managers also have experience in managing the PHC facility	PHC facility managers outside Sedibeng District	The study setting is in Sedibeng District, including PHC facility managers from other districts will not be applicable to this study
Informed consent Willingness to participate and convenience (if they are available or not)	The study is voluntary, and participants can withdraw from the study at any time	Clinical managers	They supervise doctors, and the study focus is on nursing managers

3.3.3.1 Sampling technique

The researcher employed the purposive sampling to select the participants for the study. In purposive sampling, the researcher consciously selects certain participants to include in the study using his/her own judgement (Deshpande & Girme 2019:1060). The participants were judgementally selected based on their position of being facility managers in PHC facilities, hence they could provide the information required to achieve the purpose of the study (Hunter, McCallum & Howes 2018). The facility managers were selected from the clinics representing the three sub-districts in the Sedibeng District . four clinics were purposively selected in each of the sub-district,. The clinics were subsequently contacted by the researcher to access the facility managers to consent to participating in the study, and agree on an interview date, time, and location that would be convenient for them.

3.3.3.2 Sampling size

According to Miles, Huberman and Saldana (2014:31), qualitative researchers usually work with small samples of people who are nested in their context in-depth. A sample size of six to twelve participants is usually adequate to reach data saturation (Hamilton & Finley 2020:3). The researcher interviewed 11 facility managers in 11 PHC facilities before data saturation was reached (Bradshaw, Atkinson & Doody 2017:4).

3.3.4 Data collection

This section discusses the data collection approach and method used in this study.

3.3.4.1 Data collection approach and method

According to DeJonckheere and Vaughn (2019:2), the overall purpose of using semi-structured interviews for data collection is to gather information from key informants who have personal experiences, attitudes, perceptions, and beliefs related to the topic of interest. The researcher employed semi-structured interviews as the data collection

method for this study as it involves the inquiry of the facility managers' personal history and different worldviews related to their mentoring. To this end, the researcher developed a semi-structured interview guide (DeJonckheere & Vaughn 2019:5) which consisted of a prearranged set of questions on the experiences of facility managers on mentorship in PHC settings. Moreover, the researcher probed further information from the participants during the interviews (DeJonckheere & Vaughn 2019:3).

The researcher used a digital voice recording device to record the interviews, and a note pad and pen to take down notes and other non-verbal messages conveyed by the participants during the interviews. The participants were interviewed individually at the clinic or venue of their choice, such as their homes and restaurants, on the dates of the set interview appointments. Individual interviews, through personal contact, can facilitate responses and quality information. All ethical considerations were adhered to in storing the data collected.

3.3.4.2 Development and testing of data collection instrument

The data was collected from the participants by means of an interview guide which was developed in line with the extant literature study and the research questions (Majid, Othman, Mohamad, Lim & Yusof 2017:1075). Semi-structured interviews were conducted using a set of predetermined open-ended questions, with follow-up questions emerging from the dialogue between the interviewer and the interviewees (DeJonckheere & Vaughn 2019:3). The researcher reviewed the literature to develop a data collection tool that was used to obtain information from the facility managers' experiences of mentoring they received in the primary health care setting. Furthermore, the interviews started with easy, context-setting questions before moving to the in-depth questions (DeJonckheere & Vaughn 2019:5).

The questions on the interview guide were tested for validity and reliability by conducting a pilot study. Validity is concerned with whether the research can be trusted, and if it is evaluating what it is supposed to evaluate. Reliability is achieved when there is consistency of the interview data, and the research measures the concepts that it is

supposed to measure (Gani, Rathakrishnan & Krishnasamy 2020:140). In preparation of the larger part of the study, the researcher followed the steps mentioned by Majid *et al* (2017:1075) in pretesting the interview guide. These include clearly determining the interview questions, having the initial interview questions reviewed by experts, selecting the participants, piloting the interview guide, and reporting the modifications that were made. This was followed by sending the audio recorded interviews of the pilot study to the research supervisor who is an expert in the field. Modifications on the interview schedule were thus done after listening to the audio recordings, and the interview schedule was consequently used for the major study.

3.3.4.3 Characteristics of the data collection instrument

In qualitative research, data collection helps to answer the “why, how, and what of the phenomena under investigation” (Studyorgi 2021). Therefore, the researcher asked open-ended questions to allow the participants to openly express their opinions and experiences of the mentoring which they experienced. The researcher further asked follow-up questions to probe and gain in-depth information. The main aspects of the interviews were the facility management experience, and mentorship and support in general. The interviews were 15-45 minutes each in duration.

3.3.4.4 Data collection process

After obtaining ethical clearance to conduct the study, the researcher obtained a list of the contact details of the facility managers in all the PHC facilities in the Sedibeng District from the human resource (HR) office of the district. The researcher communicated with the HR through email, and further contacted the facility managers in the different PHC facilities that represents the 3 sub-districts. The researcher consequently emailed the information letter to the participants, requesting them to participate in the study. Those who agreed to participate signed the informed consent form and returned it to the researcher through email. Only six facility managers who had agreed to participate in the study withdrew from participation. The dates and time to conduct the interviews were thus

communicated. Data collection was conducted in the absence of lockdown regulations, during the alert level 1.

During the interviews, the researcher clarified some of the questions which the participants had regarding the study or interviews. Recording the audios was only started when the interviewer began to ask the in-depth questions to the participants. Field notes were written to capture the non-verbal expressions of participants.

- Interview sessions

Interviews were conducted with individual participants in a private room at the clinic or at the homes of the participants, which were free from noise and interruptions. Access to the interview venues was strictly minimised to ensure privacy and confidentiality. Questions were asked in English, and the participants were at liberty to respond in SeSotho or IsiZulu.

- Data management

The results were kept confidential by using a password protected digital recorder, while electronic data was kept in a password protected laptop. The field notes taken during the interviews and the hard copies of the transcriptions of the interviews were locked up in a cupboard at the researcher's residential home. Only the researcher and the academic supervisor had access to the data. As soon as the data was transcribed, it was deleted from the voice recorder. Data from the study will be locked in a safe place for five years at the researcher's residential home.

- Researcher-participant relationship

The participants of the study were the facility managers in the clinics and community health centres. The researcher is a clinical nurse practitioner who was working in a community health centre in a different clinical health services and does not have managerial experience in PHC, hence she did not influence the study in any way. In terms of ranking, the participants are seniors to the researcher. The facility manager of the PHC facility where the researcher was working was not included in the study to avoid bias. The researcher was open to the perceptions of the participants rather than attaching her own

meaning to the experience. Bracketing was achieved by putting aside the researcher's own beliefs regarding the mentoring of facility managers (Habibullah, Mohammed & Hamza 2023:850).

- Covid-19 protocol

Even though the data collection took place during alert level 1 at the time when the Covid-19 lockdown regulations were lifted, the researcher adhered to the Covid-19 precautions for infection prevention and control. The researcher ensured that on-site interviews were safe by wearing a mask and requesting the participants to wear masks as well. Handshakes were discouraged and avoided, while social distancing was maintained by keeping a two-metre distance between the researcher and the participants. Further, the researcher used a hand sanitiser to sterilise hands. The researcher met with the participants individually in different locations and on different dates.

3.3.5 Data analysis

Qualitative data analysis is the process of gathering, structuring, and interpreting qualitative data to understand what it represents (Dye 2021). The researcher adopted the content analysis method to analyse data. Content analysis is used to create concepts, categories, and themes which can be extended to create models and conceptual structures that describe the subject under study (Kyngas, Mikkonen & Kaariainen 2020:13). The method necessitates a deep understanding of the topic and research data.

After collection of data, the researcher manually transcribed the data on the digital voice recording in a narrative format to generate interview transcriptions. This helped to sort and interpret the data (De Chesnay 2015) to extract patterns and meanings. The researcher read through and familiarised herself with the data in the transcriptions (Kyngas, Mikkonen & Kaariainen 2020:13). Further, she adopted the eight steps of coding and identifying themes to analyse the data in the coding process proposed by Tesch (1990) as mentioned below by Creswell (2014:248):

- Step 1: The researcher made sense of the broad context and read all transcriptions carefully.
- Step 2: The researcher selected a brief interview to go through and jotted down the comments in the margin.
- Step 3: The researcher completed the task for all participants, grouped all the same topics, and made a list with columns.
- Step 4: The researcher took the list back to the data, wrote the codes next to segments after abbreviating the themes as codes, and also checked if any categories and codes arise.
- Step 5: The researcher sorted the topics into categories using the most detailed terminology possible and sorted subjects that are related to one another to find strategies to draw an overall list of categories.
- Step 6: The researcher made a final decision on the categories and put them in a sequence.
- Step 7: The researcher scrutinised the data.
- Step 8: The researcher used an independent coder for co-coding.

During this process, the researcher avoided bias by setting aside what is known about mentorship. The experienced independent coder in qualitative research was given the transcriptions and asked to use the content analysis method to co-code. The transcriptions did not have the names of the participants; they were assigned codes such as P1M and P2F to protect the identity of the participants. A meeting was held between the researcher and independent coder to reach consensus. The researcher stored the data by transferring the voice recordings and handwritten field notes onto a computer that is password protected.

3.3.6 Ethical considerations in research

This section discusses the ethical considerations adhered to in this study.

3.3.6.1 Ethical considerations related to research sites

Permission to conduct the study was obtained from the National Health Research Database (NHRD), NHRD ref number: GP 202 107 004 GP. The ethical approval was obtained from UNISA NHREC, ethics clearance number: 62072161_CRECHS_2021. Permission to conduct the research in the Sedibeng District was granted by the Chief Director of the Sedibeng District Health Services, and recommended by the chairperson of the Sedibeng Research Committee.

3.3.6.2 Ethical principles related to research participants

The following principles which were drawn from the Department of Health (DOH) guidelines titled “Ethics in Health Research: Principles, Processes and Structures” (South Africa, 2015), were relevant in conducting this study since human participants were involved.

- Autonomy

This principle requires that persons capable of deliberating about their choices should be treated with respect and permitted to exercise self-determination. Further, persons who lack capacity or who have diminished capacity for deliberation about their choices should be protected against harm from the irresponsible choices (South Africa 2015:15). The study considered the rights of the participants, their dignity, and wellbeing. The participants were treated with respect and as autonomous agents. Therefore, they were given the freedom to participate or to decline the request to participate in the study by means of an informed consent. In addition, they were informed that they could withdraw from the study at any time without explaining their reasons for withdrawing, and there would be no negative consequences for their decision.

- Informed consent

Informed consent is “the process of providing the necessary information and engaging with the person before a decision is reached” (South Africa 2015:24). In obtaining informed consent, the DOH (South Africa 2015:24) stipulates that the principle of respect

for persons underpins the requirement that a person must choose, voluntarily, whether to participate in research based on information that allows an informed choice to be made.

Written consent was obtained from the participants. Potential participants were given adequate time to decide to participate or not. They were given an information leaflet, and informed that they can withdraw from the study at any given time, even after the informed consent had been given. Consent to record the interview was also granted by the participants.

The researcher considered voluntary participation when obtaining consent from the participants, hence the participants were not forced to participate in the study. They had the freedom of choice to decide whether they wanted to participate, or not. All the information regarding the research process was discussed with the participants prior to them signing the consent form. All the participants were adults, meaning that they were older than 18 years and able to make independent decisions (South Africa 2015:24).

- Privacy and confidentiality

The principle of respect for persons requires careful attention to privacy and confidentiality interests. Privacy is described as the person's interest in controlling access to her personal information, while confidentiality is about whether and how research data might be disclosed carelessly or inadvertently, and thus revealing the participant's identity or category, making them vulnerable to harm (South Africa 2015:22-23). Privacy and confidentiality were ensured by not exposing the identity of the participants during communication with the participants and in the process of data collection, analysis, and presentation.

The Protection of Personal Information (POPI) Act 4 of 2013 was adhered to in ensuring that the privacy regarding the personal information of the participants is maintained. In addition, the privacy and confidentiality of the interview environment was respected by allowing the participants to choose the environment where they were comfortable to do the interviews. A 'do not disturb' sign was used to emphasise the confidentiality of the interview sessions. Further, the anonymity of the participants' information was protected by allocating the participants codes, rather than using their names for identification.

- Non-maleficence

Non-maleficence simply means “do no harm”, and it can be expressed as a separate principle from beneficence. This principle prohibits deliberate infliction of harm on persons. In this study, no harm was done to the participants. The risk in this study was associated with the time that the participants took with the researcher to participate in the interviews as this was done during working hours, and on rest days for some participants. However, the researcher made appointments first before conducting the interviews. The benefits outweigh the risks because the study intended to raise the district managers’ awareness on mentorship programmes and what could be needed to improve the management of the PHC facilities. None of the participants experienced emotional discomfort that required intervention during the interviews, hence all interviews were carried out without any harm.

- Beneficence

Beneficence “refers to the ethical obligation to maximise benefit and minimise harm. This requires the risks of harm posed by the research to be reasonable in light of the anticipated benefits, the research to be sound, and the researcher to be competent to carry out the proposed research activities” (South Africa 2015:14). This principle means the ethical obligation to maximise the possible benefits and to minimise the possible harm to the participants.

There were no direct benefits for the participants in this study. However, the indirect benefits were that the findings of the study would provide insights for the district managers through information on the experiences of facility managers on mentorship. Another benefit is the opportunity that was given to the facility managers to voice their frustrations, which provided a bit of stress relief related to their experiences on mentoring. The participants might have felt relieved to identify their mentoring needs because they could be better prepared if their managers knew what they needed. Recommendations are made that can improve or contribute to the interventions made on mentorship programmes for facility managers.

- Justice

This means that there should be a fair balance of the risks and benefits amongst all role-players involved in research, including the participants, participating communities, and the broader South African society. Furthermore, “no segment of the population should be unduly burdened by the harm of research or denied the benefits of knowledge derived from it” (South Africa 2015:14). In this research study, the participants were treated fairly by considering the inclusion and exclusion criteria.

3.3.7 Rigour: Trustworthiness

Rigour was achieved by ensuring trustworthiness, which is the degree of confidence that a qualitative researcher has in their data. This was achieved through credibility, transferability, dependability, confirmability, and authenticity – the criteria that was first addressed by Lincoln and Guba in 1984 (Kyngas, Mikkonen & Kaariainen 2020:42).

Credibility is concerned with whether the research findings represent a credible, conceptual interpretation of the original data (Kyngas, Mikkonen & Kaariainen 2020:42). The researcher used member checking by establishing rapport before commencing with the interviews through developing a trusting relationship between herself and the participants, showing empathy, and allowing at least two participants to verify the accuracy of the interview transcriptions after transcribing the recordings. The researcher also had a prolonged engagement with the participants; each interview had a maximum duration of 45 minutes, and the period of creating rapport was not recorded. Audio recording only started at the first question of the interview (Bradshaw, Atkinson & Doody 2017:6).

Dependability is defined as an assessment of the quality of the integrated processes of data collection, data analysis, and theory generation (Kyngas, Mikkonen & Kaariainen 2020:42). It is an establishment of an audit trail describing the study procedures and processes (Bradshaw, Atkinson & Doody 2017:6). Dependability refers to the stability of data over time. To achieve this, the researcher used the same interview guide for all the interviews. Even though data was collected over a period of months to accommodate the

participants' availability, the study yielded the same results, as the participants gave the same responses. This is when data saturation was reached.

Confirmability is a measure of how well the study findings are supported by the collected data (Kyngas, Mikkonen & Kaariainen 2020:42). The researcher used a voice recorder to record the interviews, and ensured that during transcribing, the data represented the information that was provided by the participants, and that it does not include the researcher's opinions or views. Verbatim quotes were also used to ensure confirmability. Data was consequently analysed as described in the data analysis section.

Triangulation is the method used to enhance the credibility and validity of the research findings (Noble & Heale 2019:67). The researcher used data triangulation to ensure unbiased research findings. This was done by selecting 11 participants from 11 facilities situated in the three sub-districts to participate in the study.

Transferability describes the degree to which research findings will be applicable to other fields and contexts (Kyngas, Mikkonen & Kaariainen 2020:42). The researcher provided sufficient descriptive data so that the study can be used as a reference to other proposed studies in similar contexts. The data was gathered in a clinical setting, hence it can be used by other clinics or areas if the contexts are similar, and if the readers deem that the information could be applied.

Authenticity describes the extent to which researchers fairly and faithfully show a range of realities (Kyngas, Mikkonen & Kaariainen 2020:42). The researcher faithfully interpreted the views and experiences on the participants' lives as they were lived, and did not attempt to manipulate the findings in any way.

3.4 Summary

This chapter discussed the research methods that were used to gain knowledge into the experiences of facility managers on mentorship in PHC settings. The qualitative approach was explored, and the ethical principles that were relevant in the conducting of the study

were mentioned, including the trustworthiness strategies employed in the study. Chapter Four presents an analysis, presentation, and description of the research findings.

CHAPTER FOUR

ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 Introduction

The previous chapter discussed the research design and methodology adopted by the researcher. In this chapter, the researcher analyses, presents, and describes the results from the study. The content analysis method generated concepts, categories, and themes (Kyngas, Mikkonen & Kaariainen 2020:13) from the data obtained through the interviews with the participants. The purpose of this study was to explore the facility managers' experiences of being mentored in PHC facilities in the Sedibeng District. The following objectives guided the study:

1. To explore the experiences of facility managers on mentorship at primary health care facilities.
2. To identify factors that facilitate and promote mentoring of facility managers in primary health care facilities.
3. To identify barriers regarding the mentoring of facility managers in primary health care facilities.

The following research questions were answered:

1. What are the experiences of facility managers on mentorship at primary health care facilities in the Sedibeng District of Gauteng Province?
2. What are the factors that facilitate and promote the mentorship of facility managers in primary health care facilities?
3. What are the barriers to the mentoring of facility managers in primary health care facilities?

4.2 Data management and analysis

Semi-structured interviews were conducted with 11 PHC facility managers and acting facility managers. Individual interviews had a 15-45 minute duration, and they were audio

recorded. The researcher collected data using the interview guide (Annexure F). Most of the participants responded in English, although they were at liberty to respond in SeSotho or IsiZulu to express their views more comfortably. This was done to eliminate any language barrier.

The data was analysed using the content analysis method after manually transcribing the digital voice recordings into narrative format, where categories and phrases were generated to come up with themes. The independent coder, researcher, and research supervisor discussed the results and concluded that there were four themes that emerged from the data, as well as sub-themes and categories. Verbatim quotations of the participants were used to support the discussions of the themes. Anonymity of the participants was maintained throughout the study, as the participants were assigned codes such as P1M (Participant 1 male), P2F (Participant 2 female), and P3F (Participant 3 female).

4.3 Presentation of findings

The findings described the PHC facility managers' experiences of mentorship in the Sedibeng District. The subsequent sections describe the demographic data of the participants, and the themes, sub-themes, and categories which emerged during data analysis.

4.3.1 Demographic data

This section presents the demographic data of the participants, including the gender, age, education, nursing experience, and facility management experience.

4.3.1.1 Gender

Out of the 11 participants who were interviewed, nine (9) were female, and two (2) were male.

4.3.1.2 Age

The age of the participants ranged from 31 to 59 years, with an average age of 44 years.

4.3.1.3 Education

The educational background of the participants ranged from a three to four year Nursing Diploma that allowed them to register as professional nurses, to a Degree in Nursing Management, as well as a postgraduate or post basic Diploma in a Primary Health Care speciality. Out of the 11 participants, six (6) have a nursing management qualification obtained either as a degree or diploma, while 10 out of 11 participants have a PHC speciality.

4.3.1.4 Nursing experience

The total nursing experience of the participants ranged from seven to 36 years, with an average of 20 years.

4.3.1.5 Facility management experience

The time spent in the facility management role ranged from three months to 13 years for the participants appointed as facility managers, while for the ones who were the acting facility managers during the time of the interviews, the time ranged from five to eight months. Out of 11 participants, seven participants were appointed as facility managers, while four were acting facility managers. On average, the participants had less than five years of experience in the facility management post. However, those who occupied the role of a facility management post have acted as facility managers before, either in the same facility where they were currently working at the time of the study or in a different facility. Table 4.1 presents the demographic details of the participants.

Table 4.1: Demographic data of participants

Gender	Age	Education	Nursing Experience	Facility management Experience
Male: 2 Female: 9	30-40 years: 5 41-50 years: 2 51-60 years: 4	Diploma in Nursing: 11 Post-basic Diploma/Degree in PHC: 10 Management qualification: 6	5-15 years: 5 16-30 years: 3 >30 years: 3	< 1year: 6 1-10 years: 4 11-15 years: 1

4.3.2 Themes, sub-themes, and categories

As the roles and responsibilities of facility managers were discussed earlier in the background and literature review of the study, the following themes emerged during data analysis:

- 4.3.2.1 Theme 1: Experiences as a facility manager
- 4.3.2.2 Theme 2: Views of facility managers on mentoring and leadership
- 4.3.2.3 Theme 3: Barriers to mentorship
- 4.3.2.4 Theme 4: Facility managers views on how mentoring can be improved

Table 4.2 summarises the identified themes, sub-themes, and categories.

Table 4.2: Themes, sub-themes, and categories

Themes	Sub-themes	Categories
4.3.2.1 Experiences as a facility manager	4.3.2.1.1 Experiences on the role of being a facility manager	<ul style="list-style-type: none"> • Challenges with role transitioning • Lack of knowledge and experience in leadership • Lack of induction programme for facility management role
4.3.2.2 Views of facility managers on mentoring and leadership	4.3.2.2.1 Views on mentoring	<ul style="list-style-type: none"> • Meaning of mentoring • Importance of mentoring • Approach to mentorship
	4.3.2.2.2 Views on leadership	<ul style="list-style-type: none"> • Leadership styles • Leadership experience • Leadership training
	4.3.2.2.3 Facility managers' positive experiences as mentees	<ul style="list-style-type: none"> • Guidance from colleagues • Independent learning • Supportive mentoring practices • Benefits of mentorship
	4.3.2.2.4 Facility managers' negative experiences as mentees	<ul style="list-style-type: none"> • Lack of policies on mentoring/leadership • Lack of support • Managing multiple roles

4.3.2.3 Barriers to mentorship	4.3.2.3.1 No formal mentoring programmes	<ul style="list-style-type: none"> • Lack of policies and guidelines • Inconsistent mentoring
	4.3.2.3.2 Lack of resources/staff shortages	<ul style="list-style-type: none"> • Lack of resources • Clash of personalities
4.3.2.4 Facility managers' views on how mentoring can be improved	4.3.2.4.1 Mentorship practices	<ul style="list-style-type: none"> • Structured programmes • Orientation programmes • Group mentoring • Formal committees

4.3.2.1 Theme 1: Experiences as a facility manager

The first theme that emerged from the findings is the experiences as a facility manager, which was further divided into one sub-theme and three categories as follows:

4.3.2.1.1 Experiences on the role of being a facility manager

In mentioning their experiences on the role of being a facility manager, the participants reported the challenges with role transitioning, A lack of knowledge and experience in leadership, as well as the lack of induction programmes for the facility management role.

- Challenges with role transitioning

The participants were asked about their experiences on role transitioning from being a professional nurse to a facility manager. In their responses, they mentioned different experiences which ranged from easy to difficult. The participants had different views on what being a facility manager in the district entailed, as they each had their own unique experiences. However, most participants had the perception that being a facility manager is a challenging task. Participants who had prior experience in managing the facility, such as having acted as facility managers before, described their experiences as easy, while

those who had no experience at all or were in the acting position at the time of data collection mentioned some difficulties in the transitioning. One participant mentioned that the role of being a facility manager is challenging and it keeps changing over time, as indicated below:

“It’s challenging, it keeps on changing from time to time.” (P2F)

- *Lack of guidance*

Another participant indicated that there is no guidance in assuming the role.

“For me, it was difficult because I was scared. I qualified in 2012, so in 2013 I was doing my comserve. In 2014 and 15, that's when I was required to act as a facility manager, so I was still fresh from school. I had to manage seniors which was difficult for me because now I had to check what do I do if somebody has done what they are supposed to. But then, remember that with our Diploma in Nursing, our D4, in the third year you do management, so certain things such as guidelines and SOPs I could still remember from school – how we manage the situation, or this is how we did the off-duties for example. But with other things, I think it was difficult because there was no one guiding me.” (P9F)

- *Lack of information and stress*

The participants indicated that they were stressed and lacked information. The following statements were quoted:

“Initially, I felt overwhelmed and stressed in my experience. The pressure of handling responsibilities at work while being observed by others led to numerous mistakes. I also lacked confidence and felt unsure of my abilities as a leader or manager. The lack of knowledge and skills further compounded the difficulty of the situation. I had to learn to cope with these challenges and to make decisions in the moment. It was really stressful for me.” (P8F)

“It was draining. I didn't have anyone guiding me, I didn't even have a strategy on what to do. Now, that's when I start reflecting that if I had somebody to mentor me, then I would have had maybe my team to direct on what to do and work together. It was quite difficult. I was just working for the sake of working.” (P9F)

- *Challenges of doing administrative duties and nursing care*

Doing administrative work and nursing care at the same time was regarded as a challenge. One of the participants said:

“It is not easy because when you are a nurse practitioner, most of the things you are introduced to are patient-based; so, when you come this side, there's lot of admin, and you have to transition just like that. It's not easy because even when the patients and your colleagues see you, they don't see a manager. They still call you to do some things but when it comes to the management things, they step away. You are the one that has to deal with it.” (P11F)

- *Challenges with reprimanding colleagues*

Other participants were of the view that being a facility manager in a facility where they used to work as professional nurses with their colleagues and in the same categories is quite difficult. One participant mentioned that since they used to share the same sentiments with their now former colleagues, becoming their manager and reprimanding them becomes challenging as they might not agree on certain things.

“It could have been better, but things are not being prepared well in time. So, you are not being mentored prior to occupying the post, which makes the transitioning very difficult. I think it becomes even more difficult if you have to occupy the facility manager post in the facility that you have been working in because you now have to transition from working as a clinician with the other professional nurses to becoming their manager; so, the transitioning process is not so easy.” (P1M)

“It is never easy if I can put it that way because today, we are colleagues on this level, and we will gossip about the manager; then tomorrow you are in that chair, and you have to take tough decisions on how things are supposed to be done. They will retaliate and say yesterday we were doing the same thing with you, so why are we changing. When you get to that level, you understand that it is much tougher to get people aligned with what is expected of them because then you have to move with what is prescribed or the guidelines, and thus give negative or positive sanctions. There is also a need to balance that because if you positive sanction one then negative sanction the other one, they will say its favouritism. It's always interesting, but it's tough.” (P7F)

- *Cultural challenges*

For some participants, culture was viewed as a challenge in managing people who are older because of the need to respect them as elders, yet having to also discipline them when they are wrong.

“Because we are Africans, irrespective of profession, there is a culture that we respect elders; but if an elder does a wrong thing, you don't know how to reprimand them.” (P9F)

- *Challenges in mentoring*

Mentoring was regarded as beneficial as it helps the mentees to grow. However, the challenge was that there is no mentoring in place, which had an impact on the role transitioning for facility managers, as indicated below:

“To be honest, it's not really hectic. The challenges are what you are here for, as well as the mentoring. Based on my experiences, the fact that whether you like it or not actually helps you to grow. You grow physically, mentally, and spiritually. Have you ever noticed that having to deal with different characters and different people from different backgrounds, who have their values and beliefs is not quite easy.” (P11F)

- *Previous qualification and experience positively contribute to role transitioning*

Since the participants did not attend any mentorship programme and do not have any formal mentors as mentioned in the interviews, they had difficulties transitioning to the management post. However, two participants with a management qualification found it easy to transition, with one of them describing her experiences as “happy”:

“For me, I was happy. I did my Bcur and from my experience of being a student at Unisa, it was easy for me because I went there already prepared.” (P2F)

Meanwhile, the other participant mentioned that it was not a scary experience to transition, as quoted below:

“The experience on the management post I still have it because I was at a district level managing the programmes previously, so it is not scary for me. I have done it before but at a different level; it’s okay for me.” (P5F)

- *Public and private sector experiences of mentoring*

One participant who once worked in the private sector mentioned the challenges associated with transitioning to the new environment in the public sector. This is because of the different practices that exist between the two sectors. Staff shortages, financial management, and over-crowding in the public sector are some of the challenges experienced. Although the participant had prior experience, the working environment and sector in which they work play a critical role in their management position. Managing in the private sector is different from managing in the public sector due to the different policies that exist.

“This is not for the first time that I have been in this position. I worked at Sibanye as the acting facility manager before I came here. Now, my experience here is far different from at Sibanye because it is not a government institution. It is a mining institution, so the systems that are used here and the policies are far different because they are government aligned.” (P4M)

- *Managing in a public sector*

Some participants were of the view that a management position at district level in the public sector is challenging. However, due to the exposure to these challenges, they tend to be independent as they find their way with the role through learning as mentioned below:

“Mmm... (takes a deep breath), a facility manager at a district level in a public sector has a lot of positive and negative challenges, but it’s very exciting again because you are exposed to a lot of things. It wants you to think a lot every time and think outside the box and be objective.” (P5F)

- Lack of knowledge and experience in leadership

Most participants expressed that they did not have sufficient knowledge in managing the facility. The participants expressed their views on being a facility manager as challenging because of what is expected of them, yet some come without prior experience of the position. The quotes below substantiate the above statement:

“It’s very difficult. There is no support from the area managers because you are only placed there to act, whereas you have no knowledge at all of what is happening around. You don’t even know which channels to follow if there is a problem.” (P3F)

“No. You are only told about the leave forms and of who should fill in the leave forms, and that’s that. There is no prior knowledge or work experience of managing the facility that you are given.” (P3F)

Another participant added on her experiences as follows:

“In my experience of being a facility manager, it is a very demanding position to work in because so much is expected of you, yet you have nothing in your hand to work with.” (P8F)

- Lack of induction programme for facility management role

One participant indicated that they do not receive any preparation or special training. They were quoted as follows:

“It’s challenging; a new challenge every day, and you lack on the job. I can safely say you are never prepared to be a facility manager. There is no preparation, or special training. You just have to move from being a professional nurse or a clinician, to being a facility manager.” (P1M)

4.3.2.2 Theme 2: Views of facility managers on mentoring and leadership

To address the mentoring experiences of facility managers, a question was asked on the factors that facilitate and promote mentoring at the workplace, which is one of the research questions that led the study. The participants were also asked to explain their general understanding of the term ‘mentorship’, and to highlight if they were mentored in their position as facility managers. The above-mentioned theme emerged, and was further divided into the sub-themes and categories as follows:

4.3.2.2.1 Views on mentoring

In describing their views on mentoring, the facility managers explained the meaning of ‘mentoring’ and their approach to mentorship.

- Meaning of mentoring

The participants were asked to define ‘mentoring’. Most participants were of the view that mentoring means support, motivation, having someone to help them to do the right thing, and to empower someone through teaching. They believed that mentoring helps to decrease the frustrations and minimise the risks of being a facility manager. The overall belief was that mentoring means giving direction to someone. Below are the quotes representing the views of the participants:

“Mentorship means that I got someone who supports me and walks me through to the work that I do daily, monthly and yearly. So, people who will support me and show me the way. That is mentoring. They guide me with their experience.” (P2F)

The above participant’s response explains the importance of having an experienced person guiding the less experienced. The other participants noted that:

“I would say taking someone under your wing.” (P7F)

“Showing them the ropes, giving the information, and taking it down through to the person who has the hope to go through that route. It’s paving the way for the next generation on how things are by bringing forward what you have learned as a new generation to improve what is already there.” (P7F)

For other participants, mentoring is associated with guidance, assistance, and support being given to people who have the knowledge but do not know how to apply it. This is mentioned in the following quote:

“My understanding of mentoring is assisting, supporting and guiding someone who doesn’t have a clue of what is happening. It’s not teaching as such because they might have the knowledge, it’s just asking to apply the knowledge and the skills and directing them.” (P8F)

Other participants argued that mentoring is not necessarily having someone to “baby sit” you, while some were of the view that mentoring is having someone who can walk you through by holding your hand and teaching you the basics, as mentioned below:

“Mentoring means that someone is holding my hand and teaching me the basics and the most, and how to think in and outside of the box because as a manager, you don’t only run the office, but you also deal with human resources. So, you need someone to hold your hand and say this is how you deal with this. I think you have to have some sense of emotional intelligence because you need to lead the office as professionally as possible. So, mentoring, to me, means that someone is there to hold your hand, and correct and guide you.” (P10F)

Having someone that you can go to in times of need without fear, and be free to have a discussion with, was also seen as an important aspect in mentoring.

“Mentoring is when somebody is sort of led, and you know that if I have a question or if I don't understand something, this is the person I will go to and have a chat or discuss a problem with whenever the need arises.” (P6F)

The views of the participants on the concept of mentoring are satisfying. Most participants really understood what mentoring is, even though they did not have formal mentorship structures. The next category addresses the participants' approach to mentorship in their workplaces.

- Approach to mentorship

Some of the participants, although they have not experienced being mentored themselves, acknowledge the importance of mentoring in their workplace, and they have reported to be practicing mentoring their subordinates. Another participant who was appointed as a facility manager before at a different clinic in the same district and then later worked at another clinic as an acting facility manager, alluded that although she did not receive mentoring herself as a facility manager, she knows the challenges that come with not being mentored. Therefore, she deemed it important to mentor the new facility manager that was appointed at a clinic where she was acting.

- *Adopting a new facility manager to mentor*

One participant mentioned that she mentored a new facility manager as she believes that it is necessary for someone new to be taken through their new role step-by-step, as mentioned below:

“I felt that it is totally unfair for somebody to be put in an ocean to swim while they do not have any experience. When I met a new facility manager, I mentored her because I think

it is necessary for anyone to be taken through step by step because leading the people is not an easy task. You deal with lot of complex issues because a human being is complicated. We deal with human lives, so we need to understand the policies clearly and know how to structure things. With me, I took everyone that I met around because I knew how it feels.” (P8F)

- *Mentoring from more experienced to the less experienced sisters*

Allocating a specific person to mentor others is one of the approaches used by some facility managers in the facilities. One participant mentioned that she would take the newly qualified nurses to the experienced nurses for teaching. This ensures that there is mentorship in the workplace, and that information is transferred reciprocally not only from the experienced to the less experienced, but also from vice versa, as mentioned below:

“I’ll give an example, isn’t now we’ve got neophytes, and the experienced sisters. I always come to you and say here is sister B, she’s a neophyte. Can you take her under your wing and let’s try and assess her skills, what she has and what she lacks, and what she wants to develop within herself. I don’t believe that there’s anyone who is empty. The very same neophytes give us the latest methods and procedures. It’s a two-way process, she teaches me, I teach her.” (P6F)

Other participants mentioned that they have unstructured mentorship in their workplaces. One participant mentioned that they are open to learn from their subordinates too, as mentioned below:

“I do mentorship every now and then. It’s unofficial, but we give off the skills and the knowledge to the next people. I take that as unstructured mentoring but as a mentor I would say, you don’t always give information because you are not the only one who has information. Mentors learn a lot as well from the mentees because there is new information every day. You might know something for 10 years, yet there is actually a better way to do it which the new generation can bring along.” (P7F)

- *Having an open-door policy*

Some participants' approach to mentorship was that, as leaders, it is important to be there for the subordinates, and be involved in what they are doing, as mentioned by one participant below:

“What I have seen is that as a leader, I need to be there for my people. I mustn't just assume that they know. That's how it has influenced me because from now, whatever I do, I try by all means to do with them, and to be more open. I have that open door policy so that I don't have surprises at the end of the day. They are able to come to me when they are facing challenges, and it has also helped me to identify the strengths in other people which can be used to an advantage and to enhance and advance the clinic so that everything can go smoothly.” (P11F)

- *Role modelling*

According to some participants, area managers are expected to act as role models because at one point, they were facility managers, and they know the challenges that come with the role. Therefore, they are expected to be mentoring the new facility managers who, in turn, should also mentor their subordinates. This is quoted below:

“Like our managers, we were also once the professional nurses, and manager. Now, things are different. I feel like there are actually the relevant people to do that if they are appointed for certain facilities, for example, the local area managers are appointed for 10 facilities to manage. If you are appointed for those particular 10 facilities, you should be a role model, meaning that you are going to mentor those people to be better managers because you were once there and maybe you learned from experience the challenges that are encountered. The people you mentor will also be able to mentor their subordinates as well. So, it needs to start with them, that's what I feel.” (P5F)

4.3.2.2.2 Views on leadership

The above-mentioned sub-theme addresses the views of the participants on leadership, and was further divided into the categories of leadership style, leadership training, and leadership experience as presented below:

- Leadership style

Under the category of leadership style, the following quotes describe the leadership practices mentioned by the participants as part of their experiences as facility managers, and particularly their experience in the leadership role.

- *Participative/democratic leadership style*

Some participants deemed it important to involve their subordinates in decision-making, as mentioned below:

“I try to use all the leadership styles, but I believe in the participative style. Before you do anything or if there is a problem, you don't just jump into making a decision. You have people you work with. For example, I have two deputy managers, so I sit with them to discuss the problem. But you need to make a decision which sits well with the next person. You need to take a lead. Sometimes, you need to allow the staff to debate amongst themselves, even with the issues of work, and also allow them to make choices.” (P6F)

Another participant added that so much is accomplished when people work together as opposed to being divided. They are quoted below:

“I am definitely not a laissez fair. I think I am more of a democrat. As I explained, when I am in, I don't see myself as a future manager but as a future leader. I believe that a leader is proactive and has a vision. You don't wait for things to come up, or for issues to pop up; you foresee them and then you manage them. When you bring people together, much is accomplished than when people are divided. I believe in incentivising and promoting

positive work environment. When people are performing well, congratulate and commend them because sometimes they get tired of doing the same thing and no one is recognising. Being a leader means that you are proactively there with the people that you are working with.” (P7F)

- *Situational leadership style*

One participant added that her leadership skills are more situational, as mentioned in the following quote:

“If you are a professional nurse, you are a leader somehow. You don't even need to be a facility manager for you to lead. You learn things on daily basis, and from other managers also. You can also critique or advise on certain issues, then you get to change how you lead as an individual or as a professional nurse. But I think the leadership style that I am applying currently is the situational one.” (P9F)

- *Transformational leadership style*

Only one participant in the study mentioned that she is practicing the transformational leadership style, as mentioned below:

“I believe that I am a transformational leader. Things are changing time and again, so I need to equip myself and adapt to the situation, and handle issues based on the problems faced at the time. I am not stereotypical by nature; I adapt to situations, and I like to see change myself.” (P8F)

Although the participants mentioned that they encourage mentoring in their workplace, and that they, as facility managers, mentor their subordinates, none of the participants mentioned that they practice the authoritative leadership style, where they mentor their followers, guide them, and provide feedback without having a reciprocal relationship.

- Leadership experience

Most of the participants did not relate their leadership to how mentoring influenced them as leaders. This might be because of the lack of formal mentoring in the district. One participant mentioned that they learn certain things from other managers, and they get to critique their leadership style. Therefore, for some participants, their managers' leadership styles have an impact on the type of leaders that they become.

- *Environment has an influence on leadership.*

One participant mentioned that an environment where you work can influence the type of leader that you become, as mentioned below:

"You don't study to become a leader, neither do you get qualified enough or overqualified. Some people are born with leadership, while others inherit it from their home, or acquire it in workspaces. I have learned to be a leader in the work that I am doing because by default, you have to be a leader when you are a clinician since you have a lot of subordinates under your supervision. The environment that you work in will build you to be a leader. However, some are at an advantage to acquire some leadership skills because there they get a lot of challenges from colleagues, subordinates, clients, and the patients. That's where you learn how to be a leader because those experiences will teach you how to deal with them in future., and that's what leadership is about." (P1M)

- Leadership training

So far, in this study, only one participant mentioned that they attended a one-week leadership training that was organised by the district. Other participants mentioned that they have not attended such trainings in the district, except for the orientation week which was general as it was attended by everyone being appointed, regardless of their profession or post. Below is the quote:

"We attended a leadership skill something, but it was just for one week." (P5F)

While the above participant attended the leadership skills training, other participants mentioned that they have not attended such training, as mentioned below:

“So far, none. Usually, I expect that there will be courses maybe in the long run, some training, and short courses about leadership. It might be that the programme was disrupted by Covid-19, but I do know that there are some short courses that the managers are usually sent to attend, such as computer skills or leadership skills. But so far, nothing has happened.” (P1M)

“No, I haven’t...” (P7F)

The following theme addresses the barriers to mentorship, including the aspects which the participants regard as having a negative impact on the success of mentoring in the district.

4.3.2.2.4 Facility managers’ positive experiences as mentees

In describing their positive experiences of being mentored, facility managers mentioned the guidance from their colleagues, independent learning, supportive mentoring practices, and benefits of mentorship.

- Guidance from colleagues

A few participants’ experiences were positive. They identified their supervisors or area managers and colleagues as their mentors, hence they reported that they received support and guidance from them. They also had a good relationship with their area managers. They were quoted as follows:

“Yes. The area manager was my mentor. My supervisor was my mentor because she used to guide me on how things are done until I acquired the experience, then I was able to do the work alone. If I was alone, I wouldn’t know how to do it, so it would have been difficult. The mentoring meant a lot for me. Besides, my seniors and colleagues also have some experience, so they guided me on certain things that I didn’t know.” (P2F)

“With me, when I was working, she was constantly there. She would tell me in the morning to come and plan for the day, and tell me how to run the day, how things are done, and that if I have any challenge she is there to assist. For example, if you need something from Stores, you need to call them, take charge, and tell them the challenges and what you expect.” (P7F)

- *Independent learning*

Other participants, as much as they could not identify with any mentors, believed that independent learning was a positive experience for them. One participant mentioned that her supervisor required her to deal with a challenge first before asking her for help. This taught her to be independent, and while she felt that her supervisor was not supportive, she found her way to learn and be better. The quote below substantiates the mentioned statement:

“She's that kind of a person that says if you need something, you must do it first. If you fail, you come to me, so that disturbed me at first. I felt like she doesn't want to help or mentor me, but as time went on, I realised that it is not such a bad thing because I realised that if you do something yourself, you learn better than if it is given to you on a silver platter.” (P11F)

Another participant mentioned that he did not receive much mentoring. Instead, he learnt to be independent, as quoted below:

“I would say it didn't influence me that much because I didn't receive much mentoring. The influence that it had is more of a building one, to say that I have learned to be sort of independent, more calm when dealing with situations, and my critical thinking has developed a lot because now when there is a problem, you have to deal with it. You have no one to turn to. Yes, there is support from our supervisors because that's their role; they are there to assist you where they can.” (P1M)

- Supportive mentoring practices

The participants mentioned the use of informal mentors and supervisors as part of the supportive mentoring practices.

- *The use of informal mentors and supervisors*

Not having an allocated mentor or a supportive supervisor did not stop other participants from going out to look for guidance and information. One participant stated that she would even go to the extent of reading articles so that she can have the information, as quoted below:

“With me, at work I don't have anyone specifically that is allocated to be my mentor to assist me to handle the issues at hand. I will always find one of the managers around the facilities so that I can enquire and find information to sort the problem, or find information, maybe through referring to articles. Anything that I can read to solve the problem.” (P8F)

Other participants who did not receive mentoring from their line managers highlighted that they learned from their experiences, and believed that mentoring is essential in the workplace, hence they see the need to mentor their subordinates despite the fact that they did not receive mentoring themselves. They are quoted below:

- *Learning from experiences*

“Not really, you just learn from your experiences and that of other people because the managers don't really mentor you. But where I am working now, mentoring is the most important aspect of developing someone because I do a lot of mentoring at my facility.” (P5F)

Learning from the experience was viewed by another participant as exciting and interesting, as quoted below:

“I must say that it's always exciting and interesting to learn new things, new strategies, new information on how the department expects us provide the services, and the challenges thereof.” (P7F)

- *Informal support group*

Due to the need to be mentored as facility managers, one participant mentioned that they recently formed a group as managers where they can be able to help each other. The informal support group was initiated by facility managers, as quoted below:

“We have formed a small group as managers to help each other. That's how the mentorship is coming. One advantage is that my deputy was once a manager somewhere and also an acting as a manager, so she is experienced. If I feel that there's something that I don't understand or need more clarity on, she is there to clarify. She is also learning as well.” (P11F)

- *Seeking external advice within the district*

For other participants, reaching out to other people within the district was their solution to address the challenges and to seek guidance in their management and leadership role. One of the participants stated the following:

“I never had someone directly working with me, and unfortunately when I shadowed a facility manager, he was also still new in the department, so I couldn't directly call him for certain things because I knew he wasn't also very fluent in the language at the time. I had to call other people in other places but in facilities that still belong to our district in Sedibeng.” (P10F)

Based on these responses, the participants acknowledged that it is not easy being a facility manager. The job is demanding as it comes with a myriad of challenges which they are not prepared for. However, the challenges encountered help them to grow. Furthermore, the more time spent in the management role, the easier it becomes for the

participants to cope with the challenges or manage the difficulties which they come across. Therefore, the experiences of facility managers play a critical role in mentorship. The desire to have someone who can guide and show direction continues to dominate. This shows the need for support and mentoring, especially for novice facility managers.

- *Supportive informal mentors*

The participants that identified their area managers as their mentors stated that their area managers were supportive. The participants were of the view that the area managers helped them to perform their tasks correctly until they gained experience, and were able to do it themselves. Two participants indicated the following:

“My mentor is supportive. We have a work relationship. She is the only area manager in the sub-district, so all the clinics in our subdistrict refer to her. Even if she thinks you have done something wrong, she will come down to your level and advise you.” (P6F)

“The area manager was my mentor; my supervisor was my mentor because she’s the one who used to guide me on what to do until I got the experience then I was able to do the work alone. If I was alone, I wouldn’t know so it was going to be difficult. The mentoring meant a lot for me. Besides, my seniors and colleagues also guided me on certain things I didn’t know.” (P2F)

- Benefits of mentorship

Participants mentioned mentorship as beneficial to them becoming efficient managers, growing in their career, being empowered and innovative.

- *Become effective as a manager*

The participants were asked about the benefits of mentorship. They believe that mentoring someone by giving them proper advice and the support which they need will help them to make good decisions. This is quoted below:

“I believe that when someone is given proper advice and the support that they need, they are going to be effective and be able to make good decision in terms of management and leadership. They will also be confident in doing what that they need to do, hence there won't be unnecessary and costly mistakes because they will be able to direct the staff accordingly and reach their vision and missions as set by the organisational structures. The implementation of policies will also be effective. This is what I believe because when you are mentored, you will have good direction.” (P8F)

- *Career growth and focus on special interests*

Other participants added that mentorship provides career growth opportunities. Individuals who receive mentorship early in their career can become better managers. Most participants were of the view that if they had mentors in the district and had gone through a mentorship programme, their transition and roles would have been easier and clearer. This is because a mentor should take a special interest in the mentee to help them with their career development and growth. One participant who was doing informal mentoring in the facility where she was managing stated the following:

“When you mentor the sisters, you mentor to see them as the next managers. So when they do things, don't just do them for the sake of just doing. You mentor people to see the benefits of what they are doing, and to see the difference. When I arrived at our facility, I instilled the culture of mentorship because mentoring is far different from managing. There is a difference between mentoring and managing.” (P5F)

The above participant did not mention any benefits related to her being mentored, as she highlighted that she did not even receive the mentoring. However, she believed in mentorship and in applying it in the facility where she was working as a facility manager. According to her, there is a difference between being a manager and being a mentor.

Another participant added that a mentor should have a special interest in the mentee's development and growth, as quoted below:

“For the mentee I would say that the vast information and knowledge is for you to grow because you are with people or a person who has special interests. Pay attention to your development and growth because at the end of the day, that's why we are here. We can't stay stagnant. Even when you make mistakes along the way, you know that there is someone to guide you on how you should learn from and rectify them. That relationship is from the trust that you build together.” (P7F)

- *Empowerment, innovation, and mentor as a role model*

Other participants mentioned that the benefits of mentoring are empowerment and innovation. The participants also alluded to the fact that a mentee can see their mentor as a role model. Below is one quote from the participant to substantiate the above statement.

“Once you are mentored or during the mentorship, you become innovative and empowered. When you wake up in the morning with a goal to achieve based on what the mentor taught you to do. For example, how to make medicine orders. You become empowered, even to also want to be like my mentor.” (P9F)

- *Leading the way and reciprocal learning*

Some participants believe that when you mentor someone, you become their leader. The younger generation can bring forth new information which they have to improve what already exists. This is alluded to by one participant who mentioned the following:

“Showing them the ropes, giving them information, and taking it down through to the person who has the hopes to take that route; that is paving the way for the next generation to say this is how things are. It is also good to bring forward what you have learned as a new generation and improve what is already there.” (P7F)

- *Enhancing the mentees' abilities and skills, and creating a better version of yourself as a mentor*

The participants were of the view that mentoring can help mentees to grow professionally and on a personal capacity, while a mentor can also gain personal satisfaction. The participants were quoted as follows:

“The benefits are mostly knowledge and growth, both professionally and personally. When you mentor someone, you are actually enhancing their abilities and the skills that they have. You are actually expanding, and at the end of the day, you are going to be proud as a mentor when you see your product. So, what I love about mentoring is that the person that you are mentoring is supposed to shine more than you, and that you are replicating yourself in a more advanced and a better way.” (P11F)

“It has influenced me in a positive way because with mentoring, especially if it is someone you trust, and who was the level before for the district, it's easier because you know what is expected of you as a manager or an acting manager. You get to get things done correctly, so the mistakes are limited. You also deliver on time because you now know what is expected of you. So, it had a very positive impact on my career or professional growth.” (P10F)

- *Provision of good quality service and meeting the organizational goals*

For some participants, mentoring was regarded as a tool that helps to save time. The provision of good quality service and meeting organisational goals can be achieved by capacitating managers as alluded to by the following participant:

“So, the benefits of mentoring are that we save time, and you easily reach your goals as well as the organisational goals and vision. So, we provide good and quality services because now you know what you are doing. You are equipped and you also understand clearly as an individual who leads people, so there's harmony in producing the quality that we expect in every situation that we deal with. We know that the health department is

facing a lot of scrutiny outside because there's poor management since people don't know what to do.” (P8F)

Overall, on benefits of mentorship, most participants mentioned that mentoring provides guidance to individuals, and they can grow, have a clear direction, and avoid going through the challenges that the others went through. Therefore, it is regarded as learning through the experiences of others. Being mentored means that the mentee is likely to commit fewer mistakes and have minimal litigations, as they become effective as a leader. They reach the vision and achieve the mission of the organisation, and they are knowledgeable on handling different challenges. Another participant mentioned that mentoring can provide motivation as well, while some participants mentioned gaining confidence through mentoring which is seen as a positive experience. For other participants, mentoring can be seen as the preparation of the mentee for promotion. The participants regard mentoring as beneficial, as one participant highlighted that mentoring enables the provision of quality service to the patients in PHC facilities. Therefore, not only managers or employees benefit from mentorship, but the patients as well.

4.3.2.2.4 Facility managers' negative experiences as mentees

Facility managers described their experiences of being mentored as negative by reporting the lack of support from their area managers as well as having to manage multiple roles in the facility.

- Lack of support

The lack of support in the management of the facility is regarded as a negative experience. One participant noted that there is no support at all, as quoted below.

“There is no support at all because if you are placed in the office, you go there without any knowledge.” (P3F)

Some participants were of the view that some area managers are not fully supportive in the management of the facilities. They mentioned that the area managers are not there when they are needed. Most area managers oversee multiple facilities, while others are acting in senior posts, which becomes a challenge to provide the necessary support to facility managers. The participants mentioned that there are no formal mentoring programmes in the district, and that they did not have mentors who were specifically allocated for them. This is quoted below:

“The problem that I have seen with our area managers is that there's a whole lot of things going on. You find that one area manager who is supposed to be supervising you is, at the same time, also acting in another post that is higher. So, at the end of the day, we are going to suffer at the bottom. When you call them, they are forever not there. With some of them, I believe they've got this mentality that because you have applied to be a manager and you got the post, it means you know, so you must just run with it.”
(P11F)

- *No allocated mentor*

Other participants, when asked if they had a mentor, responded as follows:

“No, I don't. I didn't have a mentor. It was a self-appointed mentor by myself, to say that I want to be like that person, I am going to follow in their footsteps, and consult with them whenever I am having challenges; but it was never someone that was appointed by the district to assist me.” (P10F)

“Actually, I can't talk about mentoring because there is none.” (P3F)

- *Acting management role with lack of mentorship*

The quote below is by one participant who was asked to act in a facility manager's post without receiving any mentorship.

“The post was vacant, so I didn’t get any mentorship. The area manager only came to the clinic and asked me to act. That was it. So, I had to see about most of the things, if not everything, to completion.” (P9F)

- Managing multiple roles

One participant mentioned that the mentoring was interrupted as their colleagues expected them to do clinical duties while they were also tasked with the managerial duties. The participant is quoted below:

“To be honest, the person who was in charge here tried but it was not that simple because I was a deputy before. But as a deputy, you are a clinician as well, so if you step away from your clinical duties to assist with the management issues, other colleagues would complain that you are not doing anything; whereas when I came into acting now when he was no longer there, it was a bit difficult because most of the things that I was supposed to have learned while he was still here, I couldn’t.” (P11F)

There are no formal or structured mentoring programmes in the district to support people who are in the leadership and management role. The theme of ‘experiences as a facility manager’ has established the different aspects of mentorship that include the vast experiences of the facility managers, both positive and negative. The next theme addresses the experiences of mentoring in more detail.

4.2.3.3 Theme 3: Barriers to mentorship

The participants described the barriers related to mentoring and the following sub-themes emerged: lack of formal mentoring programmes, and lack of resources/staff shortages. These were further divided into categories.

4.3.2.3.1 Lack of formal mentoring programmes

Informal mentoring practices were regarded by the participants as one of the challenges hindering the mentoring programme, as described below:

- Lack of policies/guidelines

The participants were of the view that there are no policies or guidelines in place to support mentoring in the district, as mentioned by the participant below:

“There is no policy that I know of on any mentoring programme for the newly appointed facility managers at the district. I think they are not available because it is not practiced according to my experience.” (P8F)

None of the participants mentioned knowledge of such policies or guidelines. They further mentioned that the reason they do not know is that such policies or guidelines do not exist.

“There are no SOPs or guidelines that I know of that talk to mentoring at all. I don’t know, maybe it’s there, but I have never heard of it.” (P1M)

- Inconsistent mentoring

Some participants were of the view that inconsistent mentoring was a challenge for the successful mentorship between the mentor and the mentee. This is mentioned by the participant below:

“Challenges come with mentoring for both for the mentee and the mentor. If the mentee does not get the content of mentoring, it is going to be difficult for the mentor. I can say it’s a work plus. You also need to be consistent, if you are not, it becomes a disadvantage for both of you.” (P6F)

4.3.2.3.2 Lack of resources/staff shortage

Although some participants would like to be mentored, they mentioned that there is a lack of resources, which is a reality that may hinder the mentoring process.

- Lack of resources

The lack of resources was mentioned as one of the challenges experienced in mentorship. One of the participants was quoted explaining the following:

“There are lot of challenges beyond your control. The strategies are confusing, there are no finances and tools of trade to implement what you want to, and the shortage of staff. There are a lot of things expected from your side as the facility manager; you are in between the community and the staff, where you are supposed to deliver the services too.” (P8F)

- *Resource constrained environment*

Another participant added that having a formal mentoring programme is challenging due to working in a resource constrained environment, and having to work with different personalities. They are quoted below:

“It's still challenging because you work with different personalities. We work in a resource constrained environment. The infrastructure, community, challenges, and socio-economic dynamics also affect us in the workplace; but all in all, I must say it's always exciting and interesting to learn new things, new strategies, and new information on how the department expects us to provide the service and the challenges thereof.” (P7F)

- *Budget constraints*

The following quote explains that the district might not have the budget to support a formal mentoring programme:

“I think that the barriers are on the budget because you can't have a mentor who is actively working somewhere else. You must have a programme that is strictly mentorship and if we are to do that, it means that we have to hire people for that. But already the existing professionals are not even getting paid enough, so I don't think the district has another budget for a completely new programme of mentorship. The budget is the number one barrier because a lot of nurses nowadays are very skilled, yet they don't have the opportunities to apply for, especially mentorship which is still very foreign in our district.” (P10F).

- Clash of personalities

The lack of a good relationship between the mentor and mentee due to personality differences can be a challenge in the mentoring process, as mentioned below:

“Well, the basic one that I will think of is the clash of personalities because when it comes to mentoring, there is also criticism that comes along. So, if a personality cannot take criticism, it sort of hinders the progress because you are trying to get the information to the next person, but they are not taking it.” (P7F)

The participants acknowledge the need for mentoring in the district, and that it should be done by people who are specifically employed for that. However, the participants raised concerns regarding hiring new staff as they believe that there is no budget for that. They also mentioned that it is important for the mentors and mentees to show an interest in the mentorship programme. If they lack passion, it can be seen as an obstruction to the mentoring process.

Some participants were of the view that having a clash of personalities can be a challenge for successful mentorship, especially when it comes to matching the mentor and the mentee. Therefore, if human resources are not adequate, and mentees are not matched with the right mentors, the mentorship programme might not be successful. However,

factors such as the lack of assigned mentors were found to be some of the barriers to mentorship in the district.

4.3.2.4 Theme 4: Facility managers' views on how mentorship can be improved

In the fourth theme, the views on how mentoring can be improved are put forward. The theme was divided into the sub-theme of mentorship practices. Furthermore, the following three categories emerged: structured programmes, group mentoring, and formal committees.

4.3.2.4.1 Mentorship practices

In improving the mentorship practices in the district, facility managers mentioned having structured programmes, orientation programmes, group mentoring and formal mentoring programmes.

- Structured programmes

The participants were of the view that having a structured programme that is formal would improve the leadership skills for managers. One participant argued that not only managers might benefit from the mentorship programme, but all categories of staff as well. The participant suggested that if there are such programmes, then they need to consider the older persons with credible reputation to do the mentoring. Another participant mentioned that it is important for managers to have formal structured programmes for mentoring because it is not every manager who has a postgraduate management qualification; some managers were hired based on having a PHC speciality and experience. The participants were quoted as follows:

“I will encourage mentoring. If we had a formal mentoring programme not only for the facility managers, but for all the categories so that the roles are clear, and the people feel guided. Remember, some people start their work with no experience, so to boost some

confidence in everyone who's starting a new post, I would highly encourage some mentoring." (P1M)

"I would recommend that they consider such a programme for the managers. I am a strong believer in going back to the basics, if they decide to really take this thing of having mentors to heart, I would recommend that they take the old nurses. In the times when our retired nurses were functioning, things were going very smoothly, and the district had a lot of order, facilities were performing because you know how old people are. They like to do things the right way so should they consider this. Old people with a good reputation who work up to 70 years because they are so good that they can't get replaced, they leave a gap there because they have the wisdom to share." (P10F)

- *Evaluating tool*

For some participants, having a formal or structured programme also meant having a tool to measure the mentoring that is in place. The participant is quoted below:

"As much as I mentor you, you may be showing certain skills as a facility manager, but I also need to do auditing to see if what I mentored you in is working. So, I'll also start doing service training, and advising them to mentor us so that we, as facility managers, have the direction on how to mentor others because some of us are really have that thing to mentor others." (P9F)

• *Orientation programme*

Most participants emphasised the importance of orientation and induction programmes. They were of the view that having continuous orientation programmes can improve the mentoring skills and knowledge that are needed in the district, and this can be part of the continuous development programme. They mentioned that the current orientation programme that is in place in the district is not specific to facility managers, as it is for every new employee. The participants are quoted below:

“Mentoring should be part of the induction programme and it should be done at the teaching and staff development. It should be part of the staff development department and I will encourage the district to include this under their policy or SOP. They should develop a structured mentoring programme that will be applicable for every manager who will be transitioning to a leadership role.” (P8F)

“I believe that it's a process, and they say orientation is continuous. It's not a one-day show. If we can have the very same mentors, and structured programmes for managers. For example, here at the clinic we have new employees such as the neophytes who have experience. But you still need to check them, and when you last updated on IMCI or APC because we have updates.” (P6F)

- Group mentoring

The participants believe that having a group of facility managers who are well-experienced, together with those that are still new in the profession, can help to improve the mentoring needs in the district. One participant mentioned that at the time of data collection, they were still busy with the formulation of such a group, and were hopeful that it will be successful and make a difference.

The participants believe that mentoring should be done by someone who has the knowledge, passion, and vision. Some participants are of the view that training should be provided by the district for the newly appointed managers, and there should be a schedule for attending the training, while other participants mentioned the need for their supervisors to mentor them so that they can mentor their subordinates in return.

“Honestly, she is too serious and formal. It's not easy to approach her, that's why we prefer to contact each other. If I have a problem, we work together as cluster managers. We asked the older sisters to meet with us at least once or twice a month so that they mentor us.” (P11F)

- *Hierarchical mentoring*

Some participants mentioned that mentoring should start from their area managers to them as facility managers, then consequently to their subordinates. They were quoted as follows:

“I can encourage mentorship by asking the very same area managers to start mentoring us as managers first because you find that I’ll be having that energy or eagerness to mentor others but then I am not mentored myself. They need to start mentoring us so that when we mentor others, we have direction and guidance because mentoring is not only about paperwork.” (P9F).

- *Role modelling*

Role modelling was seen as an important aspect in the promotion of mentorship. One participant mentioned the following:

“You should be a role model, meaning that you are going to mentor those people to be better managers because you were once there, and you learned from experience of the challenges. You will be able to mentor other people who will also be able to mentor their subordinates too. But it needs to start with them.” (P5F)

• *Formal committees*

Some participants mentioned that having a committee that focuses specifically on mentorship can help to improve mentoring in the district. This is stated below:

“I think maybe there should be an official committee of some sort that deals specifically with mentoring and support. There should be the dissemination of information on the programme, and to also reassure the managers that seeking mentorship does not mean that you are lacking, but that you seek to develop and grow in the profession so that you can grow others too.” (P7F)

- *Team mentoring*

Another participant was of the view that a team that is specifically formed for mentoring can improve the mentorship, as alluded to below:

“I believe that since we have a training department, there should be a team or a person who specifically designs a programme maybe for the neophytes to attend once or six times a month.” (P6F).

- *Information, passion, and vision*

One participant further mentioned that mentoring relationships should be guided by information, passion, and vision, as mentioned below:

“So, I believe mentorship can come from anywhere where there is information, passion, and a vision.” (P7F).

- *Benchmarking from other districts*

In support of the aforementioned statements, one participant mentioned the need for benchmarking with other districts to learn how they deal with mentorship programmes, as alluded to below:

“I think the district can benchmark from other districts that are doing the mentorship programme or even consult people who know better such as managers on their experiences during the transition, and the challenges that they faced. They can better develop a plan to help them in the future.” (P8F)

The above-mentioned are some of the suggestions that were mentioned by the participants to improve mentorship in the district where they are working. There is a huge gap that needs to be filled in order to satisfy the mentoring needs of the managers and other personnel as well. This will help to improve the district performance, ensure the promotion of staff morale, and decrease staff turnover. According to Roth and Whitehead

(2019:6), nurse managers need a relationship that is unique to support and guide them in their nurse leadership practice and skills development.

4.4 Discussion of research results

Most of the participants were of the view that being a facility manager is difficult due to the lack of support from their supervisors, who are also the area managers in the district. The participants mentioned that they were placed in the position with no formal orientation on how to manage or handle the challenges that come with the role. This is supported by a qualitative study in Ghana, which revealed that the occupational stresses experienced by nurses are mostly from a lack of support from the hospitals (Dartey, Tackie, Worna, Dziwornu, Affrim, Delanyo & Akosua 2023:1). Facility managers were expected to perform well and deliver since they were appointed as managers. The pressure was not only coming from the top management, but from the subordinates as well. They found themselves making mistakes in their attempts to meet the expectations and manage multiple roles.

As professional nurses, their jobs were more of clinical practice, hence being a facility manager meant that they had to do administration work that they were not prepared for, including handling the facilities' finances, staff conflicts, and leave profiles. A study by Deegenars (2023:7) stated that nurse managers are appointed based on their clinical expertise. However, there is a need for them to improve their human resource management, communication, care experience, finance management, and oversight skills. While participants in this study were expected to do administration functions, some facility managers still found themselves helping in the clinical area due to staff shortages. This makes the management role even more difficult as their focus is not only on managerial functions, but on clinical functions as well. This is in correlation with the results of a qualitative research conducted by Ngxongo and Masondo (2022:8) which found that the shortage of human resources results in nurse managers spending more time with patients instead of focusing on their management duties. The nursing shortages have more impact on specialty areas, and thus the nursing staff requires more advanced

training and mentoring which are regarded as effective strategies to help maintain adequate staff (Dirks 2021:9).

Although 55% of the participants have managerial qualifications, that alone is not enough to help them to better manage the challenges faced in their posts. However, those with the qualification reported fewer challenges compared to those without the management qualification, which makes the management qualification important for people who are in the management posts. According to Ndlovu (2018:40), when nursing managers are placed into the management positions based on their clinical expertise rather than the management qualification, they may not possess some of the management competencies that are required for the role.

The study results of a mixed method research by Ashley, Halcomb, Brown and Peters (2018:15) on the experiences of registered nurses transitioning from acute to PHC, stated some difficulties in the transitioning. More than half of the respondents reported having experienced difficulties with orientation such as information overload, organisational knowledge issues, and workplace familiarisation. More so, just below half of the respondents reported difficulties relating to unclear role expectations, with a few reporting experiencing a lack of confidence (Ashley, Halcomb, Brown & Peters 2018:15). Although the results of the above-mentioned study found some difficulties in transitioning, they correlate with the findings of this study, as the participants indicated that the experiences of transitioning are difficult, and there are unclear roles on what should be done. This is mainly because the nurse managers who transition to the nurse management role often receive little training or no support during their transition (Pilat & Merriam 2019:1). There is thus a need for orientation and mentorship programmes for nurse managers' transition, as it provides continuous learning and support (Deegenars 2023:18).

Nurses experience burnout because of compassion fatigue due to the inability to achieve targets as expected, hence resulting in frustration and workforce retention (Hookmani, Lalani, Sultan, Zubairi, Hussain, Hasan & Rasheed 2021:2). Although in this study, none of the managers mentioned having burnout yet, they experience increased stress due to the challenges that come with the job. According to Ullrich, Cope and Murray (2020:1), nurse managers are ill-prepared and poorly supported in their transitioning role, which

contributes to poor organisational and role performance, as well as decreased retention. The study by Ndlovu (2018:40) stated that the lack of induction and orientation programmes for new managers contributes to their lack of competency. Participants in this study were of the view that if they had someone mentoring them, it would have been easier for them to transition and settle in the management position.

Mentoring is one of the methods that helps nurses to prepare for leadership roles (Dirks 2021:11). According to a study by Peters (2012:16), the focus of mentorship in nursing has been applied to the trainee or graduate entering the field, and not necessarily to the preparation of nurses assuming leadership roles. This is evident in the little research that exists on the mentoring of professional nurses transitioning to the management role. A qualitative study conducted by Nene (2022:2) on nurse managers' leadership roles in the mining PHC environment stated that, a "clarification of leadership roles should be a strategic exercise that enables nurse managers to become good and directional role models." The author further mentioned that the "clarification of this leadership role is an essential source of support, mentorship, and role modelling because the success of any organisation depends on the effectiveness of its leadership." This proves that nursing managers who understand their management and leadership roles can be good role models to their subordinates.

Most of the participants in this study indicated that they were practicing the democratic leadership style. Since they are at the ground level, some of them mentioned that they know what it feels like to not be involved in decision-making, yet being told what to do. Their experiences have thus shaped the type of leaders that they are. Others did not limit themselves to one type of leadership style as they mentioned that they are practicing different leadership styles depending on the situation. Mentorship has an impact on leadership roles, and the lack thereof resulted in most participants not having direction. The impact of mentorship on leadership roles is supported by Lee, Sunerman and Hastings (2020:46) in their study where they mentioned mentoring as having a significant role in the leadership development.

In the study by Roth and Whitehead (2019:12), it was found that nurse managers realised that applying the components of transformational leadership in their mentoring activities

is useful. Only one participant in this study highlighted that she is using the transformational leadership style, although she mentioned that medical and nursing care are changing over time, hence she needs to equip herself with the necessary knowledge and skills for the effective management of the facility. The participant did not mention involving other people such as her followers, but only focused on herself. The question on leadership type addresses the theoretical framework underpinning the study. The study followed the transformational leadership style, where skills are transferred from individuals with high expertise to individuals with less expertise.

While some participants believe that being a leader is something that you are born with and not necessarily what you learn or are taught, other participants argued that you learn the skills on the job because once you are qualified, you have some knowledge which is not sufficient. Therefore, leading does not start when you are appointed as a facility manager, but it starts way before while practicing as a professional nurse. One study mentioned the need for effective succession planning, and noted that for the implementation of this process, the nurse managers must be given training and mentoring related to leadership (Yudianto, Sekawarna, Susilaningsih, Ramoo & Somantri 2023:7). The leadership style of other participants, as mentioned, is situational, thus they lead according to the situation at the time.

Literature supports the notion that being a facility manager is challenging, hence mentoring is important, especially for novice managers. However, the participants who were acting facility managers before being appointed as facility managers reported fewer challenges compared to those without prior experience. The participants' lack of experience in the facility management was identified as a bad experience, as they encountered challenges such as the lack of support from their supervisors. This is in correlation with a study that mentioned that its participants did not receive adequate support from their senior managers (Ngxongo & Masondo 2022:7). Furthermore, one participant also mentioned experiencing stressful events because of incompetence.

Most managers reported the lack of knowledge which was also attributed to the lack of mentorship. Managers are expected to have both leadership and management competencies (Kantanen *et al* 2017:229). The results of a systematic review on health

care middle managers' experiences of developing capacity and capability revealed that managers enter the leadership role with a lack of confidence, hence the culture of learning through support and encouragement from the peer managers, mentoring, collaboration, sharing, and feedback from the staff, just to mention a few, enhances their capacity and capability in the leadership role (Hartviksen, Aspfors & Uhrenfeldt 2019:14).

The results of a Johannesburg study by Ndlovu (2018:34) indicated that most managers did not receive any in-service training from their employers nor management support or mentoring, which correlates with what this study found out. The participants in this study explained that they did not go through any induction or orientation programme. They further mentioned that there is no preparation at all for the position; they just moved from being professional nurses to being a facility manager. The results are in correlation with a phenomenology study which explored the lived experiences of staff nurses' transitioning to the nurse manager role, and found that the staff nurses experienced role insufficiency due to the lack of support and resources (Pilat & Merriam 2019:1). However, almost all the participants in this study have a post basic qualification in PHC, and about 55% of them have a management qualification. These are some of the qualifications that help to prepare professional nurses for their management and leadership roles. This is supported by Dirks (2021:12), who mentioned that mentoring has been identified as a strategy to help the experienced staff to enhance their competency in speciality roles such as clinical nurse specialist and/or nurse practitioner.

The participants mentioned that there are no formal mentorship programmes in the district, nor guidelines or policies that address mentorship specifically. Therefore, those who are providing the mentorship are not formally appointed to do so. The results of the study correlate with that of a mixed methods study that also found that there is no formal mentorship infrastructure in their organisation, while the participants demonstrated concern that the informal mentorship might not be viable overtime (Murdoch *et al* 2021:11). There is, therefore, a need for sustainable nurse managers' mentorship.

The participants of this study mentioned the challenges that hinder the mentoring process in the district, including the lack of consistency between the mentor and the mentee which can result in difficulties, and can disadvantage both parties. Another participant

mentioned that functioning in different roles can also be a barrier to mentorship due to the lack of time for mentoring along other duties that need to be attended to. These results are in correlation with the study that found out that participants in their study identified time constraints and access to qualified mentors as common barriers (Dirks 2021:12).

Furthermore, the participants of this study demonstrated a lack of knowledge and experience to formal mentoring programmes, and they were not aware of any formal mentorship programmes in the district which are specific to mentoring facility managers. However, the mentorship programme that exists, and is well-known and practiced is the Nurse Initiated Management of Anti-retro Viral Treatment (NIMART). Some participants in this study realised the need to form a group for informal mentorship amongst themselves as managers with both more and less experience. This is supported by Mcilongo and Strydom (2021:8) who argued that women in the public sector should not wait for formal mentoring programmes from the management, but they should take the initiative to arrange mentorship programmes and networks among themselves to ensure that both the mentor and protégé are motivated by developmental training.

According to Olorunfemi (2019:143), it is fundamental for nurses to have more knowledge on mentoring, and on how mentoring can be used as a tool to develop the next generation of the nursing workforce. There is a course which is provided by the National School of Government for public service managers to be trained as mentors (South Africa 2017:22). According to Mcilongo and Strydom (2021:8), institutions in the public sector do not have formal policies for mentorship or mentorship programmes, hence it is recommended that the management ensures that there are formal mentorship programmes in place that should be included in the organisations' policies. The study results of a qualitative descriptive study by Kramer, McCue, Butler, Prentiss, Ojeda, Tugg, Fuentes, and Bonet (2021:23) indicated that mentoring is an integral aspect for personal and professional development in nursing careers.

The participants of this study made suggestions related to the aspects that need to be considered in the promotion of mentorship. These include giving advice to the senior managers on mentoring and having an audit tool to measure or monitor the mentorship taking place. One participant suggested that mentoring should be done by someone such

as a professional nurse with experience and who is passionate about teaching, although they do not necessarily have to be a manager.

Having someone appointed as a mentor and not a supervisor per se would help as alluded to by one participant who believes that supervisors can only be there to support but not as mentors. However, another participant added that mentorship can be encouraged by asking the same area managers to start mentoring them as managers. A mentor should be someone with a good background, experience, and can be there to help with contingency plans. Further, some participants were of the view that mentoring should form part of the induction process. According to the recommendations of a study by Kramer *et al* (2021:23), to have a sustainable mentoring programme, there should be support from all stakeholders, including the human resource, administrators, leaders, educators, and staff. The authors further mentioned that “the culture and components of mentoring need to be integrated into educational infrastructure at all levels in all disciplines within the organisation.”

Another aspect to consider is identifying the gaps, and focus on mentorship. One participant added that mentorship should originate from the upper-level managers because they usually know the problems that exist, and they can help on that. Managers need to familiarise themselves with the available policies, and they should act as role models. One participant argued that mentoring should be done by someone who is passionate and has the knowledge. They do not necessarily have to be the managers; they can be a professional nurse with experience. According to Murdoch *et al* (2021:20), enhanced support needs clear direction from management. The study further mentioned that leaders revealed that they were invested in their employees by making mentorship readily available.

The participants of this study raised their concerns regarding mentorship, and they feel the need to have formal mentoring programmes, to be mentored, and to mentor others as well.

4.5 Integration of research results with the Transformational Leadership Theory and Mentoring Enactment Theory

In the Transformational Leadership Theory, leaders and followers raise each other to higher levels of motivation, and leaders encourage their followers to use their strengths and be proactive (Bakker *et al* 2023:704). The leaders in this study are the mentors, while the followers are the mentees. Although facility managers are in the leadership position, the study aimed to explore their experiences on being mentored for their position, hence for the purpose of this study, they are the mentees. This theory was paired with the MET to relate leadership with mentoring. However, not all aspects of the two theories were mentioned by the participants. The findings of the study revealed some of the aspects as indicated in Table 4.3.

Table 4.3: Integration of results to the theories

Mentoring Enactment Theory	Quoted verbatim from the participants	Transformational Leadership Theory	Research findings
Mentoring	<p><i>“To be honest it's not really hectic, the challenges are what you are here for. It actually helps you to grow. You grow physically, mentally, and spiritually. It's not easy to deal with different characters, and different people from different backgrounds, with their values and beliefs.”</i></p> <p>(P11F)</p>	Individualised consideration: Mentorship	Mentoring assists mentees to grow. This will help the mentees to become better leaders in their facilities.

Guiding Direction	<i>“You should a role model, meaning that you are going to mentor those people to be better managers because you were once there, and you learned from experience the challenges that are faced. You should mentor those people who will be able to mentor their subordinates as well. So, it needs to start with them.” (P5F)</i>	Idealised influence: Role model	Role modelling has an influence in the mentees’ leadership growth. However, there is a lack of guidance from the area managers who were seen as informal mentors. Only one participant mentioned her area manager as role model.
Skills	<i>“It’s very difficult, there is no support from the area managers because you are only placed there to act, whereas you have no knowledge at all of what is happening around, and you don’t even know which channels to follow if there is a problem.” (P3F)</i>	Individualised consideration: strength and skills	Participants mentioned the lack of knowledge and the lack of support. This was seen as a negative mentee experience for facility managers.
Develop Learn Training	<i>“I would say it didn’t influence me that much because I didn’t receive much mentoring. The influence that it had was</i>	Intellectual stimulation: Innovation Creativity	Participants mentioned independent learning as a positive mentee

	<p><i>more of a building one to say that I have learned to be sort of independent, more calm when dealing with situations, and critical thinking has developed.</i></p> <p><i>Yes, there is support from our supervisors because that's their roles, they are the to assist you where they can." (P1M)</i></p>		<p>experience because they had to come up with ways of dealing with challenges experienced despite not being mentored</p>
<p>Programme Career Improvement</p>		<p>Inspirational motivation: Productivity</p>	<p>There is a need for formal mentoring programmes in the district to support facility managers in their role so that they can become productive managers who are skilled and knowledgeable, and can advance in their career</p>
<p>Workshops Seminars Training</p>	<p><i>"Mentoring should be part of the induction programme and it should be done by the teaching and staff development</i></p>	<p>Idealised influence: Embody value Walk the walk</p>	<p>Participants mentioned that the approach to promote mentorship should be in the</p>

	<p><i>department. The district should include this under their policy or SOP. They should develop a structured mentoring programme that will be applicable for every manager who will be transitioning to a leadership role.” (P8F)</i></p>		<p>form of having formal mentoring programmes and policies in place, and using the staff development training</p>
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4.6 Overview of the research findings

The results of the study revealed that the majority of the participants in the study have not received formal mentorship since their appointment as facility managers.

A management qualification adds as an advantage to being appointed as a facility manager, but the position of a manager does not necessarily exclude those without the qualification. In this study, only about 55% of the participants have a management qualification. According to Yudianto *et al* (2023:1), the focus of nurse managers should be on improving their managerial competencies.

In one of the recommendations in a South African study by Ndlovu (2018:43), it was mentioned that individuals in nurse management positions should consider enrolling in formal training programmes offered by higher education institutions, which will equip them with a range of managerial competencies. Although the facility managers feel the need for mentoring, it is important that they come equipped and ready for the position, hence it is an advantage to have a managerial qualification. Managers are expected to plan, organise, and to lead the facility. Therefore, having strong leadership skills is important.

The results of this study also revealed that the participants’ average years of experience was less than five years in the management post, which makes them the most suitable candidates to receive mentoring. According to another South African study by Ngxongo

and Masondo (2022:7), it is compulsory for employees assuming new positions to undergo a full induction programme. However, in the results of their study, the participants revealed that there is no induction programme provided for the newly appointed nurse managers, which is in correlation with this study which found that facility managers did not attend any induction programme that specifies the needs of managers.

All the participants believe that mentorship has great benefits such as the transfer of skills and knowledge to their subordinates, and will influence them positively to perform better as managers. In a study that explored the effects of formal mentoring programmes, it was revealed that formal mentoring training programmes created positive change in leadership behaviour for both the mentors and mentees, and contributed towards relational job learning for mentors, and personal skill development for the mentees (Vatan & Temel 2016:242). This is supported by Ngxongo and Masondo (2022:7), who mentioned that:

Training is an act that plays a positive role in the success of the organisation that increases the skills and knowledge of the employees for the required purpose or task, and allows the employees to obtain new skills and knowledge, and become more effective and productive for the organisation.

This further correlates with the findings of this study where the participants mentioned that mentoring will assist with their personal growth, as well as career development. However, to date, there are no formal mentorship programmes in the Sedibeng District to support people who are in the leadership positions. The participants of this study mentioned that they have informal mentorship which they created themselves. Despite this, according to a study by Mcilongo and Strydom (2021:3), there is a need for a mentoring policy to avoid mentors only selecting the mentees that they have something in common with, but to include all candidates who are eligible for mentoring. However, a study by Ughasoro, Musa, Yakubu, Adefuye, Folahanmi, Isah, Onyemochi *et al* (2022:221) argued that mentoring relationship is dysfunctional if the mentees do not have the similar attributes, such as attitudes, values, and beliefs, to those of their assigned mentors. This is in correlation with the results of this study, where one participant

mentioned the clash of personalities as one of the factors that can hinder successful mentorship.

Most participants believe that their leadership style is different from that of their supervisors. The democratic leadership style stood out as the most practiced style in the current study. According to Hookmani *et al* (2021:2), leadership by the superiors through on-job mentorship has been considered as a means for generating sustainable benefits in the nursing field.

The participants believe that encouraging mentorship in their workplace will build up confidence for the facility managers. Only one participant reported to have gone through the mentorship programme arranged by the district. She explained that the course prepared her to be a leader and a manager, and she was taught how to handle difficult situations, which helped in shaping her leadership role.

Some participants could not focus on their managerial roles only. They had to be managers, while doing clinical work simultaneously. This had an impact on the management skills of the participants as they could not focus only on the management of the facilities. They believe that the lack of support from their area managers worsened the situation. These results are supported by the findings of the study by Ndlovu (2018:41) which revealed that many of the nurse managers stated that they are faced with staff shortages which affects them negatively as they must resolve the challenge by performing nursing functions and other non-nursing duties.

The participants in this study mentioned that financial resources and budget constraints can result in the district not appointing mentors who can specifically focus on the mentoring aspects. This is supported by a study on succession planning which mentioned that to have an effective programme, there must be support from planned funding, and that the funds should be used as a capital to organise training and mentoring for potential managers who have the expertise (Yudianto *et al* 2023:7).

4.7 Summary

This chapter analysed the data, and interpreted and discussed the findings from the study with reference to literature. In Chapter Five, the summary, conclusions, and recommendations are presented based on the findings of the study.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

In the previous chapter, data on the facility managers' experiences of mentorship in Sedibeng District was analysed, interpreted, and discussed. The themes, sub-themes, and categories which emerged from analysis were identified. Data was substantiated with relevant literature. This chapter summarises the findings, concludes the study, and makes recommendations based on the findings.

5.2 Summary and interpretation of the findings

This section presents the summary and interpretation of the findings from the study.

5.2.1 Theme 1: Experience as a facility manager

In the theme of experiences on the role of being a facility manager, the study has revealed that most of the participants have less than five years of experience in their position as facility managers. The participants reported difficulties with transitioning to the role of the management, including the lack of support by area managers.

The participants demonstrated the lack of knowledge on some of the managerial functions, which was linked to the lack of mentorship; while some participants highlighted that they received mentoring, although with no formal structures. Other participants acknowledged that they received mentoring from their colleagues who are their subordinates. The participants expressed the need to receive mentorship as facility managers, and to also mentor their subordinates in the facilities. Although there was no formal mentorship received by the participants, the little mentorship experience which they had taught them to be independent, and to manage problems in a calm manner. Some participants mentioned that their confidence improved after they received mentorship from their supervisors and colleagues. This shows that the participants

appreciate the little mentorship that they received as it addressed the feelings of fear and not being prepared for the role of facility management.

5.2.2 Theme 2: Views of facility managers on mentoring and leadership

The findings of the study revealed that there is lack of mentoring for the facility managers in the Sedibeng District, as most participants expressed that they received little to no mentoring in the facilities. However, only one participant reported to have had a mentor and having attended a mentorship programme. The mentorship programme is little-known, according to the majority (90%) of the participants. These results are in correlation with the findings of the study conducted by Ndlovu (2018:26), which revealed that the number of nurse managers who reported to have received support and mentoring was lower than those who reported not to have received it. There are no policies related to mentoring or leadership in the district. The participants explained their understanding of the concepts of 'mentorship' and 'mentoring'. They further came up with their different approaches to mentorship, and pointed out the challenges which they experience in relation to mentoring. The participants also described their leadership styles based on their experiences in leadership.

5.2.3 Theme 3: Barriers to mentorship

This theme addressed the mentoring practices that exist in PHC facilities. It was found that there are no structured mentoring programmes, and that there is a lack of resources and staff. The facility managers are not assigned mentors to provide them with the emotional support and transfer the management skills to them. The participants mentioned that there is no allocated time for mentoring, and this is seen as a barrier to successful mentorship. People who lack the passion to mentor others were also seen as barriers to mentorship. The participants further indicated that their supervisors had no interest in mentoring them. Furthermore, the clash of personalities was also coupled with staff shortages, for example, if the mentor and mentee's personalities differ, and there are staff shortages since a mentee cannot be matched with a mentor. The area managers

had to act in other positions and roles, and could not fulfill the mentorship role at the area level.

5.2.4 Theme 4: Facility managers' views on how mentoring can be improved

The participants shared their views on how mentoring can be improved in different aspects. This included having formal committees in the district, as well as having group mentorship. The participants were also of the view that mentorship should not only exist, but there should be an audit tool to measure the mentoring that takes place in the district.

5.3 Conclusions

The findings of the study revealed that there is a lack of mentoring in the district, as the participants could not identify mentors. Those who did were referring to their self-appointed mentors. Further, area managers are not appointed as mentors to the facility managers. However, they have the role in supporting the facility. Most participants would like to have their area managers as their mentors, but they mentioned the lack of support from these managers. Most participants view themselves as democratic leaders because they believe in working together as a team. The overall views of mentorship in the district ranged from negative to positive, because of the limited to the well-supported mentorship respectively. The participants acknowledge the importance of mentoring in the district, and how beneficial it will be to have appointed mentors. They would like to have formal mentorship structures to guide them, as well as continuous support for the mentorship.

5.4 Recommendations

Based on the findings of the study, the following recommendations are made:

5.4.1 Gauteng Department of Health: Chief Directorate Nursing

- Mentorship should be part of the nursing education and training.
- Mentorship policies and standard operating procedures (SOPs) should be developed.
- A tool should be adopted for the evaluation of the mentorship programme.

5.4.2 Sedibeng Health District

- A formal mentorship programme should be developed, adopted and implemented, and evaluated.
- Formal induction programmes should be attended by all newly appointed facility managers and acting facility managers. This would be of value, especially to the new managers.
- Facility managers should be encouraged to volunteer as mentors and be trained.
- Peer mentorship, in addition to the induction programme, should be done.
- In-service training and refresher courses on mentorship and leadership in the facilities should be conducted.
- The provision of resources to allow efficient mentoring should be done.
- Teamwork by both the mentors and mentees to be practiced.

5.5 Recommendations for further research

- Further research should be conducted in other districts of Gauteng, as well as in other provinces of South Africa, including with other senior nursing managers.

5.6 Contributions of the study

- To the nursing management

It is important for facility managers to receive mentoring in their newly acquired roles to help with the transition and avoid frustration in the workplace. Therefore, this study has

identified the mentoring needs of facility managers in the district. The information obtained from this study will be useful in addressing the gaps that exist in nursing management. The study adds insights in the mentoring needs of facility managers. The staff shortages will be addressed because when the facility manager is mentored, they are more likely to stay in their position. A facility that is managed effectively may also reduce patient complaints and improve the patients' utilisation of PHC services.

- To research

There is limited research on the mentorship of nursing managers. Most research in nursing is on nursing student mentorship or community service nurses' mentoring. Therefore, this study will add to the research that exists on the mentorship of nursing managers. The study prompted new areas for further research.

5.7 Limitations to the study

Due to the nature of the qualitative study, the results of the study cannot be generalised. Further, most facility managers were reluctant to participate in the study, although they had mentioned the challenges experienced in their roles anecdotally. Their participation might have brought about new dimensions to the findings. In addition, the purposive sampling method might not have equally represented the population to whom the results of the study may be transferred to. Furthermore, other categories of the nursing personnel should be included in the sample when and if the study is repeated.

5.8 Concluding remarks

The study aimed to explore the experiences of facility managers on mentorship in PHC facilities. It was found that there is no formal mentoring structure in the Sedibeng District. The participants transitioned to the position with no formal induction to management. Most of them relied on their colleagues for support and guidance, while the others felt that they were not receiving support from their supervisors. Most of the participants expressed to

have faced challenges with transitioning from being professional nurses to the managerial positions. Those who did not mention any challenges received mentoring in their previous workplaces prior to working in the Sedibeng District, including one participant who mentioned to have undergone a mentoring programme that was organised by the district. However, none of the other participants attended or had knowledge of such a programme being in existence at the Sedibeng district.

It is a matter of fact that an induction programme, specifically arranged for managers, accompanied by a peer mentorship programme, in-service training, leadership programmes, and a nursing management qualification, will add value to the effectiveness and efficiency of management in PHC facilities in the Sedibeng District.

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Annexure A: University approval



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

23 February 2021

Dear Ms. I.G Msiza

NHREC Registration # :
Rec-240816-052
CREC Reference # :
62072161_CREC_CHS_2021

Decision:
Ethics Approval from 23 February 2021 to 23 February 2024

Principal Researcher: Ms. I.G Msiza

62072161@mylife.unisa.ac.za

Supervisor: Prof Lumadi TG

(0124296513)

Title: *Facility managers' experiences of mentorship in primary health care facilities at Sedibeng District: Gauteng Province.*

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The **Low risk application was reviewed** by College of Human Sciences Research Ethics Committee, on **23 February 2021** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



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confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

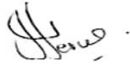
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**23 February 2024**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **62072161_CREC_CHS_2021** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature :



Prof. Ilse Ferns
CHS Ethics Chairperson
Email: fernsi@unisa.ac.za
Tel: (012) 429 8210

Signature : PP



Prof K. Masemola
Exécutive Dean : CHS
E-mail: masemk@unisa.ac.za
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Annexure B: Letter seeking consent



Appendix 2

REQUEST FOR PERMISSION TO CONDUCT THE STUDY

Request for permission to conduct research at Sedibeng District Health Services

Facility managers' experiences of mentorship in primary health care facilities at Sedibeng District: Gauteng Province.

06 July 2021

Sir/Madam

211 Pasteur Blvd, Vanderbijlpark CW1,1911

Department of health.

Telephone number :0169506000

Dear Chief Director

I, Msiza Itumeleng Gladys am doing research with Lumadi TG, a Professor in the Department of health studies towards a Master of Arts in Public Health at the University of South Africa. The study is currently not funded. We are inviting you to participate in a study entitled facility managers' experiences of mentorship in primary health care facilities at Sedibeng District: Gauteng Province.

The aim of the study is to explore the experiences of facility managers on mentorship at primary health care facilities, in the Sedibeng District: Gauteng Province.

Your district has been selected because of an existing problem that the researcher has observed in the Sedibeng District and would like to explore the problem by interviewing facility managers who are willing to participate and share their experiences with the researcher.

The study will entail interviewing of facility managers or acting facility managers who have more than 3 months in the role of facility management. Interview will last approximately 30-45 minutes. Interviews will be audio recorded, maintaining the confidentiality and anonymity of the participants.



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The benefits of this study are to bring awareness to the district management on experiences of mentoring in the district and mentorship programmes that could be needed to improve leadership and personal development of facility managers.

Potential risks are the time that the participants will take with the researcher during the interviews as it will be done during working hours, but the researcher will make an appointment first before meeting with the participants. All Covid-19 protocols will be observed.

Feedback procedure will entail sharing of the results by means of a presentation at your District on a pre-arranged date or if you would like to be informed of the final research findings you can contact me, Msiza Itumeleng Gladys on 083 4441157 or email ituliza.msiza@gmail.com or for any further information you can contact Prof. Lumadi TG at 012 4296413 or email at lumaditg@unisa.ac.za.

Yours sincerely



Msiza Itumeleng Gladys

Student researcher.

Annexure C: Information leaflet



PARTICIPANT INFORMATION SHEET

Ethics clearance reference number: 62072161_CREC_CHS_2021

Research permission reference number (NHRD): GP 202107 004 GP

04 JULY 2021

Title: facility Managers' experiences of mentorship in primary healthcare facilities in the Sedibeng District: Gauteng province.

Dear Prospective Participant

My name is Msiza Itumeleng Gladys and I am doing research with Prof. Lumadi TG, a Professor supervisor's position, in the Department of health studies towards Master of Art in Public Health. at the University of South Africa. We have no funding. We are inviting you to participate in a study entitled facility managers' experiences of mentorship in primary healthcare facilities in the Sedibeng District: Gauteng Province.

WHAT IS THE PURPOSE OF THE STUDY?

This study is expected to collect important information that could inform the district management and policy makers on the experiences of mentorship and needs of mentoring and improvement programs that could be practiced in leadership and personal development of managers.

WHY AM I BEING INVITED TO PARTICIPATE?

You have been chosen to participate in the study because you are a facility manager or acting facility manager with more than 3 months in the Sedibeng district. Your contact details were obtained from the Human resource office of the Sedibeng District. You have been chosen particularly because of the position that you hold as a facility manager, also because of you agreed telephonically to participate in the study. The study does not require many participants, approximately 10 facility managers are required to participate.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?



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You are requested to participate in the study that will involve a semi-structured interview, which means that there would be a prearrangement set of questions based on experiences of mentorship in primary health care setting and some follow up questions based on your responses. The questions that will be asked are as follows:

1. What are your experiences of being a facility manager so far?
2. Tell me about your experience of being mentored in your position as facility manager?
3. What are your experiences with role transitioning?
4. How can you describe your mentoring experiences after acquiring new leadership role?
5. To what extent has mentoring influenced you as a leader?
6. What does mentorship mean to you?
7. What knowledge do you have on availability of any policy guidelines that are in place for mentorship in the district?
8. What programs do you know of that are in place to support leadership position after acquiring the role?
9. What recommendations do you have on preparation of leadership role through mentorship program?
10. What is the most beneficial advice you ever got from your mentor?
11. How is your relationship with your mentor?

I will use a digital voice recorder to record the interview, also will be using a note and a pad to record other non-verbal messages during the interview. The expected duration of the interview is 30-45 minutes.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

There would not be direct benefits to you as a participant however the indirect benefit will be that the other line managers and policy makers would be made aware of the mentorship experiences of facility managers in the district and needs of mentoring and improvement programs that could be practiced in leadership and personal development of managers.



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ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The risk in this study is associated with the time that you as a participant will take with the researcher during the interview as this will be done during working hours (approximately 30-45 minutes). However, the benefits outweigh the risks because the study intends to bring awareness to the district management on mentorship programs that could be needed to improve the management of the primary health care facility.

If it happens that you experience emotional discomforts during the interview, the interview will not continue, and you will therefore be referred to the appropriate persons for consultations.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

your name will not be recorded anywhere, and no one will be able to connect you to the answers you give. Your answers will be given a code number, or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

A report of the study may be submitted for publication, the study may be used for conference proceedings and journal articles, but individual participants will not be identifiable in such a report.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

The results will be kept confidential by using a password protected digital recorder and therefore keeping the notes that are taken during the study locked in a cupboard at home. Only the researcher and the supervisor of the researcher will be able to look at the findings. Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. As soon as data has been transcribed it will be permanently deleted from the recorders and the hard drive of the computer. Data will be stored for 3 years.



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WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

No, you will not be paid to take part in the study. There will be no costs involved for you, as it is expected that you will be on duty on the date of the interview.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

Yes, the study has received approval from UNISA NHREC.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Msiza Itumeleng Gladys on 0834441157 or email me at ituliza.msiza@gmail.com.

Should you require any further information or want to contact the researcher about any aspect of this study, please contact Prof. Lumadi TG at 012 429 6513, email at lumadtg@unisa.ac.za.

Should you have concerns about the way in which the research has been conducted, you may contact Prof. Lumadi TG at 012 4296513, email at lumadtg@unisa.ac.za. Contact the research ethics chairperson of the CREC, Dr KJ Malesa, maleskj@unisa.ac.za, 012 429 6054 if you have any ethical concerns.

Thank you for taking time to read this information sheet. If you are willing to participate in this study, kindly complete the consent form below.

Kind regards
Msiza Itumeleng Gladys



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Annexure D: Letter of consent



Appendix 6

CONSENT TO PARTICIPATE IN THE STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname..... (please print)

Researcher's signature.....Date.....



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Annexure E: Letter of permission



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: Ms. N. Tuswa
Tel: 0169506255
Email: Nomonde.Tuswa@gauteng.gov.za

**TO : MS ITUMELENG GLADYS MSIZA
UNISA**

**FROM : Ms MA MADOLO
ACTING CHIEF DIRECTOR
SEDIBENG DISTRICT HEALTH SERVICES**

DATE : 06 AUGUST 2021

**SUBJECT : FACILITY MANAGER'S EXPERIENCE OF MENTORSHIP IN PRIMARY HEALTH
CARE FACILITIES AT SEDIBENG DISTRICT, GAUTENG PROVINCE**

Please be informed that permission has been granted for you to carry out the above-mentioned research at Sedibeng District. It is noted that you have already obtained Provincial Ethics Committee as well as University of South Africa Clearance Certificate.

Kindly note that a copy of the report on the findings (especially) that concerns Sedibeng District should be submitted to the Chief Director's office at the completion of the study.

This permission is also subject to the conditions stated in the protocol and any change in design and methodology must be communicated to the Chief Director.

We wish you success in your research endeavours.

RECOMMENDED / NOT RECOMMENDED/RECOMMENDED AS AMENDED


PROF O.B. OMOLE
CHAIRPERSON: SEDIBENG RESEACH COMMITTEE

APPROVED / NOT APPROVED / APPROVED AS AMENDED


MS. M.A. MADOLO
ACTING CHIEF DIRECTOR: SEDIBENG DISTRICT HEALTH SERVICES

DATE: 12/08/2021

RESEARCH PROPOSAL DETAILS: GP_202107_004

Sedibeng District Research protocol assessment template

Study title: Facility managers' experiences of mentorship in primary health care facilities at Sedibeng District: Gauteng Province

NHRD Ref: GP_202107_004

Reviewer: Prof OB Omole

Date: 30/07/2021

1. Is / are the issue(s) being studied important for Sedibeng health district and aligned to the district health priorities? **Yes. Aims to explore management approach in PHC clinics.**
2. Are the study objectives clear? **Very clear**
3. At the completion of the study, are study findings likely to be beneficial and useful for service improvement or mitigation of health risks? **Yes. Findings may improve managerial efficiency and effectiveness.**
4. Is the proposed study design doable within the district context and in timelines? **Yes**
5. Will the proposed design / methods:
 - a. Significantly interrupt or distract the rendering of healthcare services? **No.**
 - b. Involve utilizing the district resources: instruments, tests, drugs and personnel? **No.**
 - c. Did the proposal clearly address issues of consent, assent, confidentiality and human rights? **Researcher to indicate under data management that "all study data will be destroyed after three year". Little risk for emotional distress is well addressed. Anonymity will eliminate risk of reprimand from supervisors.**
 - d. Are there potential adverse effects to participants and non-participants? **See above**
 - e. Has ethics clearance and any other permissions been obtained from recognized entities? **Yes from UNISA - 62072161_CREC_CHS_2021**
6. **Recommendation: Tick**

Permission to be granted

Permission not to be granted

Permission granted with conditions

Conditions: Nil



Signature:

Annexure F: Interview guide

Semi-structured Interview script for managers

Facility managers' experiences of mentorship in primary health care facilities at Sedibeng District: Gauteng Province.

Demographic data

- How long have you been a nurse, and how long are you in the current position?
- Please describe your level of education.
- How old are you?
- Male/female

Experience

What are your experiences of being a facility manager so far?

- Tell me more about your experience of being mentored in your position as facility manager.
- experiences with role transitioning (from being a professional nurse to management/leadership post)?
How was it like...
- How can you describe your mentoring experiences after acquiring new leadership role?
Tell me more about your leadership role...

Mentorship

- To what extent has mentoring influenced you (facility manager) as a leader?
You mentioned that...tell me more about...
- What does mentorship mean to you?
- How was it like attending a formal mentorship program?
If you attended any.../ If not, why?

- How do you encourage mentoring in your workplace?

Support

- What knowledge do you have on availability of any policy guidelines that are in place for mentorship in the district?
- What programs do you know of that are in place to support people in leadership position after acquiring the role? What are your recommendations?
- What is the most beneficial advice you ever got from your mentor?
Tell me more about your relationship with you mentor...

Annexure G: Letter for co-coding

QUALITATIVE DATA ANALYSIS

MASTER OF ARTS IN PUBLIC HEALTH

MSIZA ITUMELENG GLADYS

THIS IS TO CERTIFY THAT:

Dr Hester (Rina) Cathrina de Swardt has co-coded the following qualitative data:

11 Individual Qualitative Interviews

For the study

'FACILITY MANAGERS' EXPERIENCES OF MENTORSHIP IN PRIMARY HEALTH CARE FACILITIES AT SEDIBENG DISTRICT: GAUTENG PROVINCE'

I declare that the candidate and I have reached consensus on the major themes and subthemes reflected in the data. In addition, adequate data saturation was achieved as evidenced by the repeating themes and subthemes.

I agree that the shared data is to be kept confidential and that I may only discuss its contents with the researcher. Upon the student's graduation, I will remove the data from my computer and will not keep copies.

Dr HC de Swardt



HC de Swardt
D Litt et Phil: Nursing Education
15 July 2023
Rina.deswardt@gmail.com

Annexure H: Letter for editing



EDITORIAL Certificate

This Certificate is Proudly Presented to

Itumeleng Gladys Msiza

**"FACILITY MANAGERS' EXPERIENCES OF MENTORSHIP AT PRIMARY HEALTH CARE FACILITIES
IN SEDIBENG DISTRICT OF GAUTENG PROVINCE, SOUTH AFRICA"**

It is certified that the above-mentioned dissertation is edited by professional editors at Saight Scholarly Publishing for accuracy in language, grammar, style, tone, tense and punctuation use, including the technical formatting of the document. The certificate attests the fact that the editor did not alter the idea and aim of the researcher. It is further certified that the above-mentioned dissertation, unless further adjusted, is of a satisfactory editorial standard.

Sizwe Ndlovu
Managing Director



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